

Lincoln and Non-Restraint*

By ALEXANDER WALK

Non-restraint in the mid nineteenth century was a watchword, a battle-cry, a symbol of that movement for the reform of the treatment of the insane which has been called 'one of the finest flowers of Victorian philanthropy'. The need for such watchwords and symbols to dispel stagnation and stimulate progress has been well exemplified in our specialty in these times; and, strange as it seems to one of my generation, 'mechanical restraint' has even in the last few months again become a subject for discussion.

Three years ago our Association devoted a day to a commemoration of the centenary of John Conolly, whose successful practice of non-restraint at Hanwell ensured its general adoption, at any rate in principle. It is sufficiently well known, however, that non-restraint did not originate with him, but was first practised and proclaimed in this City of Lincoln at the institution founded 150 years ago as the Lincoln Lunatic Asylum and now known as The Lawn Hospital. Conolly was himself a Lincolnshire man, born at Market Rasen—as was also his predecessor, Sir William Ellis, born at Alford; by a coincidence it was from his own county town that he derived the system which he so soon made his own.

The history of the inception of 'non-restraint' at The Lawn has not so far been related in any detail. The names of Gardiner Hill and Charlesworth appear in most histories of psychiatry; we have Gardiner Hill's own books, very far from objectively written, and Conolly's brief account, and based on these there are summaries in the works by Hack Tuke and Kathleen Jones and in Hunter and Macalpine's anthology. In this sesquicentennial year of The Lawn two excellent booklets cover the

history of the hospital itself.† There is, however, more to be said about the course of events, the personalities involved, the different views expressed and controversies aroused at the time and for years afterwards.

THE LINCOLN ASYLUM

First it is necessary to be as clear as possible about the constitution of the Asylum. It was a voluntary institution,‡ maintained by subscriptions, donations and patients' fees. It took at first about 50 patients, increasing to about 100 by 1840 and 130 in 1850, and these were divided into superior and inferior classes, the latter including paupers who were sent there in the absence until 1852 of a County Asylum.

All subscribers of £3 3s. a year were Governors of the Asylum, and all donors of £21 or more were Life Governors. In 1839 there were about 120 Governors. Any of these could attend a Weekly Board or a Quarterly General Board—there was no elected Committee, nor any regular Chairman. In practice only a small number of Governors attended regularly and exercised effective authority.

The medical staff consisted of the Physicians and Surgeons of the nearby General Hospital, who gave their services gratis. There were three Physicians, and the arrangements for their attendance were remarkable and unique—they each undertook a month's duty in rotation; during this month each was free to treat all the patients as he thought fit, subject only to such courtesy as professional colleagues might wish to show each other.

† *The Lawn Hospital, Lincoln, 1819-1969*. Published by the Sheffield R.H.B. and the Lincoln Heath H.M.C. Text by G. U. Illingworth.

One Hundred and Fifty Years at The Lawn. By Sister B. L. Melton, The Lawn.

‡ Kathleen Jones, in her *Lunacy, Law and Conscience* (1955), p. 149 ff. mistakenly describes it as a 'county asylum' and a 'statutory institution'.

* Read at the Quarterly Meeting of the Royal Medico-Psychological Association, Lincoln, 6 May 1970.

Further, as they were not employees of the hospital, any of the Physicians could, on making the required payment, become a subscribing Governor, or a Life Governor, and could, if he acquired sufficient influence with the other active Board members, exercise a good deal of authority in that capacity.

There was also, under the Governors, a Resident Officer, at first entitled 'The Director'; as was customary at the time, he combined the duties of a clerk and steward and chief male nurse, and, to ensure constant medical attendance, he was to act as Apothecary also; presumably therefore he possessed an inferior medical qualification. After 1830 a separate Secretary was appointed, and in 1833 the Director's title was changed to that of House Surgeon and those appointed held the licence of the Royal College of Surgeons. The House Surgeon was still expected to 'regulate the business of the house', but could not prescribe for the patients independently of the Physicians. Thus the House Surgeon did not occupy the subordinate position which the title conveys to us today, but neither was he invested with the paramount authority of later Medical Superintendents.

Now, of the Physicians, only one took advantage of his right to become and remain year after year an active Governor of the Hospital. This was Edward Parker Charlesworth, who, born in 1783, had been Physician to the General Hospital since 1808. In his dual capacity of Physician and Governor, and giving as he did the most assiduous attention to the running of the hospital, he became obviously its most influential figure. Enough has been written elsewhere about his masterful and benevolent character, his combativeness and his deep concern for the patients' welfare. He drafted or advised on the drafting of many of the Governors' Annual Reports, and those that are extant, from 1829 to 1850 with some gaps, show the progress of his ideas and his determination to press on with whatever changes seemed to him most likely to further the curative function of the asylum, of which he never lost sight.

Among the lay Governors, one of the most prominent was a local Baronet, a distinguished mathematician and botanist, Sir Edward Brom-

head. He and Charlesworth shared the same progressive outlook, and it was to Bromhead that Charlesworth looked for support when he needed it. Charlesworth's many letters to Bromhead have fortunately been preserved and throw a good deal of light on events which are glossed over or left altogether unmentioned in the Asylum's Annual Reports.

THE 'MITIGATION' PERIOD

When the Asylum opened, the publication of Samuel Tuke's *Description of the Retreat*, the Bethlem and York Asylum revelations, and the so far unsuccessful parliamentary struggle for reform were matters of very recent history and could not fail to influence the philanthropic founders at Lincoln. So the original Rules of the Asylum laid down that 'the patients be treated with all the tenderness and indulgence compatible with the steady and effectual government of them', and the staff were to 'behave with the utmost forbearance, tenderness and humanity to the unfortunate sufferers entrusted to their care'.

Nevertheless, in its first decade the Asylum's actual practice hardly matched up to its principles, and this was particularly so in the extent to which mechanical restraints were used and misused. Later, the Governors were able to look back to this period with horror as a time when patients wore 'padded iron collars, heavy leather muffs, iron wristlocks and leglocks, or were locked in massive chairs' . . . and were exposed to the 'miseries of nights spent under the same wretched system of restraints'. It was not until 1828 that we find the first mention of an attempt to mitigate these practices.

Undoubtedly, Charlesworth was much influenced by the Report of the 1827 Select Committee on the state of some of the London licensed houses. He seems to have been the only asylum physician who took very seriously the model questions suggested in the Report, and he actually had his replies published in book form. Here he enumerates the 'modes of coercion' in use, of which the most common were the belt or chain round the waist, with iron manacles attached to it by other chains; these and other instruments less frequently used were applied at the discretion of the Director and

under the eye of the visiting Physician for the month. In the same or the following year, the Governors, still referring to the Select Committee's Report, took the first steps towards a stricter control of the instruments of restraint; at the same time, in their 1829 Report, they emphasized what became a prominent feature of Lincoln policy, namely 'the Institution open to the public eye'; virtually any 'respectable' person was permitted to visit and was shown round the wards by the Director, and this was regarded as a most effective safeguard against ill-treatment, though we may think its value was diminished by the rule forbidding the visitor to hold any conversation with the patients.

In their desire to improve conditions, Charlesworth and the Governors were not well served by the first Director, Thomas Fisher. 'I am not a mopsqueezer' was his reply on one occasion to an observation by Charlesworth about the cleanliness of a room. In 1829 Fisher was accused of publishing letters in the *Lincoln Herald* injurious to the Asylum, and was reprimanded; and in 1830 he was further accused of insulting one of the Physicians and the whole Board. He resigned, but stood for re-election, and a General Board meeting actually re-appointed him; however, after several orders and counter-orders, and a further largely attended General Board, he was finally rejected, and a new Director, Henry Marston was appointed. Following this, the 1831 Annual Report comes out more firmly in favour of reducing the use of restraint: 'the fair measure of a superintendent's ability in the treatment of such patients will be found in the small number of restraints that are imposed. The new Director has answered this test in a very satisfactory manner'. And undoubtedly Marston did quite substantially reduce the amount of restraint used—from an average of 2,000 instances per year to about half that figure. He left after two years to take up another appointment. His successor, Samuel Hadwen, now designated the 'House Surgeon' occupied the position for not more than 18 months, and during this time the instances of restraint were again halved, to about 400 a year.

At the same time further mitigations were effected in the nature of the restraints employed.

They were reduced to four types; however, three of these involved the use of handcuffs or ankle-locks and chains—euphemistically called 'flexible connections' in the Annual Report; the fourth was a special type of locked shoe attached to the foot of the bed, and was invented by Charlesworth himself as an improvement on the previously used ankle locks.

In 1833 also the Rules of the Asylum were revised. It is not certain whether the following Rule was introduced at this time, as the copy that has survived is of a later date, but it may be quoted here as evidence of the spirit in which the work was intended to be carried on:

'No Attendant or other person shall attempt to deceive or terrify any patient or violate any promise made; nor presume to irritate any patient by incivility, disrespect, mockery or sarcasm . . . nor address any patient with a raised voice or in an imperious tone . . . nor dispute or argue with them or needlessly contradict them . . . nor shall they indulge or express vindictive feelings, but considering the patients as if unable to restrain themselves shall forgive all petulance or abuse, and treat with equal kindness those who give the most trouble and those who give the least.'

We may think it strange that it should have been thought possible to enjoin such charity, patience and self-control by means of a Rule rather than by prolonged training, but it is noteworthy that such an ideal was set forth in Rules which still included references to 'coercion' and to 'the needful apparatus' for removing a patient from his home.

Hadwen resigned early in 1835 to become House Surgeon at the General Hospital, and in the course of years he rose to be full Surgeon there. He afterwards claimed that he could have cut down the amount of restraint still further if certain improvements on the female side had been completed during his period of office. But this is as far as things would have gone; for at the same time—that is in 1840—he reiterated his belief that 'proper instruments of restraint', in the hands of 'the rational and experienced practitioner' formed 'one of his best and most important remedies' and were 'a moral agent of incalculable benefit'. And Charlesworth, writing to Sir Edward Bromhead in 1839,

emphasized that 'no Physician situated like myself would dare to face the responsibility of contesting any particular instance of restraint pronounced by the Resident Officer to be necessary. We had attacked the system to the greatest extent we could go'.

The further progress which neither Charlesworth nor any of the other Governors had thought possible, and the elevation of 'total abolition of restraint' to the level of a doctrine, was the work of Hadwen's successor, Robert Gardiner Hill.

GARDINER HILL AND 'TOTAL NON-RESTRAINT'

Hill was another Lincolnshire man, born at Louth; in 1835 he was 24 years of age, and had just completed a year as house surgeon to the Lincoln Dispensary. It appears from Charlesworth's letters that Hill's family was known to him and that his impression of them was not very favourable. He had, however, come to think well of Hill himself and had invited him to apply for the Asylum post. He wrote: 'Hill will do his duty, the work will provide him with a routine filling up of his time—he doesn't appear to have any other use for it'. This may seem unenthusiastic, but a little later he wrote 'Hill gives great satisfaction—the asylum is quieter than a private house' and 'it is delightful to see the friendly feeling of the patients to Hill'; and he described him as active, placid and thoughtful. However, this was one side of Hill's character; another side appears within three months of his appointment, when Charlesworth records a dispute between Hill and the Matron over a matter of 'control'. Undoubtedly the system of what one might call 'multipartite administration' made such conflicts inevitable, at Lincoln as elsewhere. Charlesworth now writes of Hill's 'irritability and violence of temper' and (from hearsay) of his 'implacability and perverseness'. 'But', he adds, 'he has most valuable qualities—I wish we could soften his heart'.

In his own later account of these years Hill points out that the restraints he found in use, though applied much less frequently than formerly, were still of a cruel nature, and he gives harrowing descriptions of cases showing this. He became convinced that much if not all

of the restraint still in use merely served the purpose of saving the staff trouble, and could be discarded. He spent many hours in the wards, and, he says, at times carried out the actual duties of an attendant. By 1836 he had reduced the instances of restraint from 323 to 39; in 1837 there were only 3 instances, and by 1838 restraint had been abandoned altogether.

Resistance to the reform during these first years appears to have come, as might be expected, from some of the attendants who were now required to exercise closer supervision and more assiduous care of their patients. At this time, and for several more years, Charlesworth's colleagues as Physicians to both the General Hospital and the Asylum were Drs. R. Elmhirst and W. D. Cookson. Elmhirst seems to have followed Charlesworth's lead in all things, but Cookson was much more sceptical, and his attitude must have been coloured by a previous antagonism between his uncle and predecessor, Dr. A. Cookson, and Charlesworth. However, as he explained later, he was willing to give Hill's experiment a fair trial, and after some time he came round to the view that 'a great and novel discovery had been made'. Charlesworth himself was enthusiastic—'The Institution', he wrote, 'is outrunning even ourselves in its rapid progress—we have got possession of a rich preserve of abuses and they rise before the gun and fly away faster than we can load to shoot at them'. He now praised Hill as being 'sensible, thoughtful, accurate, discriminating and persevering'.

By April, 1837, the Annual Report mentions with approval that Hill had 'expressed his own belief that it may be possible to conduct an institution for the insane without recourse to any instruments of restraint', and in the following year 'there is an increased confidence that an example may be offered of an Asylum in which undivided personal attention shall be altogether substituted for the use of instruments of restraint.' Next, it was arranged between Charlesworth, Hill and Sir Edward Bromhead that the new doctrine should be given publicity by means of a lecture to be delivered by Hill to a lay audience at the Lincoln Mechanics' Institute, of which Bromhead was President.

This memorable event took place on 21 June 1838.

In his lecture, Hill made a forceful and urgent plea for the abolition not only of instrumental restraint but of 'every form of severity'. It is easy to see that he was much influenced and encouraged by reading the account, which had recently appeared, of Pinel's work; this was a translation in the new *British and Foreign Medical Review* of extracts from Scipion Pinel's *Régime Sanitaire des Aliénés* in which the legendary story of Philippe Pinel's unchaining the Bicêtre patients is first related. Hill quotes from this at length; he is bold enough to place himself on a level with Pinel: 'I wish to complete that which Pinel began'; and he then propounds his thesis: 'that in a properly constructed building, with a sufficient number of suitable attendants, restraint is never necessary, never justifiable, and always injurious.* The conditions of 'suitable buildings and attendants' are essential; and by 'suitable' attendants Hill meant that they should be not only kind, tactful and vigilant but also tall and strong, so that patients would perceive the uselessness of resisting them. This very naturally lent colour to the later accusation that Hill's system involved the use of overpowering manual force, and events showed that in practice the accusation was not entirely unfounded. For the rest, Hill stressed the advantages of in-patient treatment under the reformed conditions of the Asylum, and his faith in 'moral treatment with a view to induce habits of self-control', which he declared to be 'all and everything', to the exclusion of purely medical means.

The next step was to have Hill's lecture published in book form, and it appeared in April, 1839.† To the actual lecture there was added, besides numerous statistical tables, an Appendix showing, in extracts from the Asylum's reports and journals, the progress that had been made in the previous ten years. In the preface,

* The sentence does not correctly express Hill's meaning; as it stands it implies that restraint is only injurious in a properly constructed building! He should surely have said 'Restraint is always injurious, and is never necessary or justifiable in a properly constructed building, etc.'

† *Total Abolition of Personal Restraint in the Treatment of the Insane: A Lecture on the Management of Lunatic Asylums . . . with Statistical Tables etc.* by R. G. Hill. London: Simpkin, Marshall & Co. 1839.

Hill referred to 'the mitigation of restraint . . . pressed upon the attention of the Board by Dr. Charlesworth', and declared that he was 'proud to have learned in such a school'. Sir Edward Bromhead reviewed the book for the *Lincoln Standard*; he described it as marking an era, and acknowledged that the Governors had never wished for or expected the extinction of restraints, and that the 'honest and good man' they had appointed had 'landed triumphantly on an unhoped-for territory'.

Now it so happens that at this time the chairman of the Middlesex magistrates, and one of the Hanwell Visiting Justices, was John Adams, of the order of Serjeants-at-Law. He was in the habit of visiting provincial asylums when on assize circuit, and he was enormously impressed by what he saw at Lincoln ('swears by it', wrote Charlesworth). On 2 May 1839, only a few weeks after the publication of Hill's book, John Conolly was appointed Resident Physician at Hanwell, and Adams at once urged him to visit Lincoln and make himself acquainted with the new system. He did so, approved of what he saw, and on taking up his duties at Hanwell on 1 June immediately set out to abolish restraints there, which he succeeded in doing within a few months.

We shall meet Serjeant Adams again shortly as a valiant champion of non-restraint, both publicly and anonymously.

Conolly also reviewed Hill's lecture in the *British and Foreign Medical Review*. He laid stress on the many improvements and reforms, for the most part initiated by Charlesworth, which had made Hill's 'total abolition' possible, and it is evident that it was Charlesworth who on his visit had impressed him most.

Charlesworth's own view of the situation is well expressed in the letter already quoted (October, 1839):

'I have no doubt that Hill's "total abolition" was induced by an ambitious desire to go beyond his predecessors . . . and it is doubtful if any less powerful motive would have induced him or anyone to enter on a system previously untried and involving an oppressive responsibility . . . We had attacked the system to the greatest extent we could go; none but a willing officer could have carried it out to finality—the

risk of which neither our medical staff nor the Boards would have incurred—and Hill bears it *yet*, along with his laurels.’

CONFLICT IN THE ASYLUM

Indeed, after four years of bearing this opprobrious responsibility the storm was about to burst upon Hill’s head—and to some extent upon Charlesworth’s too. In the summer of this same seminal year, 1839, Charlesworth’s colleague, Dr. Cookson, received information that severity had not disappeared and that much secret violence was being committed. His own observations led to an investigation; a number of attendants were dismissed or resigned; and Cookson became convinced that ‘the specious “non-restraint” of Lincoln Asylum was infinitely more dangerous and more inhuman than a well-regulated system of treatment’ which would include the use of restraint when necessary.

Charlesworth and Hill were faced with an alliance of Cookson, the Secretary, Hartley, and the Matron, Miss Vessey—‘a wretched cabal’ Charlesworth called it. The web is far from easy to disentangle, for the Annual Reports are either silent or circumlocutory, and the Journals and Board Minutes for the period have disappeared. So we cannot assess how much of the clamour was legitimate criticism of the shortcomings or failures of the new system, and how much was concerned with the internal politics of the Asylum, with a struggle for power between the officers, or with personal antipathies. At this time the future of the Asylum was in dispute: the question at issue was whether to expand, accept more pauper patients and become the County Asylum, or on the contrary to take private patients only and let the County build a separate asylum for its paupers. Another issue was the position of the Matron, in her dual capacity of ‘Mistress of the House’ and Head Nurse—the latter function was apt to be neglected, and Bromhead noted that the nurses were unsettled, left to themselves or irregularly looked after. As to personalities, we know that several of those involved were irascible and pugnacious men. In view of Cookson’s eventual recantation, we must regard him as a man of integrity, who was honestly

concerned to expose abuses; and Miss Vessey survived Charlesworth’s disapproval to continue in office for over thirty years and to win general respect.

Charlesworth’s letters during 1840 describe dramatic events, even though their significance is obscure in the absence of the official records:

February 1840. ‘The enemy wanted to prove insubordination encouraged by Hill . . . Hill’s report was voted out of order . . . the Precentor [a member of the Board] thought that Hill was too uppish and should be taught a lesson. All voted for it except myself.’ Hill had thereupon offered to resign.

March 1840. ‘The plot thickens—Cookson will bring forward old patients to give evidence of ill treatment.’

By this time Hartley had resigned as Secretary, but both he and Cookson had qualified as Life Governors and joined the Boards, and moreover they had recruited Hadwen, the former House Surgeon also. Hadwen and Hill were already engaged in controversy in the local papers, and Hill had opened a battle which raged in the columns of the *Lancet* for over two years.

On 29 March 1840, Charlesworth records in despair: ‘Hill is going and his total abolition is gone—a female patient was restrained after crushing the foot of a nurse.’ As to a successor to Hill, ‘no man can do it with any comfort while the present Matron remains’.

A new House Surgeon, W. Smith, was duly appointed, and almost at once Charlesworth recorded that ‘he is not Master—does as the Mistress bids him’. Meanwhile ‘Cookson’s wild campaign pursues its headlong course—he misrepresents facts and manufactures abuses’. There is disorganization—‘all nurses are leaving’ ‘no nurses will apply now’, ‘the Head Nurse is leaving because she says that no one can take away a character from here’. ‘The Matron and House Surgeon are incompetent and the Asylum’s reputation is going to fall into contempt.’

Charlesworth was, as it turned out, being unduly pessimistic, but for the moment the situation was chaotic. Hill’s single lapse, shortly before his departure, was occasioned by extreme pressure on him, at a time of desperate staff shortage, to authorize restraint

in that one instance. He always maintained that the behaviour of the attendants, as disclosed by Cookson, was deliberately encouraged by the latter, and by the Matron, in order to discredit him. After his resignation, however, Smith did not revert to mechanical restraint, but in the virtual absence of experienced staff used an inordinate amount of seclusion—he may perhaps have heard that Conolly at Hanwell supported seclusion as a necessary substitute for restraint.

To counter the influence of Cookson and his allies on the Board, Charlesworth invited Hill himself to become a Governor and to draw up a report justifying his reform. The Board then completed its enquiry into the allegations made against 'the character of the establishment', and adopted a set of resolutions vindicating and upholding their policy. They thanked Hill for his 'clear convincing statement', and declared that the discontinuance of restraint was, no less than free public inspection and effective supervision of the staff, one of the true sources of protection to the patients. The staff had shown forbearance and humanity, but some individuals had 'not left the house in credit', and some 'imbecile and harmless patients' had by their habits 'drawn the contempt and attracted ill usage' from some of the attendants.

These resolutions were incorporated in the Annual Report published in April 1841, together with copious extracts from Hill's memoranda and from previous Reports. By now Lincoln was no longer alone in discarding restraints, and so further extracts were appended from the writings of Conolly at Hanwell, Poole at Montrose and T. O. Prichard at the recently opened Northampton Asylum, now St. Andrew's Hospital. The whole forms an impressive summary of the case for non-restraint.

Cookson was not convinced. He protested against the Board's findings and the 1841 Report, and continued his campaign in letters to the local press and later to the *Lancet*, and by issuing a pamphlet repeating his accusations. This has not survived, but extracts from it are quoted in the report of Dr. Crommelinck, the Belgian observer who visited England in 1841. These include the testimony of a patient who maintains that she was beaten and saw others

being beaten, and of a dismissed attendant who gives a picture of violent struggles, of reprisals on aggressive patients and of excessive application of the permitted 'manual restraint'. Of Charlesworth, Crommelinck says: 'The Visiting Justices [*sic*] are held in fascination by him', and he relates that Charlesworth had sent a challenge to a duel to Dr. Corsellis, of Wakefield, who had expressed himself against non-restraint; the latter had replied that, having the choice of arms, he would choose the *Lancet*! The story may perhaps have been an invented one, in jesting allusion to the fact that Charlesworth, years earlier, had actually fought a duel with a political opponent. While lending a ready ear to Cookson, Crommelinck admits that the non-restraint party 'have by the very violence and exaggeration of their campaign brought about a singular diminution in the number of cases in which coercive means are applied—cases in which it would formerly have been thought impossible to do without them'. He adds: 'In psychiatry more than in any branch of medicine one cannot afford to be exclusive or bound to a system; and if only the non-restrainers had recognized this principle their services to the science of mental treatment and to humanity would have been unsurpassed.'

CONFLICT IN THE PRESS

The conflict had indeed transferred itself to the columns of the *Lancet*; but it was more than a duel, and Charlesworth took no part in it. It all began at the end of 1839 with a review of the Annual Report of Wakefield Asylum, by Dr. Corsellis, in which he had inserted a paragraph defending the use of restraint. Hill, still on the staff at Lincoln, and ignoring the upheaval that was threatening him, was moved to send in a letter (dated 14 February 1840) defending his own position, but also painting a lurid picture of inevitable decay and death for any patient put under restraint. To this Corsellis made a reasoned reply, which Hill again answered point by point. By this time the allegations of ill-treatment at Lincoln were public property, and Hill was on the verge of resigning; yet his faith in the peaceful influence of a 'powerful attendant', whom the patient does not attempt to force because he knows it

is impracticable, remained unshaken, and Corsellis, who of course knew what was going on, found it easy to pour scorn on the idea of 'awing a lunatic by the presence of an attendant so fearfully large that he dares not even attempt competition'. Corsellis, who succeeded Sir William Ellis at Wakefield, was certainly a well-intentioned man, and his asylum had been praised for its good order and comfort by Charlesworth himself in 1835 and by Jacobi, of Siegburg in Germany, in 1837; but we know that he used restraints to excess, particularly on patients whom he deemed to be suicidal.

Hill's predecessor, Hadwen, now wrote, putting forward his claim to an all but complete elimination of restraints under his supervision, and at the same time, as has already been mentioned, he reiterated his belief in their value on occasions. Soon Cookson joined him, and he and Hadwen made much of the case of a certain Miss Andrews, whose almost perpetual seclusion, they asserted, would be obviated if only mechanical restraint were again allowed.

Now a new contestant appeared on the scene, Serjeant Adams, writing over the signature of 'A Looker-On'. Adams, as one of the Hanwell Visiting Justices, was at this same time engaged in a vigorous defence of Conolly against attacks and accusations similar to those made against Charlesworth and Hill. As the 'Looker-On' he submitted Corsellis and Cookson to searching questions—some not unreasonably dismissed as 'Old Bailey questions' by his opponents. From here onwards, the war of words spread and escalated, as other contributors, some pseudonymous, joined in, so that the current six-monthly volume (1840-41) contains over 50 items relating to the treatment of the insane. Much of this material consists of a further milling over of day-to-day events at Lincoln by Cookson and Hill—a contest in which Cookson appears to be winning on points. Occasionally some respected figures of the asylum world intervene, mostly with words of caution. A passage may be quoted for its topical interest from a letter by Andrew Blake of Nottingham, who had just presided in November 1841, over the first meeting of what afterwards became the Medico-Psychological Association; referring to the destruction at Hanwell of all

large restraint chairs he suggests 'with all due deference that a few well-stuffed, with a broad leather strap to each, might have been safely retained for the use of infirm and paralytic patients'. And from W. A. F. Browne at Dumfries came the warning that 'the absence of restraint affords no guarantee or proof of the non-existence of cruelty'. From time to time, too, the Editor, Thomas Wakley, interpolated a leading article, generally in support of non-restraint. The correspondence gradually tailed off in the following year.

Neither Charlesworth nor Conolly made any contribution to this lengthy discussion, but from Charlesworth's letters it appears that he was shown what Hill wrote and suggested occasional amendments. He approved of Hill's style which, he said, had a 'quiet dignity'.

Hill always maintained that his resignation meant considerable financial hardship to him, but it was not long before he was able to re-establish himself in practice. In the autumn of 1840 he applied for the superintendency of the Cornwall County Asylum at Bodmin; he was unsuccessful, and naturally attributed this to his advocacy of non-restraint. But it seems—again from Charlesworth's letters—that his reputation for being 'difficult' was known and that his manner at interviews was unimpressive; and when a little later he applied for what should have been an ideal post for him—that of Medical Officer at Hanwell under Conolly—he was again passed over. He remained in Lincoln and went into general practice partnership with Dr. R. S. Harvey, who was a Governor of the Asylum and who gave him unwavering support in later controversies.

NON-SECLUSION, NON-CLASSIFICATION, NON-MEDICATION

Gradually conditions improved at Lincoln. As Smith gained experience he became less certain of the merits of seclusion and more willing to take an independent line. The now celebrated Miss Andrews was released from her confinement, with excellent results; and in September 1841 Smith addressed a letter to the Board, declaring his conviction that seclusion 'as a means of control, might be as successfully and usefully dispensed with as instrumental

restraint had already been'. Seclusion thereupon ceased to be used, and its discontinuance became and remained part of the settled policy of the Asylum; this in contrast to the views of Conolly and Serjeant Adams, who looked on seclusion as an indispensable and laudable element in the non-restraint system.

The 1842 Report, in which this further advance is recorded, also gives a fuller account of the third leg of the Asylum's treatment tripod—'Non-restraint, non-seclusion, and exhilarating engagement'—the last an enlightened programme of occupation, recreation and free social activities. In this Report, on which Charlesworth and Gardiner-Hill must have collaborated, the authors reiterate their belief that purely medical remedies are of little value in the treatment of insanity, compared with moral—that is psychological—measures, and they claim an increased proportion of recoveries and reduced duration of the period of treatment in support of their belief. A later Report quotes with approval the similar conclusions arrived at by Dr. Fowler at the York Retreat forty years earlier.*

It is of interest that this Report is signed by Gardiner Hill himself, who was in the chair at the Weekly Board meeting at which the Report was presented.

Cookson, too, became less uncompromising, and eventually was reconciled to the system which he had previously attacked. By 1843 he was a sick man, and he attended the Weekly Board for the last time in August of that year; he continued to visit the Asylum for a few months longer, and his last entry in the Governors' Book (February, 1844) was a recantation of his former opinions: 'The defects which I thought necessarily inherent in the non-restraint system are not so, and with few exceptions may be considered referable to other sources. I do not say . . . that the system is perfect; I am convinced that much is to be discovered, . . . but in a moment like this which to me is not without solemnity I should consider the suppression of

any change of opinion . . . as unworthy.' He died about a month later.

There is some obscurity about the events of 1843, as the Annual Report for that year is missing. For one thing, Hill gave up his Governorship at about this time—perhaps he thought it unnecessary to continue now that the conflict had subsided; or it may be that his action already reflects his estrangement from Charlesworth, which became so evident later on. Further, in June 1843, the Board found it necessary 'in present circumstances' to pass an omnibus resolution confirming the prohibition of certain practices long since abandoned or never in use in the Asylum—such as the bath of surprise, the douche, bleeding, and all alcoholic liquor—and adding apparently fresh interdictions against narcotics, opiates and drastic medicines. There is no indication of what 'present circumstances' the Board had in mind, but it was during this year that successors to Cookson as Physician and to Smith as House Surgeon had to be appointed, and Charlesworth may have wished to forestall any possible infringement of his settled principles and practice while he himself embarked on what he regarded as a further extension of progressive moral treatment.

This was nothing less than the almost complete discarding of the careful classification of patients according to their mental state which Charlesworth had in past years considered to be an essential basis for non-restraint. The arguments for the change are set out in the Annual Reports for 1844 and 1846; certainly in a small asylum a rigid separation of, say, turbulent patients from others could tend to perpetuate their condition, and the necessarily small staff could not be deployed to best advantage. On the other hand the inconvenience to the more tranquil patients and the likelihood of violence to them were obvious drawbacks, which, however, might be outweighed by a diminution of turbulence brought about by increased freedom of movement.

Possibly the innovation might have got off to a better start under a House Surgeon as zealous as Hill or Smith; but Smith's successor, W. Graham, was not of the same calibre and in 1846 had to be dismissed as 'quite unfit for his

* The moral treatment for which The Retreat became famous was always credited by Samuel Tuke to Dr. Fowler and to Mr. Jepson the 'Apothecary', and not to his grandfather, William Tuke.

situation through his intemperate habits'. Moreover, Charlesworth's new colleague as Physician, Dr. John Nicholson, viewed the new system with a critical eye, and was determined to assert his independence. In August 1846, for instance, he made a long entry in the Physicians' Journal declaring that after two years on the staff he considered non-restraint fully practicable, but only provided there was adequate classification; the new experiment although it had proved 'that the excitement and noise of confirmed lunatics could be allayed by greater liberty also showed that outbreaks of violence amongst them could not thereby be prevented'.

Further, Nicholson differed from Charlesworth and Elmhirst in several points of medical practice. As has been shown, Charlesworth had no faith in any but 'moral' methods of treatment; Nicholson, the younger man, wished to try out more active medicinal methods. He was in good company, as can be seen from the returns published as an Appendix to the Commissioners' 1847 Report, which show a widespread use of opiates and other narcotics and of various forms of 'tonic' medication, for which beneficial results were claimed. Nicholson also prescribed 'fermented liquor'—mainly in the form of a half-pint of porter a day, as had been used at the York Retreat for many years—for patients whom he considered to be debilitated. Given the system of monthly rotation of Physicians, conflict was inevitable. Nicholson's remonstrances are at first moderate and reasonable in tone, but become more querulous as his methods are censured and his requests to have even a few patients under his permanent care are refused. Eventually, Nicholson took his grievances outside the Asylum, and the Board retaliated by openly reprimanding him and resolving that 'no preparation containing morphine or narcotine, foxglove or strychnine nor any fermented drink be employed under any order of the Junior Physician, without the approbation of one of the Senior Physicians'. The choice of medicines to be interdicted is peculiar, particularly in the inclusion of foxglove and the omission of hyoscyamus, and what is even more peculiar is that Charlesworth himself prescribed opium for a special patient—a medical man—later in the same year. How-

ever, the result was as expected, for Nicholson resigned, and shortly afterwards left Lincoln.

The episode might hardly have been worth recalling but for the fact that Nicholson has elsewhere been represented as 'reactionary' and an opponent of non-restraint.* As I see it, however, he was merely asserting his clinical independence and his right to prescribe remedies approved by the majority of the profession; and Charlesworth was denying him this, not by virtue of any paramount authority vested in him, but by his influence with and his membership of a lay Board of Governors.

The point is critically noted in the Commissioners' Report for 1847, as is also the fact that Lincoln alone among the institutions which they circularized in that year was unable to furnish a statement of the means of treatment in use 'because the three Visiting Physicians differed entirely in their treatment of the insane.'†

It will be remembered that in 1842 the then Metropolitan Commissioners were given authority to carry out an inspection of all institutions for the insane, and their findings were embodied in the great Report they issued in 1844. Then, by the Act of 1845, a new body of Commissioners was set up with jurisdiction over the whole of England and Wales, and the first Report under the new system appeared in 1847.

The 1844 Report contains a chapter on Restraint, in which the opposing views are set out with perhaps excessive caution and impartiality. The authors are enthusiastic about the practice of non-restraint at Lancaster Asylum under Gaskell and De Vitre; they also commend Gloucester and Northampton; but at Lincoln they only noticed 'unusual excitement in the female disorderly ward'; and they also 'particularly noticed the inconvenience from absence of adequate means of separating the noisy from the tranquil patients'.

Then, in September 1846, two of the Com-

* E.g. by Dr. Rees Thomas in his Maudsley Lecture for 1952, *Journal of Mental Science*, 1953, 99, p. 193.

† From Charlesworth's letters it appears that a statement was eventually sent in, drafted by Sir Edward Bromhead. The Commissioners ignored it, either because it arrived too late or because it did not come directly from the medical staff.

missioners paid their first statutory visit. They were by no means nonentities: Bryan Procter, the legal member, was a well-known literary figure who wrote under the pen-name of 'Barry Cornwall', and his medical colleague, Dr. Thomas Turner, had been prominent in the affairs of the Royal College of Physicians for many years. Their Board had asked them to look into the matters already criticized in the 1844 Report, and it is likely that they had since been approached directly or indirectly by Nicholson. And after their visit the Commissioners left a highly critical report. Their disapproval centred mainly on features of the Lincoln system with which we are already acquainted. There was the abandonment of classification ('we heard several complaints by patients about blasphemous expressions and violent acts in the same ward'); the powers and duties of the House Surgeon ('he has no share, apparently, in the medical and moral treatment'); the indiscriminate admission of strangers ('many of the visits evidently by uneducated persons, from mere curiosity'), and 'the practice of turning over all the patients every month to a new Physician, so that no patient can have the benefit of any uniform system of treatment'.

To this the Governors returned a lengthy and reasoned reply, drawn up by a committee of three and drafted by Sir Edward Bromhead. They defended every one of the practices criticized: noise, they said had on the whole been mitigated; the House Surgeon furnished valuable information on which the Physician acted; the free admission of persons of the same ranks of life as the patients themselves was essential for maintaining public confidence; the effect of the rotation of Physicians was that of a standing consultation.* The Commissioners, they said, were attacking as blemishes the very points on which the Institution prided itself.

The whole of this correspondence was considered by the Commissioners important enough to be reprinted in full as an Appendix to their 1847 Report. Officially, the Lincoln memorandum was rejected as unsatisfactory; but the

* Yet Charlesworth was aware that 'the change of Physicians occurring monthly works ill with the friends of the private patients; they cannot enter into the principle and are often disappointed in their enquiries'.

uselessness of continuing the controversy must have been realized, and at the next visit in 1847, paid by a different pair of Commissioners (one of whom was James Cowles Prichard, of 'moral insanity' fame) no reference whatever was made to the earlier Report, and the few suggestions put forward were willingly acted on by the Lincoln Governors. And in 1848, when Procter and Turner again visited, they took a far more friendly view, even though they pointed out that 'manual restraint' had, on a few occasions, been applied to an extent that Hill would certainly not have countenanced.

Not only was there in this year a cessation of strife among the Physicians, but there was more stability at the House Surgeon level. F. D. Walsh, although he did not escape criticism, outlasted all his predecessors; he remained in office for as long as twenty years, and then at last, when the Asylum conformed to the prevailing pattern of government, became its first Medical Superintendent and continued in that capacity for a further ten years, until 1877.

The years 1848 and 1849 appear to have been happy ones. In the Reports for these years the practice of the Asylum, 'arrived at after many years of experience', was set out in great detail—first the measures taken for the protection of patients against ill-usage, then the consideration of hygiene, the prevention of violence, noise, breakages, homicide and suicide, and the management of sick, incontinent and epileptic patients.

These discussions are full of wisdom and humanity; they were written by Bromhead, with Charlesworth's assistance and approval—he called Bromhead's draft a 'chef d'oeuvre'—and they constitute both men's final testament, for neither had more than a few years to live. Charlesworth was evidently aware of this, and wished the collected Reports to be published, because 'all mischievous practices, except non-restraint, which we have swept away, still hover around, ready to return when our breaths shall have left our bodies'. Yet one must regret his arrogant and contemptuous attitude towards other workers in the field—even those who professed to be following the same principles were 'asses braying aloud in our "lion's skin"'; and the proposed volume 'if submitted to a

conclave of mad-doctors would receive the high compliment of being ordered to be burnt for its honesty and truth'. He was not even in touch with Conolly, for in 1850 he wrote that he had not heard of there having been any opposition to Conolly's reforms at Hanwell, except perhaps from some of the attendants.

An instance of the recurrence of 'mischievous practices' was seen in 1850, when it was found that Walsh was resorting to the 'sponge cap'—a hollow sponge filled with cold water and applied to the head, in order to 'subjugate' unruly patients. And this time Charlesworth did not succeed in having the objectionable practice interdicted, and was reduced to entering a protest.

CHARLESWORTH OR HILL

By now faction had again raised its head. This time the dispute was not about the merits of non-restraint, but on the question of who had the better right to claim the honour of having introduced it. The controversy was prolonged and bitter, and though it was carried on in the London medical press, there is a parochial and Trollopian quality about it, since the protagonists, Charlesworth and Hill, as well as others involved, all lived as neighbours in the Cathedral precincts, Hill in Eastgate, Charlesworth in the nearby Pottergate.

Hill, as we have seen, was now a general practitioner in Lincoln, and he was also active in the affairs of the city. In August 1850, he accompanied Charlesworth to a meeting of what later became the B.M.A. in Hull. There, according to the *Lancet's* report, Sir Charles Hastings proposed a toast to John Conolly and alluded to the testimonial about to be presented to him for his services in the cause of non-restraint. Conolly, in his reply, gave the honour of being the authors of the system to Charlesworth and Hill; and Charlesworth, in his turn, 'felt pleasure in acknowledging that the introduction of the system, and the merit of it, was due to Mr. Hill'.

It would seem that it was the mention of a testimonial to Conolly that suggested to some of Hill's friends the idea of a similar presentation to him. A committee was formed, including

the Mayor and Town Clerk, and subscriptions were solicited. But now, as in 1840, a party set itself in opposition to the 'uppish' Hill.

For instead of tacitly accepting Charlesworth's courtesy Hill was so ill-advised as to write to the *Lancet*, ostensibly to thank Charlesworth for giving credit to him, but in a way that was bound to give the impression of a piece of self-flattery. Next, Sir Edward Bromhead, probably with the best of peace-making intentions, sent in a letter relating the Lincoln reforms and distributing praise to all who had contributed, as well as to those, like Conolly, who had developed non-restraint elsewhere; but this was construed by Hill as an 'extraordinary attack' on him, and so battle was again joined.

Hill protested that 'non-restraint' had always been regarded as 'his' system and had been so described by Bromhead himself, and that he had borne the brunt of the attacks which had been made on it. The correspondence became acrimonious when the leader of the anti-Hill party among the Governors, the Rev. W. M. Pierce, claimed that the true author and originator of non-restraint was Charlesworth, and compared Hill's contribution to nothing more than that of the look-out man who first saw land when Columbus was approaching America. It was suggested that Hill's predecessor, Hadwen, would inevitably have arrived at the same point of total abolition—this although Hadwen had expressly repudiated any such idea. Charlesworth himself sent in two brief letters denying rather half-heartedly what he was reported to have said at the Hull meeting.

Apart from any doubts on this last point, it would seem that Hill's contentions were more in accordance with the facts than those of his opponents. He had public opinion in Lincoln on his side, and in November, 1851, the presentation of his testimonial by the Mayor of Lincoln took place at a banquet held there. He was given an elaborate silver table centre-piece, in the tasteless 'Great Exhibition' style, inscribed to 'the author and originator of the Total Abolition of Restraint', and, as if in defiance, there were added quotations from Bromhead and Charlesworth in his favour. It may be noted that Conolly had to wait until the following year for a similar presentation, perhaps

because this included his portrait in oils as well as the inevitable centre-piece.

In 1851 also, Hill, who by now had married, opened Eastgate House as a licensed house for a small number of women patients. And in 1852 a further honour came to him, for he was elected Mayor of Lincoln for the ensuing year.

Changes were coming over the Lincoln Asylum. In 1852 the County opened its new public asylum at Bracebridge Heath (now St. John's Hospital). All pauper patients were removed there; the population of the old Asylum was reduced from about 125 to a little over 50, and the Governors had to face an uncertain future as a Registered Hospital for paying, mainly middle class, patients only.

Charlesworth died on 20 February 1853. He was buried in the Cathedral precincts, within sight of his home. A memorial to him was proposed, and it was decided that it should take the form of a statue to be erected on a site within the grounds of the Asylum, but visible to the public.

When funds were being collected, a few weeks after Charlesworth's death, John Conolly, in the course of a set of lectures he was delivering at the Royal Institution, gave a very accurate and fair account of the evolution of non-restraint at Lincoln. Naturally he paid tribute to Charlesworth's work, but also to Gardiner Hill's 'promptitude, decision and boldness', which, he said, 'deserved to be held in perpetual remembrance'. The lecture was reprinted in the *Lancet* and clearly shows Conolly's acquaintance with the facts and his regard for both of the principal actors.

But now a strange episode followed, in which rivalry between two medical journals caused the dying embers of controversy to blaze afresh. During the year the *Medical Circular* had been publishing a series of 'Biographical Notices' of medical men—Conolly, J. G. Davey, Forbes Winslow and J. S. Bushnan are among those noticed—and on 7 September 1853, there appeared a highly eulogistic notice of Gardiner Hill, taking for granted his claim to the 'grand discovery' of non-restraint, and ending with a triumphal account of the honours paid to him. In the circumstances of Charlesworth's recent death this was decidedly provocative; and

moreover the *Circular* had a little earlier included in its series a very critical notice of Thomas Wakley, the Editor of the *Lancet*. Now, up to this time the *Lancet* had shown no hostility towards Hill—it had printed his letters, praised his work and reported with approval both his presentation and his election to the Mayoralty. But in November 1853, it published as an Editorial a long article, ostensibly in support of the Charlesworth memorial fund, but consisting for the most part of a virulent attack upon Hill and his claims.

Hill protested in vain, and the *Medical Circular* then disclosed that it had been approached by Pierce with an offer to pay for the insertion of an article derogatory to Hill. The implication was that the *Lancet* had accepted what the *Circular* had refused—in fact had been bribed. The rival editors lambasted each other in true Eatanswill style; and so the discussion of a noble humanitarian reform was for the moment dragged down to the level of Dickensian knockabout farce.

Dignity was restored by Conolly in his speech at the unveiling of the Charlesworth statue in July, 1854. This is reported in full in the first volume of our Association's *Journal*. Naturally the emphasis here was on Charlesworth's own work; and, bearing in mind the state of party feeling, it was tactful and necessary to say that Charlesworth 'so animated the resident officers . . . that at length . . . they [*sic*] accomplished what he had scarcely been sanguine enough to expect', without any mention of names. But to Hill this seemed another betrayal.

Before leaving Lincoln we may follow the history of the Asylum a little way beyond the deaths of Charlesworth in 1853 and Sir Edward Bromhead in 1855. Three views of it, as seen through the eyes of the Commissioners will suffice. In 1861 they praised the Institution for its continued success in treating cases without either restraint or seclusion; they often recommended or ordered the transfer there of patients who were making no progress in other asylums and who recovered or improved under the Lincoln régime. But they added that since Charlesworth's death less interest was being taken in the Asylum; the Governors no longer visited the wards regularly and met only once

a quarter. In 1869 there is general improvement, and the Report notes the kindness and consideration shown to the patients. But in 1871 W. A. F. Browne's old warning that 'non-restraint was not enough' was seen to be justified, for complaints were made of threats and violence on the part of the staff, and three attendants had to be dismissed; and as it happens similar occurrences were reported from Hanwell also.

By this time Gardiner Hill's career had reached its last stage. In 1856 he closed down Eastgate House and left Lincoln, being given another public dinner on the occasion of his departure. He joined Dr. E. Willett at Wyke House, a private asylum, now a psychiatric nursing home, near Isleworth on the outskirts of London; he also had consulting rooms in Hinde Street, Marylebone.

In 1856 Conolly's definitive work on *The Treatment of the Insane without Mechanical Restraints* appeared and was extensively reviewed. Chapter 4 reproduced part of Conolly's 1853 lecture and acknowledged his indebtedness to Lincoln. Probably it was this that moved Hill to write his own *Concise History of the Entire Abolition of Mechanical Restraint*—characteristically the title itself is far from concise—and this was published in 1857.* Much of its contents has already been quoted or referred to in this paper; unfortunately Hill chose once more to revive the old controversy and to write in a spirit of grievance, minimizing as far as he could Charlesworth's part in the reforms. He reprinted his 1838 lecture, but omitted the Preface and Appendices which described and gave credit to Charlesworth's previous efforts. Moreover he also included the whole of the 1850 to 1853 correspondence and the complimentary speeches made to him—the total effect of which was bound to be not only boring but repellent. And so he threw away the triple armoury that should have been his, since there was much justice in his cause.

Hill's partnership at Wyke House lasted for only four years, and in 1860 he returned to

* *A Concise History of the Entire Abolition of Mechanical Restraint in the Treatment of the Insane and of the Introduction, Success and Final Triumph of the Non-Restraint System*, by Robert Gardiner Hill. London: Longman, Brown, Green and Longmans.

Lincolnshire. He took over Shillingthorpe House at Greatford, which had belonged for many years to Dr. Francis Willis, the grandson of George III's celebrated physician of the same name. Under Willis the place had stagnated and then decayed, and at his death in 1859 it held only a handful of patients. Hill's management failed to revive it and he abandoned the venture after less than three years.† He came back to London once more, this time as Medical Superintendent and co-licensee of Earl's Court House. This House, which in the previous century had been the home of the great John Hunter, occupied a site nearly opposite Earl's Court Station; it housed 26 women patients and had a small turnover of about 6 cases a year; and here Hill spent the remaining years of his life.

Conolly died in 1866, and three years later his friend Sir James Clark brought out his *Memoir of Dr. Conolly*, a somewhat muddled and poorly balanced book, in which the Lincoln contribution is barely mentioned. Once again Hill was stimulated to take up the pen, and his second book, *Lunacy: its Past and its Present* came out in 1870.‡ The picture he paints of conditions under the old régime is true enough, and so is his assessment of the benefits which non-restraint has brought; his views on treatment and on the need for legal changes deserve respect; but again everything is coloured by his continued resentment and his unrelenting determination to make his case heard. Conolly, as well as Charlesworth, was now to blame, both for failing to support him in his struggles and for refusing him the sole credit for 'his system'. Inevitably the book's reception cannot have pleased or satisfied him; our own *Journal's* anonymous reviewer pointed out that 'the honour of his achievement has never been denied him; it is only because he has claimed too much and repudiated obligations . . . that he has gained less than some may honestly think him entitled to'.

† The notice of Gardiner Hill in Hunter and Macalpine's *Three Hundred Years of Psychiatry* omits Hill's periods in general practice and at Shillingthorpe House, and wrongly makes him out to have been owner of Earl's Court House and Wyke House simultaneously.

‡ *Lunacy: Its Past and its Present*. by Robert Gardiner Hill. London: Longmans, Green, Reader and Dyer.

Gardiner Hill died suddenly, of apoplexy, in May 1878. Obituary notices of him were respectful but brief. One might imagine that he died a disappointed man; but our *Journal's* contributor states that his life was a happy and successful one. He was succeeded at Earl's Court House by one of his sons, while another son also took up psychiatry and eventually became Medical Superintendent of the Middlesex Asylum, now Springfield Hospital. Earl's Court House was given up in 1886—the site is now covered by Barkston and Bramham Gardens. The licence was then transferred to Peterborough House, near Parson's Green in Fulham, later to 'Fenstanton' in Streatham, and lastly to Hitcham Place at Burnham in Bucks.

This paper is concerned only with the Lincoln contribution to 'non-restraint' and all that it implied, and cannot attempt to assess what non-restraint *per se* contributed to the advance of mental treatment. Obviously besides its intrinsic benefits it was felt to be a catalyst of the greatest importance; and it would certainly not have possessed this catalytic quality if it had not been publicly proclaimed as a new

system. This was done by Gardiner Hill, and then by Conolly, while Charlesworth, less given to publicity, laid the foundations for both of them. Charlesworth and Hill are mutually dependent; personally Hill was dependent on Charlesworth for the stimulus and encouragement he was given; historically, Charlesworth is dependent on Hill, for without Hill's achievement and promulgation of 'total non restraint' Charlesworth's thirty years' devoted work would have been of no more than local significance. Our Association, founded in 1841, sprang from the new spirit which these men engendered; and so, meeting here in Lincoln, we will do well to salute them both.

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