

benefit may not be too dearly purchased. Such conditions may be produced in a fairly healthy brain for a few times without any very tangible results, but in cases in which ill-health already exists there can be little doubt that very considerable harm may follow. Hysteria *plus* hypnotism, for example, probably develops into forms of complicated disorder which it very rarely reaches in cases uncomplicated by this form of treatment—a degree of disorder which a recent writer on this subject pithily described as “fully developed.”

Therapeusis admits the principle that a lower tissue may be sacrificed to save a higher. Thus the skin may be blistered for the advantage of an underlying organ, or the leg amputated to save life; but it is distinctly bad practice to harm the higher organ to release the lower, as it appears to us is the case in hypnotic treatment.

Mr. Myers' speculative theories are interesting, but give no ground for his conclusion that hypnotism develops organic concentration and recuperation. If this were true it would be obvious that the simplest way to promote human evolution would be to habitually hypnotise all humanity.

Pathologically hypnotism is related to somnambulism, hysteria, lata, and stupor, and is therefore worthy of the most careful scientific investigation. Hypotheses as to its nature may be useful, but should be carefully based on known facts, and not complicated by dialectical subtleties, such as the “subliminal consciousness.”

Therapeutically, hypnotism is related to the various varieties of faith-healing, the limitations of which are fairly well known and recognised. The assertion that it unlocks or re-develops some latent organic endowment is beyond possible proof, and is opposed to all evidence of organic evolution.

Hypnosis, from the point of view of our specialty, is a temporary disorder and weakening of the power of self-control, which by repetition must inevitably tend to be confirmed and increased. It is, indeed, a temporary shunting on one of those side-tracks of disordered mental function of which insanity is the terminus.

Priest and Physician.

In a recent number of the *Zeitschrift f. Psychiatrie* (published in May, 1898) Möbius devotes an article to the memory of Heinroth (dead now fifty-five years), who is chiefly famous for

the doctrine which he taught that mental disease arises from sin. He was, Möbius tells us, the first clinical teacher of psychiatry in Germany. It may therefore well be that he exercised an injurious effect, and that he was, as Kräfelin says, a dangerous enemy to the school of scientific psychiatry, then recently founded by Esquirol. Möbius, however, endeavours to point that he had nevertheless his merits. To us the matter is chiefly interesting as marking time. Such and such things a physician taught sixty years ago, and in the very next number of the journal which contains Möbius's historical notice we find how a priest writes to-day. In the *Zeitschrift f. Psychiatrie* published in June, 1898, there is a short review by the editor, Laehr, of a little work on "Pastoral Psychiatry" forming one of the volumes of an encyclopædia of Catholic theology, and setting forth views on sacerdotal work in asylums, which are published "with the approval of the Venerable the Vicariate-General of Freiburg, and of the Episcopal Ordinariate of Regensburg." The author, Laehr tells us, frankly begins by saying that the physician must take the first place in dealing with the insane, and must have the direction of the treatment. Insanity is described as a disease of the brain, and the causal connection of the mental processes with brain conditions is said to be demonstrable by psycho-physics. The author modestly claims that there should be for every large asylum a special chaplain, so circumstanced that he could devote the necessary time to his work and spend as long as possible in the institution, for (the italics are ours, and they feebly express our feelings) "*the acquisition of the necessary knowledge is not very easy, and the mode of intercourse with the various patients is not to be learned off-hand.*" It is a pity that this sensible sentence could not be engraven on the tablets of memory for those occasional asylum committee-men who conceive that mere election on an asylum Board makes them familiar with the last results of science, and capable of teaching his business to the physician who has devoted his lifetime to the work. And we must earnestly commend to our older judges, and especially to those venerable denizens of the Gilded Chamber who are finally appealed to as the infallible exponents of the common law of England, the following excerpts from Father Ignatius Familler's work as given by Laehr:—"In all the many intermediate stages between mental health and complete insanity the freedom of the will is always limited in the same degree as the mind is affected. Therefore,

such a person cannot be held entirely accountable for his actions, and is only responsible to a limited degree. If serious disturbances dominate any one region of mental activity, then complete irresponsibility must be held to exist, for the morbid errors of one mental sphere are almost never corrected by the part remaining in a better state, but on the contrary bring about a morbid condition of the entire personality" (das ganze Thun und Lassen krankhaft bestimmen). In a chapter "De Sacramentis" the author makes a most interesting distinction "between those lunatics who have been insane from their earliest infancy, and those who have been stricken by insanity after a longer or shorter period of sound mental health. The sacrament of Extreme Unction should never be administered to the former, for the possibility of committing a sin is taken from them by their irresponsibility. On the other hand, Extreme Unction must be administered to the latter when at all possible."

We think we may also recommend a course of Father Familler to those Evangelical clergy who during recent years have been making such nuisances of themselves in connection with the insane in some North German provinces.

Asylum versus Hospital.

Under this title Dr. James Russell, of the Hamilton Asylum, Ontario, read a paper before the American Medico-Psychological Association, and published it in the *Canadian Practitioner* for June of this year. He tells us that there is a growing tendency on the American continent to drop the term "asylum" in favour of the less suggestive title "hospital." In the recently published transactions of that Association it would appear that the designation "hospital" is applied to ninety-three institutions, as against "asylum," which is only used forty-eight times. In a peroration extending to nearly fourteen closely written pages, Dr. Russell inveighs against the disuse of the term "asylum." His paper is redundant with digressions, which touch almost every conceivable point in the domain of psychiatry; many of his statements are highly controversial, while his discursive argument is open to destructive criticism both from those who differ from his conclusions and those who, for other reasons, adopt them. It is not, for instance, because we are afraid of "trusting too much to scientific methods,"