

attended by his relatives, many medical friends, and the majority of the asylum staff.

Dr. Bacon was a man of solid ability, and sound judgment; amiable, hospitable, and generous to a fault. He was rather reserved and diffident, and the real amount of his work and his kind actions are known only by a few besides those he befriended and helped.

Dr. Bacon always took a lively interest in the welfare of our Association, and contributed numerous valuable papers to its Journal. He also often rendered assistance in an unobtrusive manner, without his name appearing, by forwarding to the Editors anything he had observed in the public prints which he thought should find a place or be commented on in our pages. In the capacity of one of the Secretaries at the Psychological Section of the British Medical Association, when it met at Cambridge in 1880, Dr. Bacon was untiring in his efforts to make the meeting a success, and read a valuable paper himself which led to a very interesting discussion. He also entertained members of the Section in the most hospitable manner, and placed his time entirely at their disposal.

#### Correspondence.

##### To the Editors of THE JOURNAL OF MENTAL SCIENCE.

GENTLEMEN,—My remarks on the subject of "punishment" in the January number of the Journal seem to have given rise to impressions quite different from what was intended by me. In offering an explanation of what I said on this subject, I wish it to be understood that I disclaim all intention of having represented either the views or the practice of Scotch asylum superintendents. While industrial occupation is held to be of paramount importance in the treatment of the insane, the general opinion in Scotland is strongly averse to the employment of coercive measures to induce patients to work. With most cases there is no difficulty experienced, but exceptional cases do sometimes occur where able-bodied and intelligent patients refuse to work, and expend their superfluous energies in stirring up strife and abusing their neighbours. These are the cases in which I recommended some form of punishment, or (to use a less objectionable although synonymous term) coercion, as being calculated to improve their self-control and insure peace and quietness to the other patients. For such purpose I consider hyoscyamine well adapted, for it not only restrains temporarily, but in the case of wilfully vicious patients it has the effect of preventing subsequent outbreaks of excitement. This result I do not attribute to any real medicinal value; the disagreeable physiological effects of the drug are sufficient to explain it, just as a sufficient explanation of the action of assafoetida in hysteria is afforded by its disagreeable, nauseous taste without necessitating any elaborate inquiry into recondite medicinal properties. In the one case patients are *frightened*, and in the other *disgusted*, into exercising their powers of self-control.

These views are the basis on which I have suggested various coercive measures to insure universal industry among patients not unfit for work from either mental or bodily causes. Of course a lunatic asylum is not a place in which such measures can properly be practised, and it is almost needless to say that they are not practised in this or, so far as I am aware, in any other asylum. My suggestions were thrown out as indicating what I consider would be a rational mode of treatment in certain cases, and as pointing to the absence of institutions midway between lunatic asylums and houses of correction, in which the more vicious of lunatics and the more insane of criminals might with advantage be placed.

I am, &c.,

ROBERT W. D. CAMERON, M.D.

Midlothian Asylum,  
February, 1883.