

Brigham, Beck, Woodward, and Bell among dead medical psychologists in America, it sounds strange to read that "we are almost forced to the conclusion that our friends across the Atlantic have not yet mastered the fundamental principles of the remedial system." And stranger still (so far as regards the men of the first class) to hear that "they adhere to the old terrorism, tempered by petty tyranny." Can we be surprised that the feelings of men engaged in a noble and arduous work—the work of their lives—should be hurt when they read such charges made by members of the same profession? With what feelings, *mutatis mutandis*, should *we* read them? In the rejoinder made in the "Lancet" to Dr. Bucknill's letter, it is said, "We do not say *all* American asylums are bad." Certainly, it is to be regretted that this qualification, or rather a much larger and more generous one, was not made in the original article. Neither, on the other hand, do we say that all American asylums are good. We simply maintain that the sins of some asylum authorities, and these, as a rule, municipal rather than medical, should not be indiscriminately visited upon the whole body of medical superintendents of hospitals for the insane. An American physician, visiting St. Luke's subsequently to 1840, found chains in use. Had he in consequence stigmatised the English superintendents of asylums, as a body, as being in the custom of employing manacles, he would have committed a gross injustice, which they would have instantly resented. In the same way the American superintendents naturally feel aggrieved when a leading medical journal represents them, without (in the first instance) any exception whatever being made, as adhering to the old terrorism, &c.; as resorting to contrivances of compulsion; as using the shower-bath as a hideous torture; and as leaving their patients to the care of attendants, while they devote their own energies to beautifying their asylums.

Let us give credit where credit is due, and not involve in indiscriminate censure, worthy and unworthy superintendents, good and bad asylums, but if we denounce, confine our denunciation to those institutions in which ill-treatment is known to prevail.

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AMERICAN LUNATIC ASYLUMS.

*To the Editor of THE LANCET.*

SIR,—I have received letters and journals from several medical superintendents of asylums for the insane in the United States, calling my attention to a leader in "The Lancet" of November 13th last.

My correspondents feel much aggrieved with that article, and have asked me to publish the truth as I have recently observed it as to the treatment of the insane in their country. I had hoped before this time to have published some notes on this interesting and important matter, but ill-health has prevented me from doing so, and I feel that no further delay should occur in my asking you to do justice to a class of highly honourable and meritorious medical men.

With the general principles of your leader regarding the proper treatment of the insane, it is well-known that I entirely concur. I had the honour to serve under the non-restraint flag more than thirty years ago, when the fight was hot and undecided, and I am not likely to desert it now when the peace which follows victory has been so long established among ourselves. I think, moreover, that we have a task of duty and obligation before us in converting our American brethren to our views and practice; but in order to succeed in this, it is essential that we should clearly understand and appreciate their position.

The use of mechanical restraint in the excellent State asylums of America, and in the admirable hospitals for the insane there, is no part of a system of negligence and inhumanity, and therein it differs *toto calo* from its use in our country in former times, and in some foreign countries at the present time.

On this ground, therefore, I have no doubt that the adherence of the Americans to mechanical restraint in the treatment of the insane is solely an error of judgment, and, as you so forcibly express it, "an imputation on their professional acumen and social sagacity." But merely to asseverate this would be purely a *petitio principii*. We must prove it; and to do so, to change their opinions and assimilate them to ours, will, I see, be all the more difficult because the error stands so much alone, and because their opinions on all collateral questions are so enlightened and so much like our own; as it is notorious that in the propaganda of religious creeds conversions are most rare where the theological opinions and moral practices are least removed.

The statement in your leader by which the American superintendents feel themselves most aggrieved is the following one:—"They adhere to the old terrorism tempered by petty tyranny. They resort to contrivances of compulsion; they use at least the hideous torture of the shower-bath as a *punishment* in their asylums, although it has been eliminated from the discipline of their gaols. And, worse than all, if the reports which reach us may be trusted, their medical superintendents leave the care of patients, practically, to mere attendants, while devoting their own energies principally to the beautifying of their colossal establishments."

I have no hesitation, sir, in assuring you from my own knowledge and observation that, in all the above respects, the reports which have reached you are not to be trusted. I visited in the spring of last year ten of the public asylums in the United States, and enjoyed the most ample opportunities of observing the treatment of their inmates;

and I say, most unreservedly, that I never saw the slightest indication of "terrorism tempered with petty tyranny." The fault of the Americans does not lie in the direction of harshness, but rather in that of timidity and fear of responsibility.

It is my constant habit, when I go over an asylum, carefully to examine all closets, bath-rooms, and out-of-the-way conveniences; and it is a singular fact that I never once found a shower-bath in any one of the asylums which I visited in the States. In some of them I made inquiry as to the absence of this means of treatment so common with us, and formerly so much abused; and I was assured that it did not exist. As an instance, Dr. John Gray assured me that, in the New York State Asylum under his charge, there had been no shower-bath in existence for eight or ten years. Of course I cannot answer for what may be the practice in each of the numerous asylums scattered over a vast continent, but I can affirm that, in the asylums of the old settled States which I visited from Boston to Washington, the shower-bath is not used as a punishment, and, perhaps, too little used as a remedy.

On that count of the indictment which is "worse than all," your information has been certainly erroneous. So far from the medical superintendents of asylums in the States leaving the care of their patients to mere attendants, the reality for which I vouch is that the American superintendents bring themselves more constantly and intimately into personal relation with their patients than it is the custom to do in our public asylums, and, moreover, they are assisted in the care of their patients by a much larger medical staff than our institutions usually possess. I could easily name large English asylums in which the medical care of the patients devolves entirely upon the medical superintendent and one solitary medical assistant who is also the dispenser; while in asylums of the same size in the States the medical superintendent would have at least two, but more generally three or four, resident medical men to aid him in his professional duties. Here, again, I shall cite the example of the asylum for the State of New York at Utica, where the resident medical staff consists of the medical superintendent, four assistant physicians, and a special pathologist—in all, six medical men to about 850 insane patients. In the Washington Asylum, with 750 patients, the resident medical staff consists of four physicians and, I think, a dispenser. In the Pennsylvania Hospital for the Insane, containing 416 patients, the resident medical staff consists of four physicians. Even in asylums in which the management is far more open to criticism than in those I have named, I observed this large amount of medical element on the staff, and in this most important matter it seems to me that we in this country may well take a leaf out of the book of example which we may find in the States.

I fully admit that there are asylums in the States, the condition of which is grievously bad, and I have no hesitation in stating, from

what I saw, that the large asylums for New York and Philadelphia are disgraceful to the municipal authorities of those cities. But this is not the fault of the medical superintendents, further than it may be said to be their fault to hold office and discharge duties under circumstances which give them no fair play. I pity the patients in these asylums from my heart, but I have some pity also for conscientious and laborious medical men, who painfully endeavour to discharge their duties to the best of their ability under the vulgar rule of a municipality moved only by motives of party politics and unintelligent economy.

I remain, Sir, your obedient servant,

JOHN CHARLES BUCKNILL.

Hillmorton Hall, Rugby, Jan. 28th, 1876.

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*On the Use of Analogy in the Study and Treatment of Mental Disease.* By J. R. GASQUET, M.B., Lond., Physician to St. George's Retreat.

The disheartening aphorism, in which Hippocrates summed up the experience of his life—"Art is long and life is short, the occasion is fleeting, experiment is dangerous, and judgment is difficult"—is more true of the study of insanity than of any other department of medicine. Were any proof needed of this, it would be sufficient to point to the classification of mental diseases, the symptomatological plan adopted until recently corresponding to the earliest nosology of ordinary medicine, while the schemes which task the ingenuity of a Skae or a Bucknill have a great likeness to the "Phthisiologia" of Morton, or to the nosologies of Sauvages and Cullen.

But, if it be granted that our specialty is much behind the other branches of medicine, it follows that one of our principal means of advancing it will be to argue from the analogy of the better known phenomena of other diseases to the more obscure symptoms with which we have to deal. As Mill remarked, the great value of analogy in science, even when faint, is to suggest observations and experiments with a view to establishing positive scientific truths. We are all of us continually doing this; but it appears to me that much of its advantage is lost, from our having no systematic plan on which to work; and I have, therefore, ventured to note down, somewhat roughly and disconnectedly, such ideas as have occurred to me on the subject, hoping rather to lead some more competent person to undertake it, than to bring forward