

Dr. Pliny Earle (Northampton, Mass.), in a letter to us, thus writes:—"The characterization of Dr. Shew in the 'Memorial' is no exaggeration, but is truthful and just. He was a worthy, meritorious man, a genial friend, to whom I was sincerely attached, and whose loss I as sincerely mourn."

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*Correspondence.*

TO THE EDITORS OF THE *Journal of Mental Science.*

GENTLEMEN,—In the following remarks, I wish to be animated with a humble spirit; and, if I state anything strongly, I am conscious that I aim at moderation in my sentiments. I would be lacking in the bare and comparatively beggarly elements and first principles of Christian feeling, if I entertained for a moment the idea of unfriendliness on the part of asylum officials, or doubted that the least amiable of them had any desire but the welfare of such as are committed to their charge. It cannot be expected that the laws which govern society as a whole are altogether applicable in asylums. The ruling and guiding principle, the mind, being more or less morbidly affected in the insane—to anticipate that laws will have the same force with them as with those possessed of mental health, is like expecting fine music from a broken instrument or from one that is entirely out of tune. Regard will be paid to this in all well-regulated asylums. It will ever be uppermost in the thoughts of the officials that those amongst whom they mingle are not like themselves able to control their actions; since they are not, as in the case of sane persons, actuated by ordinary motives, or similarly influenced by outward circumstances. If a man's will is so over-borne, and his power of self-control so over-mastered, that he acts in a manner that lays him open to censure—is he to be blamed and punished? If a man suffers from temporary aberration of intellect during a paroxysm, he is not responsible. He feels, on recalling any particular action he may have done during illness, that he could not have done otherwise; for his reason—such as it was, defective and weakened as it must then have been—approved: though admittedly it was this power of the mind, pressed and harassed by the force of emotion and passion, that pronounced the verdict. The nature and consequences of his action were not for a moment thought of. If quite well, he would certainly have acted otherwise in the same circumstances: but the question arises—would the same convention of circumstances ever occur in a state of mental health, or during a period of convalescence? Were the element of punishment eliminated from the asylum treatment, it might be asked—how are order and discipline to be maintained? We know how much the non-restraint system was at first opposed. We know how very gradually, as a rule, ameliorating influences are allowed to have their due weight upon society of all kinds. In the minds of Tuke, Hill, and Conolly, the removal of restraints implied that in the treatment of the insane nothing should be present which has a tendency to thwart or irritate. There is a lingering aversion among some alienist physicians to cast from them the idea that wickedness is an element in the conduct of the insane which necessarily presupposes responsibility. If this stumbling-block were removed, the object I aim at would be more easily attained. It is certain that in many cases insanity is owing to accident or misfortune, and not to sin; and in judging of other cases, it is

advisable for all—limited and imperfect as human knowledge is at the best—to attribute this calamity to the same cause. Is it not conceivable, is it not the fact, that with some, self-imposed restraint may have caused mental derangement, from which they might have been saved if they had been less ascetic? Were statistics available, might it not appear that immorality has as much to do—to say the least of it—with cancer, consumption, heart-disease, and other ailments, as with insanity? Why, then, should insanity alone have a stigma attached to it, and the insane be invariably designated as under a cloud? Specialists themselves are much to blame for this. Is it not the case that some of them with no reluctance, but seemingly with pleasure, attest in lectures on insanity or in asylum-reports that insanity is sometimes attributable to or accompanied with immorality, and sometimes even hold up the finger of scorn at what they in some cases consider its debasing causes? It is a pity that such should be the case. The world is hard enough upon the insane, without any seeming ground being afforded it for cherishing bitter and uncharitable thoughts; and it is impolitic in the highest degree to inculcate upon the rising members of the medical profession principles most prejudicial in their tendency. How can I expect a medical man to take an interest in my case, to show marks of sympathy and kindness in his treatment, if all the while there is running through his mind an undercurrent of aversion, a feeling that I am only worthy to be despised! The idea that I have broached in this letter, of eliminating everything of the nature of punishment from asylum treatment, need not be considered Utopian, when we remember the revolution that has taken place within the last forty years in the management of asylums and the treatment of the insane. And if so much has been done in the past, why may we not expect more in the future? Why may not the good work go forward, till every discordant element shall have been purged—till the very last shred of intolerance has been torn away—till the word “asylum” shall be a synonym for humanity, care, consideration, and generous sympathy. This will only be when everything of the nature of punishment shall have been ejected. The difficulties in the way will disappear in the face of determination of purpose, and a strong desire to reach the *ne plus ultra* in asylum treatment. Trust begets faithfulness. Love generates kindness, forbearance, and respect. Perish the thought that anyone suffering from an attack of insanity is responsible—as if he could be partly one thing and partly another. The very fact of his committing an imprudence, of his doing something against which his better nature rebels, of his making a mistake however slight, shows that he is impelled by a force which is stronger than his will—a power which for the time being usurps the place of reason and conscience. The same person, if well, would commit no indiscretion, would be liable to no censure. Why, then—if disease exercises its sway over the highest part of his nature, causing him to commit some indiscretion, such as breaking his parole—should he be made to pass through a second fire, as if the work of the physician involved also that of a governor of a house of correction?

I am, &c., &c.,

A PATIENT.

March 6, 1886.

[Our correspondent is referred to the comments made on this subject in the Journal of April, 1883, with which, we think, he will find himself in accord.—Eds.]