

I have heard of another case which was trephined at a London hospital for cerebral tumour producing localising symptoms, when several cysts of this nature were met with. The case I have recorded suggested the diagnosis of a localised cerebral tumour.

Occasional Notes.

A Statistical Intermission.

AMONG the many duties of life which have had to be thrown overboard in consequence of war strain is that of recording and tabulating facts connected with asylum experiences. It certainly would be undesirable that a process, which at the best of times is but a burden to many, should be continued when the asylum, more than any other class of institution, is heavily stressed by an increase in function accompanied by a notable decrease in the means of performing function. Nevertheless it cannot be denied that a breach in a long continued series of medical observations is in itself somewhat of a misfortune.

The Board of Control, in a recently published circular, has informed those hitherto responsible for certain returns that, while the civil register of admissions must be rigorously kept going, the medical register of admissions may be completely jettisoned. The same treatment has been extended to the death and discharge registers, that is to say, the civil facts must be preserved, while those parts of the record which have to do with the medical aspects of insanity may be dispensed with. If there is no need to note the latter, we fear that there will be a general disposition to let them lapse altogether. We, however, suggest that a valuable portion of the medical facts can be preserved at the cost of exceedingly little trouble.

There are two phases of statistical work, the one of ascertaining and recording experiences as they arise, the other of summation and elaboration at stated intervals. The latter can safely be entirely abandoned. A great point about a register, which was made when our statistical system was proposed, was that, given the entry of facts, those facts could be worked

up years after, the register going to sleep in the meantime. Now, if we throw all tabulation, summation, elaboration, and correlation to the winds for the present, where is there any difficulty in recording, say, the ætiology and classification of each case admitted? We take it that no physician can possibly form a satisfactory estimate of the nature and prospects of a case until he has come to some conclusion in his own mind with respect to each of these two factors. The trouble therefore is reduced to the mere putting down his formed ideas in a space already prepared for them—a piece of purely ministerial work, which could well be done by those who have no longer to bear the burden of preparing the much heavier load of statistics. We quite recognise that some caution will be called for in accepting at full value any records made during the absence on war work of so many skilled observers. But we may anticipate that those skilled observers who are left necessarily to conduct the asylums will be prepared to take some little extra trouble to this end, just as there were men who recorded many things of interest in asylum life for years before statistics were thought of as a regular part of psychiatry.

If statistics are of worth at any time, surely the present is a time when they should be most valuable. Strikes, famines, and other stresses have yielded valuable returns to earnest observers; shall the present opportunity afforded by the operations of the greatest stress that has ever fallen on this or any other nation be wasted? We may confidently anticipate that the many good men who have been called up from our ranks to take charge of those on whom war stress has fallen most directly will think it incumbent on them to render some generalised account of their experiences; we may trust also that those who have been left behind will not neglect to note and report on their cases, which have only indirect relations to the stress, in such a manner as to advance psychiatry. To give true value to the work of either some enumeration is absolutely needful.
