

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,"

as opposed to the use of the more general influences of occupation, recreation, and environment, which ordinarily abound in modern establishments for the care of the insane, that we prefer the name "asylum;" nor is it because we agree with Dr. Russell that an asylum hospital is an insignificant portion of the institution—amply large for the treatment of physical disease alone if it accommodate five per cent. of the asylum population—that we reject the general term "hospital." On the contrary, we feel that we cannot have too much of "scientific method," and we believe that an asylum of the present day ought to be largely an hospital in which from thirty to forty per cent. of the inmates are actively treated, medically observed, and constantly nursed. It is unnecessary, even if it were for edification, to follow Dr. Russell in his simple but crude classification of the insanities and his extraordinary therapeutic theories. We do not gather by what recondite means, apart from the humble medical appliances at our disposal, he proposes to "recharge the exhausted brain batteries of the melancholic with the electric current of thought," or "chain and harness the over-charged batteries of the maniac to some mental or physical process." We are far from agreeing with him when he asserts that because the pathology of systematised delusion has not yet been elucidated, it has therefore no morbid histology, no basis for medical treatment, and that it is merely an exaggeration of a condition which he unwarrantably asserts is only too common in "a world teeming full of paranoiacs everywhere." Such opinions are not altogether novel. We have heard them more moderately, if not more ably expressed, but never perhaps with such wanton ardour and glorious disregard for contemporary opinion as distinguish their latest exponent.

After all this, to agree with Dr. Russell's main contention that we should not abandon the term "asylum" in favour of any other, however euphonious, may appear paradoxical. Yet it is here that our author reveals his innate power of discrimination. By whatever name it may be called, an asylum will always combine two functions,—a place for the care and shelter of those who are incapable, owing to mental infirmity, of taking care of themselves; and a place for the care, treatment, relief, nursing, and study of recent and acute forms of insanity and their accidental syndromes. Those who wish to change the name of such an institution from asylum to something else must be influenced solely by

the desire to remove prevalent prejudices arising from past abuses and present deficiencies by a species of transparent subterfuge. There is that of ingenuousness and *naïveté* in the proposal which might enlist a certain amount of sympathy were it not for its patent offensiveness. Moreover its futility is apparent. Were it possible with the wand of a magician to remove lunatic asylums from the face of the earth to-morrow, the prejudice against insanity and the insane would not vanish with them. As Maudsley puts it, "there always has been, and for a long time to come there will no doubt still be, a feeling of distrust of, and repugnance to, the anti-social unit who has fallen from his high rational estate; . . . he will lie under a social ban, and the family to which he belongs will feel the reflected stigma." Might it not be added, "And so will the institution in which he is confined, christen it ever so skilfully"?

The faithful and arduous labours of our predecessors, and the remarkable scientific achievements of our contemporaries, have been to a large extent effectual in diminishing the strength of the hostile criticism and of the popular prejudices to which asylums have all along been subjected. Whatever the workers of the immediate future may do in this respect, their success will certainly not depend upon a desire to appear other than they really are. The views of Dr. Russell, as expressed in the following sentence, could scarcely be improved upon. He says, "I take no stock in that scientific sentimentalism which seeks to popularise itself with a name. Words are but symbols of ideas, and unless a name has behind it the merit of good works to commend it to popular favour, it will be but as a tinkling cymbal and a term of reproach."

PART II.—REVIEWS.

Die Darstellung Krankhafter Geistzustände in Shakespeare's Dramen. Von Dr. HANS LAEHR. Stuttgart, Neff, 1898. Demy 8vo, pp. 200. Price 3s.

A good many years have passed since any author in this country conversant with insanity has written anything of note upon the personifications of mental derangement to be found