

and reasonable necessity for each parish providing within its own boundary accommodation for its own helpless creatures, and not to oppress with their imbecile men and women neighbouring communities."

The picture here presented of the state of the boarded-out cases in Kennoway is not a happy one. Many of the above statements are, however, not in accordance with the description given of their care by Dr. Arthur Mitchell in the Twelfth Report of the General Board of Lunacy. It is evident that many of the cases have not been suitable for this system. The two female lunatics who have borne the children referred to are now in the asylum, and I beg to inform you that their unfortunate condition was not due to any eroticism on their part, but to a want of care on the part of their guardians, and to the loose morality existing in a portion of the general population.

*Open Doors.*—The system of unlocked doors remains in operation. Much has been said and written against it within the last year. It has been proved, "on paper," that open doors are impossible; and that, if they exist, unusual and irksome alternatives are adopted for the safe custody of the inmates. Nevertheless, the open door system is a living fact, free to the inspection of all, especially to those who doubt its existence and condemn it unseen. Let me briefly summarise what has been already stated explanatory of the system:—A visitor can enter at the front door, and go through wards, containing 180 patients, without his progress being arrested by a locked door; he could also let himself out by four different doors on to the south terrace by turning an ordinary brass handle. One of the Commissioners of Lunacy entered the Asylum by one of these doors, and was half-way through the longest corridor before I accidentally met him. I then conducted him through the wards containing these 180 patients without any key in my possession.

I look upon the open doors as merely a further diminution of seclusion and restraint; in fact, a substitution of moral government for that of locks and keys. My experience is, that little excitement and greater contentment prevail where there is the most freedom.

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*Spitzka on Reform in the Scientific Study of Psychiatry.*

Under the above title, Dr. Spitzka, of New York, who recently gained the W. and S. Tuke Prize Essay, publishes an address to the New York Neurological Society, in the April Number of the "Journal of Nervous and Mental Disease," in which he criticises most severely—many people would say intemperately—the work of American asylum physicians and the policy of the American Association of Superin-

tendents of Asylums. There is much truth, however, in what Dr. Spitzka says, and we think our American brethren would do well to take heed to this and many other indications that a more liberal and open mode of conducting their asylums and managing their Association is required. All who know the history of the American Association know the work it has done, and there are few members of the medical profession interested in the matter who are not acquainted with the spirit of philanthropy and self-sacrifice that has generally characterized the physicians to the hospitals and asylums for the insane in the United States. Much good and honest work has been done, and is being done, too, in the scientific study of mental disease in American asylums. It is, therefore, a pity that they should allow their good to be evil spoken of by those who are not fully acquainted with what they and their institutions have done, through any mere mistake in their general policy as an Association. For example, we have never sympathized with the exclusive and unscientific spirit which shuts out Assistant Medical Officers of Asylums from the privilege of membership; we hold it to be a mistake in policy, a misfortune in practice, and unjustifiable on any ground. Dr. Spitzka's article is also a plea for the appointment of visiting physicians to American asylums who shall enjoy the position and means of studying disease which the Visiting Physicians of Hospitals enjoy. The ability of the article is unquestionable, and its vigour almost excessive, but its personalities and spirit are certainly not becoming in one member of a profession towards other members of the same profession, the aims of many of whom are no doubt as high and their conduct as honest as his own. It is certainly a pity that the mode of American political vituperation and its intemperance of language should be allowed entrance into the literature of the mild and merciful profession of medicine. If Dr. Spitzka's arguments and cause are good, surely, on every principle of true literary art and good taste, his language should be moderate and free from passion. We could point out to him some asylums in his fatherland with very distinguished Visiting Physicians, where all the instruments of neurological research and therapy might be found, yet whose management and the comfort of their patients cannot be compared with most American asylums. To these remarks we shall add a few extracts:—

From a pathological and clinical point of view, therefore, as well as for several important practical reasons, the study of insanity should be considered a subdivision of neurology. A strictly separate study of either must be prejudicial to both, on account of their numerous and intimate relations. To make a special province of diseases of the liver, without considering these in their relation to cardiac and pulmonary insufficiency, gastric, hemorrhoidal, and enteric associated conditions, would be scarcely less absurd than to treat of pulmonary and cardiac, gastric, enteric and hemorrhoidal affections, and neglecting their hepatic complications! Yet the former case is represented by him who lectures on insanity without being familiar, or caring to familiarise himself, with nervous diseases in general; the latter by the neurologist, who is prevented by an unjust monopoly from considering mental disorder in conjunction with other nervous disorders.

As you are well aware, it is only under exceptional circumstances, if ever at all, in America, that the teacher of nervous diseases can command the material essential to a thorough clinical and pathological demonstration of insanity.

This is chiefly on account of a feeling among a number of asylum superintendents, that they can claim to monopolize the science of psychiatry, to exclude every non-asylum physician from this field, and that they alone are entitled to teach this subject in our medical schools. *A priori* there can be no fairer proposition than this: that he who has devoted his lifetime to a given specialty, ought to have the first voice and the high privilege of instruction in that specialty. If capable, zealous, and honest scientists establish a monopoly in scientific matters, even a monopoly may become endurable. But I would most strenuously object, that every one who may have happened to possess the requisite social and political influence to receive an asylum position, is therefore to be considered a psychiatrist. Such a conclusion, based on an acceptance of a discreditable *statu quo*, has been the great bane of American psychiatry, and I regret to say has been diligently fostered by that narrow circle of asylum physicians which furnishes the *ex cathedra* statements of the Asylum Association. To these statements, too, much *blind obedience* has been paid in the past, too little *attention of the proper kind* is paid to them at present. . . .

If we cast a glance at the present state of psychiatric literature, we find that, while in Great Britain and on the Continent valuable monographs are daily being published, America is far behind, not only in the number but in the quality of its contributions to psychiatry, in striking contrast with its well-deserved eminence in other specialties. American psychiatric contributions are frequently abstracted from articles appearing in transatlantic journals, or, if *quasi* original, are still more worthless. . . .

I can assure you, that utterly beneath all criticism as these specimens of asylum literature are, they are by no means the very worst.

The average articles seldom rise to such a lofty level as pathological, clinical, and therapeutical subjects constitute in their modest and unpretentious horizon. Occasional melancholy lucubrations over deceased and lamented brother superintendents, or reminiscences of the newspapers published by asylum patients, contributions to what is termed "mental hygiene," strongly suggestive of the influence which the asylum chaplain has acquired over the asylum superintendent, and impassionate glorifications of "mechanical restraint" constitute the range of subjects which medical superintendents delight to read and write about.

If we look at their annual reports, we find that some of them wax enthusiastic over the prizes gained by their hogs and strawberries at agricultural fairs, while others give you the benefit of their historical ideas on insanity. Beginning with David and Solomon, they pass from Scripture to Homer, thence to Bedlam, and tracing the development of humanitarian sentiments to the present day, when unlucky legislators were induced, through the expansive views of the superintendents regarding the insane millennium, to appropriate ruinously extravagant sums to the erection of an insane paradise, they kindly permit their trustees to publish such "historical" documents accompanied by caricatures of morbid brain tissue in the illustrated monthly magazines.

Judging by the average asylum reports, we are inclined to believe that certain superintendents are experts in gardening and farming (although the farm account frequently comes out on the wrong side of the ledger), tin roofing (although the roof and cupola are usually leaky), drain-pipe laying (although the grounds are often moist and unhealthy), engineering (though the wards are either too hot or too cold), history (though their facts are incorrect, and their inferences beyond all measure so); in short, experts at everything except the diagnosis, pathology, and treatment of insanity.

To this, as to all antecedent papers of a similar character, no other answer than the chorus already echoed *ad nauseum* from asylum to asylum—that its writer has never been an asylum superintendent, and can consequently know nothing about insanity, is expected. Since this is the sole argument which I have ever heard the defenders of the impeached system employ, let me ask, what is in this mysterious "asylum experience" that prevents those not possessing a superintendency from judging of asylum matters? What is the difference between a hard-working, able, and trustworthy assistant physician of an asylum and his superintendent, selected to fill his position on grounds of nepotism and political favour? It is a well-known fact that *this* "asylum experience" argument is not used abroad. The *British Medico-Psychological Association* counts among its members not only superintendents, but also their assistants and physicians in general practice; the *Medicinisch-Psychologische Gesellschaft*, of Berlin, and *Verein fuer Psychiatrie*, of Vienna, are similarly constituted; but it

remained for the American Association of Medical Superintendents to announce that, on principles analogous to those which govern "trade unions," only medical superintendents could be members. No doubt the younger members of the profession, who occupy the position of assistants, were excluded in order to prevent the rebellious tendencies of energetic and original workers from running loose and opposing the benevolent tendencies of certain superintendents of keeping asylum matters in the same old conservative rut.

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## PART II.—REVIEWS.

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*Cyclopædia of the Practice of Medicine.* Edited by Dr. H. VON ZIEMSSSEN, Vol. xiv.—*Diseases of the Nervous System and Disturbances of Speech.* By Profs. A. EULENBURG, NOTHNAGEL, H. VON ZIEMSSSEN, JOLLY, KUSSMAUL, and Dr. J. BAUER.

This volume along with the 12th of this Cyclopædia on Diseases of the Brain and its Membranes bid fair to become for the next ten years standard works on Neurology. We prefer to notice the last volume first. The expectations raised by the array of names at the beginning are not disappointed on a perusal of the volume. To say that all the articles are of equal value and interest would be absurd, or that a book written by so many authors has the unity of one that has come forth from a single brain. It may be safely affirmed that in the future no exhaustive work can ever again be written either on general medicine or even on all the diseases of any one great system by one man. The literature is now too extensive, the requisite experience too impossible to obtain for this ever to happen. The industry and prolixity of Germans have been the chief cause of this. Such a book as the volume we are about to notice, was, in its exhaustive references to the literature of all nations, only possible in Germany. There can be no doubt that English medicine is under a deep debt of gratitude to Prof. Ziemssen for his Encyclopædia, and English-speaking Neurologists in no less degree for his twelfth and fourteenth volumes. The possession and perusal of such books is especially necessary for the alienistic subdivision of the Neurologists. In their case it is ever necessary to be stimulated to search for the hereditary, the dynamical, and the pathological source of mental abnormalities, to remain un-