The forms of insanity comprehended in class A are such as are most associated with mental weakness, and most incurable, whilst those in class C are the least involved with it, and at the same time the most curable. The morbid states in A may constitute the basis of those in B and C, and those in B may serve also as such to those in A.

The Ophthalmoscope in Mental Disorders.

('Zeitschrift,' Band xix, p. 392.)

Dr. Hermann Wendt, the Assistant-Physician of the Asylum of Halle, has explored the interior of the eye by means of the Ophthalmoscope in 154 male patients in the asylum, but no special facts relative to the insane state, as far as we can make out, reward his industry. Slight irregularities in the circular outline of the optic nerve were, as is common among people, discoverable; and in one case were unusually marked, a portion of the disc being apparently cut off by a line of pigment. Partial excavations within the physiological boundary of the optic nerve, and of common occurrence, were met with in one eye in thirteen instances and in both eyes in thirty-nine.

Among changes in the retina, he noticed turgescence of the vessels only in one patient, where it presented an old apoplectic condition. Retinitis pigmentosa, which is of frequent occurrence among idiots, imbeciles, and the deaf and dumb, was not encountered, not even in one of the four idiots included in the total of cases examined. *Sclerotico-chorioiditis posterior* occurred in one eye in sixteen patients, and of this number in the left eye in thirteen; it was present in both eyes in fifteen.

Non-restraint abroad.

Non-restraint has been fought for and won in this country; it is now the battle-cry on the continent, and an English champion, in the person of Dr. Sankey, of Hanwell, has taken up his position in France in aid of those who there battle for the good cause. Dr. Sankey consents to fight under French colours, having produced an able article in French in the 'Annales Medico-Psychologiques' for October last. In the mean time a counterblast is heard in Germany, blown by Dr. Dick, physician of the Bavarian Asylum at Klingenmunster, loud indeed in its tone, but not terrible to those who have often encountered the same shrill note before. This production appears in the form of a review of a translation of Dr. Conolly's work 'On the Treatment of the Insane without Mechanical Restraint,' by Dr. Brosius, in the 'Zeitschrift für Psychiatrie,' 1862, p. 506. As we noticed in our last foreign retrospect, non-restraint is fast gaining ground under the auspices of MM. Morel and Girard-de-Cailleux

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and others, in France, but there is much to be done in Germany, fewer physicians from that country having visited our asylums, and none have lived in them, as M. Morel did, with a view of ascertaining for themselves what non-restraint is, and how carried out, in a manner no book-reading can effect. At the same time it is gratifying to know that the great preacher of non-restraint has his teachings placed before the German people in their own language by the translation of his own words.

Now it is very clear that Dr. Dick knows only of non-restraint by reading, and he therefore finds it very possible to imagine cases where the system as he understands it must fail. In his critique he advances and endeavours to sustain the three following propositions, viz., 1, that non-restraint in its wider and correct signification is not of English origin; 2, that in a narrower, or rather a narrow-minded, *i. e.*, the English meaning of the term, it is neither a truth nor an advance in treatment; 3, that the author (Dr. Conolly) is not correct in his opinions.

Dr. Dick's counterblast is therefore of no uncertain sound; he will have no English importations in Germany; they are factitious productions, and their makers know nothing about them.

To establish his first proposition, he propounds his ideas of what restraint is, and to this end enumerates the improvements in asylum construction and in the condition of the insane promoted by good diet, supervision, employment and amusements, together with the encouragement of what is proper, and a comprehensive system of internal order sustained by peace-making concessions. Having built this house of cards, he finds it easy to blow it down. He misses the coherent principle of non-restraint alluded to by Dr. Sankey (op. cit., p. 580), as that of "a moral impression produced upon the insane individual by the declared absolute abandonment of all mechanical constraint," dependent, as on a substructure, on the moral influence of one mind upon another,—of the sound upon the unsound mind, for the good of the latter. On the other hand, if the moral influence of mechanical restraint be good for aught as a remedy, it is so by evoking the sentiment of fear, by producing intimidation, and reducing the mind to submission. "But commonly (writes Dr. Sankey) restraint is defended and advocated on the ground of its soothing effects. The patient becomes tranquil, it is said; his limbs continue quiet, it may be; but it is extremely questionable whether this tranquillity extends to the moral feelings, or whether rather the mind of the patient is not thrown into a state of turbulent excitement. And if the latter be the case, can such internal activity be considered desirable for the disordered mind?" If restraint be permitted in an asylum at all, the principle of non-restraint can never take root there; the whole inner life of an institution is transformed when mechanical restraint is resorted to; the

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sentiment of force and of repression springs up with the feelings of fear and suspicion, and loosens the bands of mutual forbearance, confidence, assistance, and charity.

No such overruling principles are seen by Dr. Dick; he can look no farther than special contrivances dictated by the system of non-restraint, and therefore asks triumphantly, as he imagines, whether all the ills of the worst asylums are due to the use of the strait-jacket in a few extraordinary cases. Moreover, he tells us that Dr. Conolly, in urging non-restraint as a system, has mistaken a fractional part for the whole matter of treatment; and is at the farther pains to enlighten us with the fact that true and valuable non-restraint is a German invention, carried out for years in the German asylums before ever the cry of the total abolition of restraint was heard of in England. It is the oft-repeated fallacy that, because some ameliorations were carried out in German asylums, therefore non-restraint—being, as represented, only an extension of such,—is no new principle or system; a style of argument which might be employed to show that, whereas some ancient heathen philosophers had hit upon sundry great moral truths, therefore the system of Christianity was nothing new, or rather, not a system at all.

We shall not discuss the two other propositions Dr. Dick has enunciated. Having, as we believe, no correct and clear ideas of what non-restraint is as carried out in English asylums, that physician's defective appreciation of it as a practical truth and an advance in treatment as Dr. Conolly proclaims it, is not worth discussing at large. Like most other opponents of non-restraint he adduces cases in the form of posers, and concludes to his own satisfaction that such would be unmanageable, or not manageable properly, effectually or so humanely, were restraint not employed. He will not accept M. Morel's account of his observation and experience of English asylums, and clings to the prevalent delusion of those not practically acquainted with the internal economy of our institutions for the insane, that modes of treatment not more gentle, or even more reprehensible in a humane point of view, are put into force to compensate the absence of mechanical coercion. Dr. Sankey has well combated this common error among continental physicians, and we recommend Dr. Dick to study his essay in the 'Annales Medico-Psychologiques' and afterwards to visit and minutely examine our asylums, and so obtain by the aid of his own senses materials necessary to form a correct judgment of what the non-restraint system really is. We are sure we can bespeak him the warmest welcome from our asylum superintendents, and every facility for his researches.*

* See Notes and News by the Editor, Part V of this number.—Dr. Newmann "On the Non-restraint System."

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