

from an exaggerated idea of the number of huge asylums which have from time to time to be built. No sooner had the London County Council come to office than they found that their newest and best asylum must be at once enlarged to double its size, and that a large new asylum for 2,000 patients must be built. I fail to see anything alarming in this; population increases, chronics accumulate—had ordinary hospitals to retain their incurables, they would rival public-houses in number—hereditary taint increases insanity with more than arithmetical progression, and after all, we have only about 150 asylums for the mentally unsound of 40,000,000 people.

It is not probable that we can ever diminish the insane by any increase of recoveries; indeed, *the converse is more probable*, but it is conceivable that by improved food, air, dwellings, and knowledge of sociology and hygiene, including temperance and morality, we may *prevent* insanity to a certain extent. All real advance in medicine of solid demonstrable advantage to the community at large has been—as in the case of small-pox and zymotic diseases generally—not so much in the increased cures in individual cases, but in the prevention of their incidence as a whole.

Yours faithfully,  
DAVID G. THOMSON, M.D.,  
Medical Superintendent,  
Norfolk County Asylum.

Nov. 7th, 1889.

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#### HYPNOTISM OF THE INSANE.

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

SIRS,—I should like, with your permission, to call attention to the dearth of information in respect of attempts to produce the hypnotic state in the insane. At present it is impossible satisfactorily to reply to those who somewhat imperiously demand our adhesion to their *ex cathedra* utterances upon this subject, which they declare to be barren, unprofitable for investigation, and, in short, nonsense. We require definite information, and painstaking inquiry can alone furnish us with such. Experience teaches that it is advisable for the individual operator to limit his attempts to a few patients, repeating them in those patients a reasonable number of times, until he can, with some justice, abandon hope of success. The necessary procedure is, I certainly think, fatiguing, as is any task requiring concentrated attention; hence a great deal cannot be expected of one investigator. But if we could obtain the sum total of the work of numerous investigators, in different asylums, our case would be more presentable. The lead has been taken by Bethlem Hospital, and I believe that an account of the trials there will be published. But I am unaware of other attempts in this country. Briefly, we require to know—(1) Whether an insane person can be hypnotized; (2) If so, is he amenable to suggestions made in the hypnotic state; (3) If so, does he, in the waking state, carry out such suggestions? I observe that Heidenhaim, in the last edition of his work on Hypnotism, quotes a statement of Dr. Jænicke to the effect that "lunatics" cannot be hypnotized. Forel also is mentioned ("Zeitschr. f. Psych.") as regarding the "field of psychoses" as "extremely unfavourable" for the therapeutical employment of Suggestion. Binswanger (quoted in the same periodical) considers that attempts on the insane are likely to be productive of "more harm than good." Lastly, Dr. Sperling ("Verhandl. Psychiatr. Vereine")

dwells upon the poor outlook of hypnotism in the insane. On the other hand M. Voisin appears to have had large success. It is time that we had some experiences of our own wherewith to support or confute these foreign views.

During the past month I have endeavoured to hypnotize five patients in this asylum, with one success (*i.e.*, with regard to the production of hypnosis). In a future number of the Journal I hope to be able to record these attempts, with their results.

Faithfully yours,

EDWIN GOODALL, M.D., M.R.C.P.

Wadsley Asylum, Sheffield.

[We are glad to be able to state that Dr. Percy Smith, of Bethlem Hospital, and Dr. Myers, will contribute to the next number of the Journal a series of cases of insanity in which hypnotism was tried. We hope Dr. Goodall will make the hypnotic treatment of the insane a special study. It must be borne in mind that failure counts for little against a number of really successful cases. The different results might be caused by the inefficiency of the operator in the former instance.—EDS.]

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*Appointments.*

BEAYER, R. A., M.R.C.S., L.R.C.P.Lond., appointed Assistant Medical Officer to the Lancashire County Asylum, Rainhill.

BRODIE, R. C., M.B., appointed Junior Assistant Medical Officer to the Glasgow Royal Asylum.

CAMPBELL, A. W., M.B., C.M.Ed., appointed Junior Assistant Medical Officer to the County Asylum, Shrewsbury.

CHAMBERS, J., M.A., M.D., appointed Senior Assistant Medical Officer to the Montrose Royal Lunatic Asylum.

DOBBS, C. J., M.R.C.S., appointed Junior Assistant Medical Officer to the Hants County Asylum.

DONALDSON, W. J., B.A., M.B., B.Ch.Dub., appointed Senior Assistant Medical Officer to the Camberwell House Asylum.

FARQUHARSON, W. F., M.B., C.M.Ed., appointed Junior Assistant Medical Officer to the Counties Asylum, Carlisle.

FENWICK, J. C., appointed Clinical Clerk to the Northumberland County Asylum.

MONTRITH, J., M.B., C.M., appointed Assistant Medical Officer to the Dorset County Asylum.

OSWALD, LANDEL R., M.B., appointed Senior Assistant Medical Officer to the Glasgow Royal Asylum.

ROSS, D. M. M., M.B.Ed., appointed Assistant Medical Superintendent to the Counties Asylum, Carlisle.

ROWE, E. L., L.R.C.P. and S.Ed., appointed Medical Superintendent to the Ipswich Borough Asylum.

SMITH, TELFORD, B.A., M.B., B.Ch.Dub., appointed Assistant Resident Medical Officer to the Royal Albert Asylum, Lancashire.

WARD, P. J., L.K.Q.C.P.I., appointed Resident Assistant to the Ballinasloe District Asylum.

WATSON, W. R. K., M.B., C.M., appointed Resident Clinical Clerk to the City Asylum.