

scenes in which every sentiment of delicacy, honour, propriety, and right seemed to have given place to a savage, grovelling fury. Whatever course we take—whether we shun collision with the law by yielding at once to its demands, or, strong in the rectitude of our intentions and objects, pursue the even tenor of our way and abide the consequences—we assume a responsibility which ought not, in justice, to be imposed upon us. It would seem, then, to be a very proper conclusion, that if we are expected to receive the class of persons in question, we must be invested with the requisite legal authority. Let the legislature enact that habitual drunkenness shall be subjected to all the disabilities of insanity, and then we may engage in a work of humanity without infringing upon the right of individuals.”

SUGGESTIONS FOR A NEW PSYCHOLOGICAL TERMINOLOGY.

WE are glad to perceive that the “American Association of Medical Officers of Hospitals for the Insane” are taking this subject up in a proper spirit. It is time that all parties connected with the management of institutions for the special treatment of the insane should do their utmost to discountenance the use of terms based upon fallacies, gross, crude, obsolete, and exploded notions, and only calculated to create alarm in the minds of those suffering from brain disorders, and to prejudice and disgust the public against all personally connected with the confinement of the insane. The phrases, “madness,” “mad-house,” “lunatic,” “lunatic asylum,” “keepers,” “asylum,” “cell,” should be at once and for ever expunged from our vocabulary. The term “madness” is unquestionably an unscientific one; the word “lunatic” is obviously founded upon an acknowledged error; the appellation “keeper,” only suggests to the imagination wild beasts, iron cages, and certain officials who perambulate the Zoological Gardens, and should never escape the lips of humane and scientific men. In fact, it is our duty, recognising the importance of early treatment in cases of insanity, and the necessity, as a curative process, of removing the insane immediately from the excitement and morbid associations of home, to accompany that imperative step with the minimum degree of annoyance, both to the patients and their friends. A man in a state of insanity is not likely to be soothed by being informed that he is going to a “mad-house;” and we would humbly suggest, when there, that the irritation which is necessarily increased by his sudden removal from home, and being placed among strangers, is not likely to be much mitigated by telling him, that he is to be consigned to a “cell,” or that he has a “keeper” to watch his every movement, to sleep in the same room with him, and, if necessary, to control his actions.

We throw out these *hints* for the immediate consideration of all engaged in the management of this class of patients, intending in an early number to recur to the subject.

TO THE EDITOR OF THE JOURNAL OF PSYCHOLOGICAL MEDICINE.

MY DEAR SIR,—In the current number of your Journal (October, 1854) there is an article on Non-mechanical Restraint in the Treatment of the Insane, in which I am classified with those “Medical Superintendents of Asylums who do not use restraint, but who give no opinion on the abstract question.” Will you permit me to say that this is not the exact position I wish or ought to occupy, for I direct mechanical restraint (suitable to the case) to be used whenever, after a careful consideration of all the circumstances, it appears to me the

best for the patient. *Practically*, I think I differ little, if at all, from the great majority of medical superintendents in the *abstract* opinion; for seclusion, immersion in the cold bath, the cold shower bath, and various other methods used to secure a control of the actions of the insane are all based upon the principle of a *coercive* treatment being necessary in at least some cases, yet to be used as seldom as possible. In my reply to the queries of the Commissioners, I do not refer to those less direct methods of restraint, but only to the mechanical; and I remarked, "As to the use of persons or mechanical appliances, when physical force is absolutely necessary (and such cases must inevitably occur) my experience is in favour of the latter."

All the means and methods used to regulate the actions of the insane, whether they be simply medicinal, or mechanical, or moral (as seclusion, the cold douche, &c.), may be used with unnecessary frequency, harshness, or cruelty; the objections which apply to one, apply indeed to all. I, for one, therefore, should be glad to see a controversy terminated which has become useless for practical results, and appears not only to be degenerating into personalities, but to present a taint of empiricism. I am, my dear Sir, very truly yours,

York, 13th Nov. 1854.

J. LAYCOCK.

To Correspondents.

The parcel of books sent by Dr. Girolami, from Pesaro, we were obliged to refuse, in consequence of several pounds postage being demanded!

The excellent and well-written work on "Unsoundness of Mind in relation to Criminal Acts," by Dr. J. C. Bucknill, M.D., and the valuable Essay by Dr. J. W. Williams on "Unsoundness of Mind in its Medical and Legal considerations," published at length in the "Dublin Quarterly Journal of Medical Science," will be reviewed conjointly in our next number.