PART IV.—PSYCHOLOGICAL NEWS.

THE MEDICO-PSYCHOLOGICAL ASSOCIATION.

I.—Report of a Quarterly Meeting of the Medico-Psychological Association, held in London at the Royal Medico-Chirurgical Society, by permission of the President and Council, on the 28th October, 1869.

THE Quarterly Meeting of the Medico-Psychological Association was held, by the kind permission of the President and Fellows of the Medico-Chirurgical Society, at their room in Berners Street, on Thursday, October 28th; Dr. Lockhart Robertson, M.D. Cantab., F.R.C.P., Ex-President, in the chair.

The minutes of the last meeting were taken as read, and confirmed.

Clinical Discussion.

THE HYDRATE OF CHLORAL.

DR BLANDFORD asked if there were any members present who had had any experience in the administration of chloral. Dr. Blandford was inclined to think favourably of its action.

DR. LOCKHART ROBERTSON had received a pamphlet of some interest on the subject from Professor W. Westphal, who spoke highly of chloral as a sedative in the treatment of delirium tremens and in violent and destructive mania, in which latter cases Professor Westphal believed that the chloral would prove of inestimable value in enabling his compatriots—under its soothing influence—to entirely abandon the use of restraint Dr. Robertson believed that this remedy deserved a most careful study.

DR. LLEWELLYN WILLIAMS said that he had treated several cases of delirium tremens with satisfactory results by the administration of chloral The important object was to keep up the action of the medicine, which is to be accomplished by frequent doses. He found this practice perfectly safe. The dose he ordered was twenty minims of a solution prepared at Bell's, in Oxford Street.

MR. KESTEVEN had also found much advantage in the use of chloral in delirium tremens. He thought the medicine likely to prove most useful. The dose he usually ordered was six to ten grains of the solid chloral.

DR. LOCKHART ROBERTSON said that he trusted the operation of the new remedy, chloral, would not be lost sight of by members of the Association. He hoped it might prove a valuable auxiliary in the treatment of mental disorders. He regretted to observe that there were no officers of the Hanwell County Asylum present. There was an important question now before the public, and any remarks of theirs upon the case, as being purely medical, would be highly interesting, and a fit subject for discussion here to night—he referred to the case of SANTA NISTRI.

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Lunacy Statistics.

DR. LOCKHART ROBERTSON read the following Note :—

THE STATISTICAL TABLES OF THE MEDICO-PSYCHOLOGICAL ASSOCIATION, AND OF THE INTERNATIONAL CONGRESS OF ALIENISTS, IN 1867.

Since the adoption at the annual meeting of the Medico-Psychological Association in 1867, of the second report and series of ten tables recommended by the committee upon asylum statistics (Dr. Thurnam, Dr. Lockhart Robertson, and Dr. Maudsley), these tables have come into general use in the English and Scotch asylums, and in one or two instances, in Ireland. In their annual report (1868) the Commissioners in Lunacy, in a second notice of this effort of the Association to enforce a uniform system of asylum statistics, expressed a hope *that the Visitors and Medical Superintendents of all the public asylums may as early as practicable introduce therein this system of medical registration.*

If we desire an illustration of the comparative value of the tables of this Association, with any of those formerly in use, it may suffice to compare the report of the Colney Hatch asylum for this year with that of any of the county asylums using our tables. Instead of eight medical tables, as we recommend, there are in the Colney Hatch report, 24 medical tables relating to the male patients, and 28 relating to the female patients, and yet the first requisite in any scientific enquiry into the results of asylum treatment—the mean annual population—is not given in any one of these 52 tables, and one has to turn to the reports of the medical officers to learn this primary statistical requirement.

In 1867, the year in which this Association adopted the series of tables to which I am referring, the International Congress of Alienists, assembled at Paris, appointed a commission to draw up a uniform system of asylum statistics.

Their report is now published. I lay it on the table. I received it with the accompanying letter from the secretary of the Congress.

Projet de Statistique.

"Congrès Aliéniste International de 1867.
"Paris, le 31 Mars, 1869.

"MONSIEUR LE PRESIDENT,—

"J'ai l'honneur de vous adresser un projet de statistique applicable à l'étude des maladies mentales, élaboré au Congrès aliéniste international de 1867, par les soins d'une Commission spéciale composée de douze membres, représentant les principaux etats de l'Europe.

"Il a été décidé par le Congrès que ce projet serait envoyé à tous les Gouvernements et à toutes les Sociétés de Psychiatrie et de Statistique d'Europe et des Etats Unis, qui seraient invités à nous adresser dans un délai de trois ou quatre mois les observations que l'étude du projet pourrait leur suggérer.

"J'ai donc l'honneur, conformément à cette décision, de vous prier, Monsieur le President, après avoir fait examiner ce projet, de nous faire parvenir les observations qu'il aura pu provoquer.

"Veuillez agréer, Monsieur le President, l'assurance de ma considération le plus distinguée.

"PAUL JANET,
"Membre de l'Institute, President de la Sociéte Medico-Psychologique de Paris, et du Congrès International Aliéniste de 1867.

"A Monsieur Lockhart Robertson,
President de l'Association Medico Psychologique Anglais,
Hayward's Heath (Sussex.)"

In the July number of the *Journal of Mental Science* in the "Occasional Notes of the Quarter," the Editors briefly referred to the publication of these tables.* The

* INTERNATIONAL LUNATIC STATISTICS.—[Projet de Statisque, applicable à l'Etude des Maladies Mentales arrêté par le Congrès Aliéniste International de 1867. Rapport and Exposé des Motifs. Par M. le Dr. L. Lunier, Inspecteur-Général du Service des Aliénés et du Service Sanitaire des Prisons de France. Paris : Imprimerie de E. Donnaud, 9, Rue Cassette. 1869.]
The efforts of the Medico-Psychological Association to enforce in England and Scotland a uniform system of Asylum Statistics have at length achieved complete success, and are already used in all

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press of business at the annual meeting at York. in August, prevented this report from being officially brought before the Association. I have taken the earliest opportunity at this our first quarterly meeting for scientific discussion, to lay before you the report of the International Congrès and the accompanying tables, and which of course, deserve our most careful attention.

I think it due to the distinguished members of the Statistical Commission of the International Congress of Alienists of 1867, that this association should carefully consider the system of asylum statistics, which they recommend for general adoption, and the arguments in their elaborate report on which this recommendation is founded. When I was about making a translation of this report for our use to-night, the Editors sent me the *American Journal of Insanity* for July, 1869 (an exchange copy), in which I found a very good though rather literal—translation of this report by Dr. Thomas M. Franklin, and which I now proceed to lay before you.

A System of Statistics, applicable to the Study of Mental Diseases, approved by the International Congress of Alienists of* 1867. *Translated by Dr. Thomas M. Franklin, Assistant-Physician of the Government Hospital for the Insane, Washington.*

the English county asylums, with the exception of those for Middlesex. In a review on the State of Lunacy in 1867, in the January number of this Journal, we observed :—

"The efforts of the Medico Psychological Association to enforce the use of an uniform system of medical statistics in the public asylums receive again the most favourable mention in this last Report of the Commissioners in Lunacy. The second series of these tables are referred to, and in Appendix K. to this Report, the whole ten tables recommended by the Medico-Psychological Association are printed. The Commissioners add that a 'compilation of facts on insanity, registered according to this series of tables, in all institutions for the treatment of insanity in this country, would be of the greatest utility in statistical comparison, and supply the chief requisites for a scientific application of the results of medical statistics. They trust, therefore, that the Visitors and Superintendents of all such establishments may, as early as practicable, introduce therein this system of medical registration.' The Medico-Psychological Association are deeply indebted to the Commissioners in Lunacy for this important recommendation, which will probably insure the general and early use of their statistical tables in the English public asylums."

A more elaborate effort in the same direction has been made by a committee appointed at the *Congrès Aliéniste International* of 1867. They have just published an admirable series of thirty-one tables, with an explanatory introduction by M. Lunier, "Inspecteur-Général du Service des Aliénés et du Service Sanitaire des Prisons de France."

M. Lunier acknowledges, in handsome terms, the obligations the International Congress are under to the previous labours of the Medico-Psychological Association in this direction :—

"La Commission, d'ailleurs, avait pris comme point de départ les tableaux statistiques que MM. Constans, Rousselin et moi avons préparés pour la France, sur la demande du ministre de l'intérieur ; mais elle a fait aussi d'utiles et nombreux emprunts aux documents qui venaient d'être publiés par les soins de l'association des médecins d'asile en Angleterre, à la statistique d'Illenau faite sous la direction de l'un de ses membres, le savant et vénérable docteur Roller, et enfin au dernier rapport médical que j'ai publié en 1863 sur l'asile de Blois."

The French series of tables are much more elaborate than those published by the Medico-Psychological Association, and so far less adapted for general use. We annex the contents of each of the series of tables for the purpose of comparison. Although in a simpler form, the tables of this Association afford, it will be seen, nearly all the information given by the more elaborate forms of the *Congrès Alieniste International.—Journal of Mental Science, July,* 1869, *Occasional Notes of the Quarter.*

* The following note is appended by the Editors of the *American Journal of Insanity*, July 1869, to Dr. Franklin's translation :—

["At the meeting of the Association of Superintendents of American Institutions for the Insane held in Staunton, Va., from the 15th to the 18th, inclusive, of June, 1869, Dr. Nichols presented the following translation from the French, made, at his request, by Dr. Thomas M. Franklin, one of the assistant physicians of the Government Hospital for the Insane, near Washington, D. C., of a Project of a System of Statistics applicable to the study of mental diseases, formed and adopted by the International Congress of Alienists held in Paris in 1867. The Project was referred to a Committee of the Association, of which Dr. Edward Jarvis, the American statistician is Chairman, who in behalf of the Committee, at a subsequent session of the Association, made a partial report which was adopted, setting forth the ability of the Project, the high authority of the source whence it emanated, and the great importance of the end sought to be attained; and recommending that it be presented to the Editors of the AMERICAN JOURNAL OF INSANITY, with the request that it be given an early insertion in that periodical, to enable the members of the Association to study it carefully, at their leisure, in order to be prepared to consider a modification of the Project applicable to the situation of American institutions for the insane, and the views of American alienists, which the Committee propose to present to the Association at its next annual meeting."—EDS.]

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REPORT AND EXPLANATION OF THE OBJECTS.*

It is no longer doubtful to any one that the numerical method may be usefully applied to the study of mental diseases. Science is already indebted to it for some of the ideas which may be considered as almost definitively accepted in psychology; and it cannot be disputed that it is, moreover, to the results furnished by statistics, that the administration (of institutions for the insane) is beholden for the data which have guided it, and still do guide it, in the application to the insane of different methods of treatment and relief.

But, if the employment of the numerical method be able to contribute to the elucidation of certain points of psychological science, and to furnish to the (professional) administration valuable assistance in management and direction, we must, by no means, exaggerate its importance and demand of it more than it can yield. And then, the crude results which it furnishes, even when they have been gathered by competent men, require to be studied, weighed, criticised with care, without preconceived ideas, and with competent familiarity with the questions which they are calculated to elucidate.

If we have only a moderate degree of confidence, really, in references to mental alienation † in documents gathered, at times of general census taking, by persons who are strangers to the healing art, we attach but little more importance to the comments which may be made upon numerical results gleaned in the special institutions, by statisticians, however intelligent they may be, if they are unacquainted with the working of these institutions and with the different circumstances which influence the movements of their population.

Is it reasonable, for example, to compare, as is still too frequently done, in the matter of the chances of death and recovery, maniacs, idiots and paralytics; and, in another connection, the asylums of large cities, where the admissions and discharges are constant, with others where the annual number of admissions amounts hardly to a tenth of the average population?

But the employment of the numeric method in psychology presents difficulties of another kind. If important questions have really been almost solved by the aid of facts gathered by a single observer, it is not the less certain that each of us will be frequently obliged to declare his powerlessness in this regard, if he have at his disposal only facts which he himself has observed, and if he cannot avail himself of documents published by his predecessors.

Unfortunately, the absence of uniformity in method and in the bases adopted by asylum physicians, in their numerous statistical reports, does not always allow of comparison between their respective figures. There has been, however, within a period of forty years, a sensible progress in this respect. If in the beginning, indeed, each establishment had, so to speak, its tabular forms and its adopted methods, soon, thanks to the efforts of Tuke, of Esquirol, of Guislain, of Heinroth, of Thurnam, of Schroeder Van der Kolk, of Damerow, of Conolly, of Ferrus, of Parchappe, and also, it should be said, to the impulse given in France by the *Annales medico-psychologiques;* ‡ in Germany by the *Allgemeine Zeitschrift fur Psychiatrie;* in England and in the United States by the *Journal of Psychological Medicine*, the *Journal of Mental Science*. and the *American Journal of Insanity*, there was inaugurated, in each country, a slow but progressive work of unification, which has already produced some good results.

* Made in the name of a Commisssion composed of Doctors Borrel, Physician-in-Chief, Director of the Asylum of Prefargier, (Switzerland ;) John C. Bucknill, Lord-Chancellor's Visitor of Lunatics; J. Falret, Physician of the Bicêtre; W. Griesinger, Professor of Clinical Medicine and of Psychology at the University of Berlin; Lombroso, Professor of Psychology at the University of Pavia; L. Lunier, Inspector-General of the Insane Service, and of the Sanitary Service of the Prisons of France; J. Mundy, of Moravia, member of the Medico-Psychological Societies of France and of Great Britain; Pujadas, Inspector of Asylums for the Insane in Spain; Roller, Physician-in-Chief, Director of the Asylum, Illenau, (Baden); Harrington Tuke, General Secretary of the Medico-Psychological Society of Great Britain; Motel, Secretary of the Medico-Psychological Society of France.

† Under the generic term mental alienation, mental diseases, or *phrenapathies*, we comprehend not only insanity, but also idiocy and cretinism.

‡ See especially: year 1846, vol. VI,, on Statistics applied to the study of mental diseases, by M. Baillarger, (p, 163,) and letters upon the same subject from Renaudin and from Aubanel, (p. 467,) year 1856, vol. II., p. 1; report on the statistics of mental alienation, by Parchappe, and pp. 339 and 486; observations upon statistical researches relative to mental alienation, by Renaudin.

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But there evidently remained something more to be accomplished. One is now so accustomed to aid himself in the study of questions of this kind, by documents gathered in different countries, that it becomes necessary to have a good system of statistics, not only for each country, but for all those in which there exist institutions for the insane; to establish, in a word, for mental diseases, a uniform international system of statistics. All engaged in the work recognize the need of it, and ask earnestly for it. So, when, taking advantage of the presence, at the sessions of the Medico-Psychological Society, of a number of most able foreign alienists, I asked for the nomination of a special Commission, which should be charged to prepare a project of an international system of statistics, no objection was raised, and the Commission was immediately nominated. The Congress made choice of MM. Griesinger, Roller and Mundy, for Germany; Bucknill and Harrington Tuke, for England; Pujadas, for Spain; Lombroso, for Italy; Borrel, for Switzerland; J. Falret and Lunier, for France.

M. Motel was added to them as secretary. M. Brierre de Boismont, in capacity of provisional president of the society, took equal share in the labours of the Commission, which addressed itself immediately to the work.

After two long sessions and some important discussions an agreement was arrived at, thanks to mutual concessions, and nearly all the bases of the project were adopted unanimously.

The Commission had taken, as a starting point, the statistical tables which MM. Constans, Rousselin and I had prepared for France, at the request of the Minister of the Interior; but it had also borrowed numerous and useful documents which had been published under the auspices of the Medico-Psychological Association in England, also the statistics of Illenau, made under the direction of one of its members, the learned and venerable doctor Roller, and, finally, the last medical report of the Asylum of Blois, which I published in 1863.

Charged with the compilation of the report, I explained succinctly to the Congress, at its session in August 14th, the result of the labours of the Commission, and proposed, in its name, to have printed, under the title of *Project of a System of Statistics*, an explanation of the objects of the steps taken by the Commission, and the statistical tables which it had adopted. The Commission proposed, also, to send these tables, with the explanatory report, to all the governments and to all the psychological and statistical societies of Europe and of the United States, who should be invited to address to us, in the course of three or four months, such observations as the study of the project might suggest to them.

The epitomizing of the documents received should be done by the French members of the Commission, who, after consultation with their foreign colleagues, should definitively approve the statistical tables, the adoption of which should then be proposed, in the name of the Congress, to all the governments.

This double proposition was approved by the assembly.

EXPLANATION OF THE OBJECTS OF THE STEPS TAKEN BY THE COMMISSION OF STATISTICS.

The Commission has thought it advisable to separate the *medical statistics* from the *administrative statistics*.

We will occupy ourselves first with the former.

MEDICAL STATISTICS.

The subject of medical statistics has almost exclusively occupied the deliberations of the Commission.

It is, in fact, this branch which is capable of furnishing the most practical of results, and the greatest amount of records comparable in different countries.

The first point, assuredly the most important one, upon which it was essential to have harmony, was the determining, not at all a complete classification of mental diseases, but solely the typical forms upon which it would be desirable to bring to bear all the prescribed items of information, under interrogatory headings, in the statistical tables There was, moreover, a double shoal to be avoided; it would not do to over-multiply the types of mental alienation, to be placed at the heads of the tables, but it was yet more indispensable not to confound, under an individual generic denomination, forms which might present important differences, especially

* Statistik der Heil-und Pflegeanstalt Illenau, Vol. in—4°, 1866, Carlsruhe, at the bureau of statistics of the Grand Duchy.

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in regard to etiology. It was to meet this double indication, that the Commission, after a long discussion, decided to place at the heads of their statistical tables only the following types:

1st. *Simple insanity*, embracing the different varieties of mania, melancholia and monomania, circular insanity and mixed insanity, delusion of persecution, moral insanity and the dementia following these different forms of insanity.

2nd. *Epileptic insanity*, or insanity with epilepsy, whether the convulsive affection has preceded the insanity, and has seemed to have been the cause, or whether, on the contrary, it has appeared, during the course of the mental disease, only as a symptom or a complication.

3rd. *Paralytic insanity*. The Commission regards the disease called general paralysis of the insane, as a distinct morbid entity, and not at all as a complication, a termination of insanity. It proposes, then, to comprehend under the name of paralytic insane, all the insane who show, in any degree whatever, the characteristic symptoms of this disease.

4th. *Senile dementia*, which we would define as the slow and progressive enfeeblement of the intellectual and moral faculties, consequent upon old age.

5th. *Organic dementia*, a term by which the Commission means to designate a disease which is neither the dementia consequent upon insanity or epilepsy, nor paralytic dementia, nor senile dementia, but that which is consequent upon organic lesion of the brain, nearly always local, and which presents, as an almost constant symptom, hemiplegic occurrences more or less prolonged.

6th. *Idiocy*, characterized by the absence or arrest of development of the intellectual and moral faculties. *Imbecility* and *weakness of mind*, constitute, hereof, two degrees or varieties.

7th. *Cretinism* characterized by a lesion of the intellectual faculties, more or less analogous to that observed in idiocy, but with which is uniformly associated a characteristic vicious conformation of the body, an arrest of the development of the entirety of the organism.

Outside of those typical forms, which will be inscribed at the head of nearly all the statistical tables, there are others which should be mentioned, by way of information, in the table of general progression of the population, but which will not figure in the others; these are:

1st. Delirium tremens;
2nd. Delirium of acute diseases; traumatic delirium.
3rd. Simple epilepsy.

Cases appertaining to these three orders of morbid affections are often sent to asylums, either from error or from necessity, or, finally, because these establishments possess special accommodations for them.

They evidently should not be confonnded, in the statistical tables, with cases of mental alienation.

TABLE I.—General Progression of the Population, Types and Varieties.

Opposite to each of the typical forms and varieties of mental alienation which we are about to indicate, will be set down in so many vertical columns and for each sex:

1st. Those resident on January 1st and those remaining on December 31st following.

2nd. Those admitted during the year.
- A For the first time in an asylum.
- B On account of relapse.
- C By re-entry after escape or removal before recovery.
- D By transference from another asylum.

3rd. Those discharged.
- A By recovery.
- B By improvement.
- C By escape.
- D On account of transference.
- E For other causes.

4th. Deaths:
- A By sickness.
- B By accident.
- C By suicide.

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In a final column, altogether distinct from the rest, will be indicated the *average population* for each sex, and for each typical form, if not for each variety of mental alienation. We will call to mind here that the annual average of population is obtained by dividing the sum of the days of presence, of each class of patients, by 365 or 366 according as the year is or is not bissextile.

We can, moreover, in the absence of the data necessary to determine precisely the days of presence, obtain the average population by another method. Experience has demonstrated what indeed reason had only suggested, to wit: that, in establishments where the admissions and discharges are nearly uniform, the average population for a year, (A P,) is very approximatively equal to the number of the residents on the first of January (R,) increased by half the sum of those admitted (A,) and diminished by half the sum of those discharged by recovery, death or otherwise (D ;) which presents the following formula : $A\,P = R \times \frac{A-D}{2}$ or $R \times \frac{D-A}{2}$ when D is more than A.

We will state, further on, why it is indispensable to know the average population of each class of patients.

Tables 2 to 12 refer to admissions. To avoid double insertions, above all in the general statistics of a country, there will be considered, in these tables, only the *insane admitted for the first time into an asylum*. There should be comprehended herein, then, neither the relapses which we shall find elsewhere, (table XV,) nor the re-admissions of any kind whatever, nor the transients, nor the insane transferred from one asylum to another.

We moreover, only set forth at the head of these tables eight typical forms, including those ill-defined ones, which it seems impossible to connect with one of the other forms.

TABLE II.—Duration of the Disease Prior to Admission.

It is often difficult, when the physician has, for his guidance, only information furnished by the family, to determine satisfactorily the precise date of the development of the insanity. The Commission proposes to take, as a starting point, not the precursors of the disease, but, exclusively, its first manifestations.

TABLE III.—Months of Admissions.

The Commission does not ignore the fact that, between the time of breaking out of the disease and that of admission into the asylums, there is often a greater or less lapse of time. It attaches, then, no great importance to this table. It proposes, nevertheless, to preserve it, be it only as a matter of approximative information.

TABLE IV.—Civil State.

TABLE V.—Amount of Education.

The two tables appear to us to require no comment.

TABLE VI.—Age at time of Admission.

TABLE VII.—Age at Time of Development of the Disease.

These two tables are the complement of each other.

The Commission has not thought it best to confine itself to the second, assuredly the most important, in the scientific point of view. Too often, in fact, it is impossible to learn the date of the breaking out of the disease, and consequently the age of the insane person at the time of the appearance of the first symptoms.

The Commission has adopted, for the different periods of life, the following divisions: 15 years and under ; from 15 to 20, from 20 to 25, from 25 to 30, from 30 to 35, from 35 to 40, from 40 to 50, from 50 to 60, from 60 to 70, from 70 to 80, 80 years and upwards, age unknown.

TABLE VIII.—Aggravating Circumstances and Complications.

We would be understood to speak, here, only of concomitant diseases and morbid phenomena demonstrated at the time of entry into the establishment, and in no wise of those which supervene after admission: these should figure in the table of incidental diseases, (No. XXV).

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In order to avoid extending this table too much, the Commission proposes to admit into it only the following diseases and complications; epilepsy, (considered no longer as a cause, but a complication of certain forms of insanity, of idiocy, or of cretinism,) hemiplegia, paraplegia, scrofula, goitre, deaf-muteness, blindness, congenital or acquired, and in another connection, hallucinations of sight, of hearing, of taste, of smell, of feeling, and finally hallucinations of several senses.

There will be no necessity for totalizing the figures of this table in the vertical columns. To derive from it such information, it will suffice to compare each one of the figures with the number of patients of each category which they shall have furnished. To know, for example, how many cretins were goitrous or deaf-mutes, how many paralytics had hallucinations of sight or of hearing, one would compare the number of cretins or of paralytics admitted during the year, (not forgetting that we have to do only with those admitted for the first time into an asylum,) with corresponding numbers of cases of goitre or deaf-mutism, of hallucinations of sight or of hearing.

TABLE IX.—SUPPOSED CAUSES OF INSANITY.

It is especially to the study of causes that the numerical method has been applied in psychology. There are, unfortunately, in the employment of this method, many difficulties to conquer, many errors to avoid, and it is because the former have not always been conquered, and the latter avoided, that such contradictory results have sometimes been obtained.

The Commission, after a profound examination of the subject, has decided that it will propose,

1st. To indicate at the head of the table, very distinctly and for each typical form of mental alienation, on the one hand the number of patients regarding whom no reliable etiological information shall have been gathered, and, on the other hand, those regarding whom there shall have been obtained sufficiently precise infomation to make it possible to determine, with a certain degree of accuracy, the cause or the causes of mental alienation, or the probable absence of every sort of cause, whether predisposing or exciting.

2d. To preserve the generally adopted division of causes into predisposing and exciting, and of these again into causes physical, moral, and mixed.

3d. Not by any means to limit one to report only a single cause for each case of mental alienation, but, on the contrary, to have set down in the table all the causes, predisposing or exciting, which may appear to have had an important influence upon the development of the disease.

It will result, almost necessarily, from this method of proceeding, that there will no longer be any agreement between the number of causes and the number of patients under observation. So there will be nothing gained by totalizing them.

When one would consult this table, he should proceed as we have indicated in the case of table VIII. He should compare the numbers set down opposite to each of the causes with the number of patients of each category regarding whom there shall have been obtained satisfactory information.

The Commission proposes to inscribe upon the table the following causes;

1st. *As predisposing causes*; Heritage direct, (paternal, maternal, paternal and maternal,) collateral (brother and sister) and mixed (collateral and paternal, collateral and maternal, collateral paternal and maternal;) pure consanguinity; great difference of ages between the parents; influence of soil, of surroundings; convulsions or emotions of the mother during gestation; epilepsy; other nervous affections; pregnancy; lactation; menstrual period; critical age; puberty; intemperance (habitual excess, dating far back;) venereal excess and onanism; other predisposing causes; and, lastly, probable absence of predisposing causes, that is to say, cases regarding which, although the information gathered has seemed to be sufficient, the influence of no predisposing cause has been established.

2d. *As exciting causes:*

A. Physical causes; artificial deformities of cranium; convulsions of infancy and dentition; cerebral congestion (we mean to speak, here, of primitive congestions which may be considered as causes, and not of those which supervene at the commencement or during the course of certain kinds of insanity;) organic affections of the brain, senility, pellagra, anemia, constitutional syphilis; intermittent fever; typhoid fever; eruptive fevers; acute rheumatism; gout and chronic rheumatism: organic affections of the heart; pulmonary phthisis; intestinal worms; other acute

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diseases; other chronic diseases; suppressson of hœmorrhoidal flux; menstrual troubles; metastases; alcoholic drinks; abuse of tobacco; other vegetable poisons; mineral poisons, (lead, mercury, copper, others;) insolation, intense heat; intense cold; blows and falls upon the head; other traumatic causes; other physical causes.

B. Mixed causes: excess of intellectual work; prolonged vigils, evil habits and libertinism; onanism, (which operates sometimes as a simple predisposing cause, sometimes as an exciting cause;) troubles of the genital functions; destitution and want; bad treatment; sudden change from a life of activity to idleness and *vice versâ*, loss of one or more senses.

C. Moral causes; appertaining to religion, education, love (love thwarted, jealousy;) family affections; fluctuations of fortune; domestic troubles; pride; disappointed ambition; fright; irritation; anger; wounded modesty; political events; nostalgia; ennui; misanthropy; sudden joy; simple imprisonment, solitary confinement; other moral causes

Finally, probable absence of exciting causes.

The Commission does not ignore the fact, that it is often practically difficult to determine the true mode of action of such or such a cause; so it attaches but a secondary importance to the division of causes into predisposing and exciting; it has thought, nevertheless that it was better to adopt a classification approximatively exact than to exclude all.

TABLE X.—PROFESSIONS—SOCIAL STATE.

This table will be divided into two parts, the figures of which should be separately added. In the first will appear the following professions:

1st. *Liberal Professions,* to wit: lawyers, physicians, clergymen, professors and men of letters, female teachers, civil officers and employés, artists.

2d. *Military and Marine.*

3d. *Annuitants and landlords living upon their incomes.*

4th. *Trade and Commerce,* to wit: merchants and traders; commercial employes.

5th. *Manual or mechanical occupations,* which comprehend the following classes; mine operatives, metal workers, masons, stone workers and quarrymen, carpenters and joiners locksmiths, house painters, workers in wood, in spinning and weaving, in leathers and peltries, in wearing apparel, in head dresses, in colors, in printing and lithography, in bleaching, cooks and kitchen aids, industrials other than the preceding.

6th. *Agricultural occupations,* to wit; farm proprietors and cultivators, farmers (gardeners, vineyard-men) hired hands.

7th. *Coachmen and grooms.*

8th. *Domestics* (other than those employed in agricultural work).

9th. *Prostitutes.*

10th. *Without profession.*

11th. *Profession unknown.*

The second part of the table—*Social State*— is applicable only to those countries where there still exist well defined differences between the several classes or castes which form their population; for example, the high nobility, the burgesses, slaves and serfs, etc

TABLE XI.—RELIGION.

Catholics, Protestants, Jews,.........religion unknown.

TABLE XII.—PLACE OF ORIGIN.—DENSITY OF THE POPULATION.

The Commission proposes to consider as a city, every settlement of not less than 2,000 inhabitants, and to separate those who have more than 10,000 into manufacturing and others. This table will embrace, then, the following categories: 1st, *those originating in rural districts:* 2nd, *those originating in cities,* subdivided into cities of 2,000 to 10,000 inhabitants, of 10,000 to 50,000, manufacturing and others; of 50,000 and upwards, manufacturing and others: origin unknown.

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TABLE XIII.—PLACE OF ORIGIN.—CONFIGURATION OF THE GROUND.

The admitted will be divided, in this table into four distinct orders, according as they may have originated in countries; 1st, level; 2d, mountainous; 3rd, averagely uneven: 4th, origin unknown.

TABLE XIV.—INSANE CONSIDERED CURABLE OR INCURABLE AT THE TIME OF THEIR ADMISSION.

This table will be arranged differently from those preceding.

At the head will appear, in as many distinct columns, the causes of incurability, to wit: idiocy, cretinism, confirmed general paralysis, local paralysis from organic causes, dementia, epilepsy, the long duration of the disease (3 years of duration, or of sojourn when the date of development of the disease shall be unknown.) One special column will be reserved for cases in which the prognosis may remain doubtful, aud another for cases curable. In the first part of the table, the insane will be divided into four classes, according as they shall have been admitted: 1st, for the first time into an asylum; 2d, in consequence of a relapse; 3d, by re-admission after escape or removal before recovery; 4th, by transference; and for each of these classes according as the admissions shall have been at the request of relatives or friends, (voluntary commitment) or by order of the authorities, (official commitment.)

TABLE XV.—INSANE ADMITTED DURING THE YEAR AFTER RELAPSE.

This table will embrace three distinct parts, with separate addition for each. There will be specified in the first square, the causes of the relapse, (alcoholic excess; debauchery; suffering and privations; grief......other causes;) in the second, the number of the relapses 1st, 2d, 3d, 4th,...... relapse; and in the third, the date of the relapse in reference to the recovery, (relapse within three months of discharge, from three to six months, from six months to a year, upwards of a year.)

At the head of the table there will not now be found the typical forms, of which the most part furnish but a very small proportion of the cures, but rather the varieties of simple insanity which the most frequently recover; mania, melancholia; the other column heads may be filled according to circumstances.

Tables XVI. to XX., appertain to the recoveries. Although many of the typical forms admitted by the Commission may be considered as incurable, we have thought it best to make the same disposition in these tables as in tables II. to XIII.

The comparative examination of them will thus be more easy.

TABLE XVI.—AGE AT THE TIME OF RECOVERY.

This table will be arranged like table VI.

TABLE XVII.—DURATION OF SOJOURN IN THE ASYLUM OR OF TREATMENT.

To wit: a few days to a month, from one to three months, from three to six months, from six months to a year, from one to two years, from two to five years, over five years.

TABLE XVIII.—DURATION OF THE DISEASE PRIOR TO ADMISSION.

TABLE XIX.—MONTHS OF DISCHARGES BY RECOVERY.

TABLE XX.—CAUSES OF INSANITY OF PATIENTS RECOVERED.

These three tables will be arranged like tables II., III., IX.

It would, perhaps, have been more scientific to have asked the month of recovery, than that of discharge; but the precise time of the termination of the disease is often so difficult to determine that it has seemed to us better to preserve the form generally adopted.

The tables XXI. to XXIV., refer to the deaths; they have the same headings as those preceding.

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TABLE XXI.—Age in the Month of Death.

TABLE XXII.—Duration of Sojourn in the Institution.

TABLE XXIII.—Months of Death.

These tables are arranged like tables VI., XVII. and III.

TABLE XXIV.—Diseases which have caused Death.

The Commission proposes to classify these diseases by apparatuses or grouped organs, to wit: Cerebro-spinal apparatus, digestive, respiratory, circulatory, genito-urinary, cachexias, surgical diseases, other diseases. In order that there shall be correspondence between the totals of this table and of those of the preceding ones, the deaths by accident or suicide likewise require to be mentioned here.

TABLE XXV.—Principal Incidental Diseases and Infirmities Observed During the Year.

This table, in its general features, differs in no respect from the preceding, but it will be necessary to give it more extent, and to display it on two pages. There should be mentioned herein only diseases which shall have necessitated special treatment, and accidents of considerable gravity.

In order not to make double insertions, there should not be calculated herein incidental diseases under treatment on the first of January, which shall have already appeared in the statistics of the preceding year. Mention will be made of these, at the head of the table, in a special square, under the two-fold title of 1st, *incidental diseases, under treatment on January 1st;* 2nd, infirmities and cachexias demonstrated on January 1st.

The tables XXVI. to XXVIII. refer to those remaining on December 31st. They have the same headings as the preceding ones.

TABLE XXVI.—Causes of Insanity.

TABLE XXVII.—Age on December 31st.

These two tables will be arranged like tables IX and VI.

TABLE XXVIII.—Curable and Incurable.

The Commission has thought it would be interesting to know the number of curables and incurables that asylums for the insane might contain at the commencement of each year. This table is the complement of table XIV., which embraces only patients received during the year, and likewise, only those admitted for the first time into an asylum. It will afford an opportunity to apprehend at a glance, at the commencement of the year, the probable chances of recovery which the population of an institution as a whole may present.

TABLE XXIX.—Insane Occupied.—Nature of the Occupations.

Work is a means of treatment, too generally employed now, in asylums not to render it a matter of interest to know the number of insane employed in each institution, and the nature of their employments. The Commission has not believed, however, that it would be advantageous to enter, in this connection, too minutely into details. It proposes, then, to have set forth in the square devoted to occupations only the following: 1st. Out-door work, embracing: A agriculture and gardening; B embankment work and other. 2nd. Building and moveables, to wit: C masons, stone workers, plasterers; D carpenters, roofers; E joiners wheelwrights; F locksmiths, blacksmiths; G painters, glaziers. 3rd. Sedentary occupations, comprising: H shoe-making, I weaving, spinning, knitting; J different kinds of needle work; K writing; L others. 4th. Washing and bleaching. 5th. Kitchen work. 6th. Patients unoccupied.

The 31st of December is one of the periods of the year when the smallest number of asylum patients are occupied. It is not, then, the number of workers turned out during the last days of December that should be carried into the table but rather that of patients who have been occupied, during the last six months, at the average rate of at least ten entire days a month, whatever may be the nature and importance of the work done. All others should be set down as patients unoccupied.

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REGIONAL TABLE.

The Commission proclaims the wish that, besides the preceding tables, asylum physicians would establish, for the territories from which they receive insane persons, regional tables, in which the patients may be classified by provinces, districts, cantons, or communes of origin or of habitual residence, with indication, as far as possible, as to the topographical, ethnographical, geological, and other conditions which may be presented by these diverse regions and the people which occupy them.

Furthermore, in order that these documents may have value, they evidently ought to deal only with the insane admitted for the first time into an asylum, and not with those present at any given period of the year, the numbers of which in fact, could not always give a correct idea of the relative frequency of mental alienation in such, or such a region.

It would be well, furthermore, that in these regional tables, the insane should be classed as in tables II. to XIII. and other similar ones, and that the population of each region should figure opposite to the number of patients which it shall have furnished during the year, or better during a period of five or ten years. Documents of this kind, in fact, have not much value, except when they embrace a pretty extended period.

The Commission proclaims, likewise, the wish that, at times of general census takings, which are at present periodic occurrences in nearly all countries, special commissions, composed of competent physicians, might be charged to make inquisition as to the cases of insanity, idiocy, and cretinism which exist outside of institutions for the insane.

Should this proposition be adopted, it would be desirable that this census taking of the insane at large should be everywhere, in accordance with a uniform system and identical rules, and, better still, that there should be employed the same statistical forms proposed for the special institutions, and particularly table XXVII.

In order to avoid double insertions, and, at the same time, to omit nothing, this census should deal, not only with the insane cared for in their own families, or maintained in strange families, but also with those placed in hospitals, provisional depôts, convents, &c., which are by no means classed as special institutions, and, consequently, are not called upon to fill the statistical tables designed for those institutions.

We will not conclude what we have to say upon medical statistics, without speaking of the method which it would be well to adopt for determining the proposition of recoveries and deaths.

Let us speak first of recoveries. We have, I will suppose, to calculate, for the decimal period 1851—1860, the proportion of recoveries obtained in an asylum open on the first of January, 1851.

What course shall we adopt? We will, evidently, compare the total number of recoveries with the total number of admissions.

But if we proceed thus for any given period, why not do the same for each one of the years of the period?

Let us suppose now that we have to do with an asylum open before the first of January, 1851, and having, consequently, at that date, a certain population. It is at least probable that among the patients of this establishment cured during the period 1851—1860, there will be found some whose admission will antedate that period. It does not, then, at first, seem reasonable to compare, for that asylum, the number of recoveries with that of admissions.

But if the residents at the commencement of the period have furnished, during that period, a certain contingent of cures, is it not at least probable that those remaining at the end of the period will furnish some also during the following years, and that the number of the latter will not notably differ, all things being otherwise equal, from that of the former? The same observations applies to each of the years of the period.

It is, then, with the annual number of admissions that the number of recoveries is to be compared.

Asylums which receive directly all the patients of a certain district, and admit others only as exceptions, are, in this relation, pretty exactly comparable. It is not the same with those which receive, by transfer, insane persons who have already resided for longer or shorter periods in provisional depôts, or in asylums especially adapted to patients under consideration. It is proper to take particular notice of these differing circumstances, when one would institute a comparison between asylums constituted differently in this respect.

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The surest method, however, of avoiding any wide departure from the truth, is to compare the number of recoveries with the number of admissions, deducting the re-admissions, the transients and those who have already resided in another institution, (asylum or provisional depôt,) upon condition, however, of, first of all deducting from the number of the cured, the contingent which these different categories of admissions shall have furnished to the recoveries.

The results obtained by the method which we are explaining will be, moreover, so much the more nearly exact, as there shall be less difference between the number of residents on the first of January, and the number of those remaining on the 31st of the following December.

Also, when one would calculate exactly, for an asylum, the proportion of cures during a given period, at the commencement of which the number of residents shall have differed considerably from the number of those remaining at the end of the period, let him add to the total number of recoveries a certain number of units which shall be determined in the following manner: He will first calculate, according to the middle years of the period, how many recoveries those remaining on the 31st of December of each year furnish, on the average, during the two or three years following. Let us suppose that the proportion would be ten for each 100. A simple subtraction will give, on the other hand, the difference between the numbers or the population at the commencement and at the end of the period. Let us agree that it would be 200; it is evident that it would be required to add to the total number of the cured of the period, 10 × 2 20 units.

The question is, unfortunately, not so simple in regard to the deaths.

At present, we generally content ourselves with comparing the annual number of deaths with the average population. It is still, in our view, the most rational method.

In order that we may, really, gather useful information from the comparison of a certain number of facts, or of series of facts, it is necessary, in the outset, that these be, if not of the same nature, at least analagous in the point of view from which we consider them.

When one wishes, for example, to compare the death hazards of several classes of patients, belonging to different institutions, in which they have passed, some six months, others an entire year, it is evidently requisite, in order that the comparison between these different classes shall be reliable, that the patients which compose them be reduced by calculation to the uniform condition of one year of sojourn. This is obtained by adding together the days of presence of all the individuals appertaining to each of the classes or institutions which it is proposed to compare, and dividing the sum by 365 or 366; the quotients represent the average population of each establishment, that is to say, the assumed number of patients who have been exposed, during the entire year to the chances of death, inherent in the special conditions which created for them the disease.

It is with this average population (A.P.) that we are to compare the deaths, (D.) in order to obtain the proportion of mortality in each institution.

The relative mortality (M.) obtained by this method, which offers among other advantages, that of permitting comparison of mortality in asylums for the insane with that of the general population, does not, by any means, represent the death hazard of each patient contained in these establishments. These hazards (P.) are, for each individual, in direct proportion to the number of days which he has passed in the institution (D.y.)

$P = \frac{M}{365} \times D\,y.$ $\frac{M}{365}$ represents the mortality of a day, or the mortuary coefficient of each day of the patient, (C.) which may be obtained directly, again, by dividing the deaths by the sum of the days of presence (S. D y.) $\frac{D}{S.\,D.y.} = \frac{M}{365} = C.$

If admissions and discharges occurred in nearly the same manner and under the same circumstances in all institutions, the results, thus obtained, would be as rigorously comparable as one has a right to demand that parallel matters shall be. Unfortunately, it is not so. We have already spoken of the differences observable, in this respect, between houses for treatment and houses for the incurable: but there exist also great gulfs between asylums which serve great centres of population and those differently situated. In the former the number of admissions is relatively higher than in others; and as the newly admitted, especially in large cities, furnish a considerable contingent of deaths, the relative mortality of these establishments is found grown to large proportions, without it being possible to trace the cause to the hygienic conditions which they present.

We may, to a certain extent, correct this cause of error; by taking into calculation the average duration of sojourn in each establishment, (D. S.) which may be ob-

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tained by dividing the sum of days of presence, (S. D.y) by the number of patients treated, T.;) D.S. $=\frac{S. D.y.}{T}$ By multiplying this average duration of sojourn by the mortuary co-efficient (C. or $\frac{D}{S. D.y.}$) we have the average chances of death of a patient, ($\frac{S. D.y.}{T} \times \frac{D}{S. D.y.}$). Exactly the same result is obtained by dividing the number of deaths, (D) by that of the patients treated, (T.) In fact, $\frac{S. D.y.}{T} \times \frac{D.}{S. D.y.} = \frac{D}{T}$ In multiplying, furthermore, this result by one hundred, we have the mortuary rate of one hundred patients, otherwise called the relative mortality for a hundred.

We think, then, that if it be well, in determining the relative mortality of an institution, in comparison with that of the general population, *to compare the deaths with the average population*, it will be equally well *to establish the comparison between the deaths and the patients treated.* The results obtainable by this double method will permit us to compare with each other asylums constituted, as regards their population, the most dissimilarly.

The most important thing, again, in questions of this nature, is that all observers adopt the same method, that each of us may profit by the documents gathered by his predecessors.

ADMINISTRATIVE STATISTICS.

The administration will find, in the tables of medical statistics, most of the documents which are needful to the solution of questions relative to the management and relief of the insane. There is wanted, however, information of another kind, for which it has appeared to us necessary to establish two special tables.

TABLE XXX.—General Progression of the Population.—Administrative Statements—Assistance at Residences.

At the head of this table will be indicated, in as many distinct columns, and for each sex; 1st, the price of board by the day or year; 2d, the residents on the first of January; 3d, admitted during the year; 4th, total of the residents and the admitted; 5th, discharges; 6th, deaths; 7th, total of discharges and deaths; 8th remaining on December 31st; 9th, number of days of presence.

In the first part of the square, the insane will be divided according as they shall have been treated; 1st, on account of departments, (one will indicate by name each of the departments which send their insane to the asylum by virtue of an agreement; the others will figure under the title . . . . Sunday departments;) 2d, on account of communes; 3d, on account of benevolent institutions or societies; 4th, on account of the Government, to wit A. military, (special regimen, ordinary regimen,) B. marine, (special regimen, ordinary regimen,) C. prisoners, (condemned, accused;) 5th, on account of families, 1st, 2d, 3d, 4th, ... and lowest class;) 6th, on account of foreign governments; 7th, legal residences; unknown.

We consider as maintained on account of departments or Government, all the insane for whom the departments or Government pay any portion whatever of the board; and as being upon a special regimen, all those who receive a regimen superior to the ordinary regimen of the lowest class. We do not here speak, be it understood, of special regimen presented by physicians.

It is not unfrequently the case that insane persons, maintained at first by their families, fall, at the expiration of some months, to the charge of their departments or communes. Others, whose legal residences have not been determined at the time of their admission, are discovered, after a time, to belong to such or such a department. All these changes should be indicated with care in the column *observations*, and there should be an exact reckoning hereof maintained in the calculation of days of presence.

In a special square, forming a part of the same table and which will be filled according to circumstances, either by the directors of asylums, or by the chief-officers of the different territorial divisions, (provinces, countries, departments cantons,) will be shown under the title . . . *insane aided outside of asylums*, the lunatics, idiots, or cretins, who shall have been aided either in their own families or in the families of strangers; the rate of the reliefs shall be set down in the column, price of board.

TABLE XXXI.—Departments, (Provinces, Countries, or Cantons,) of Origin or of Birth of those Remaining on December 31st.

This table will have the same headings as tables II. to XIII. and others similar to the medical statistics. The paying and indigent insane will be herein divided accord-

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ing to their department of origin; and when the place of origin shall be unknown, according to the department wherein they shall have acquired their legal residence. The foreign insane shall be set down collectively, without distinction of origin.

Such are the statistical documents which appear to us desirable to ask, each year, from all institutions for the insane. The Commission is not ignorant of the fact, that still more might be prepared, but it has thought it better, at least for the present, to confine itself to the foregoing.

A great result would already have been obtained if these should be all and everywhere properly filled.

OBSERVATIONS

RELATIVE TO THE TABLES.

The typical forms inscribed at the heads of tables II. to XII., XVI. to XXIX. and XXXI., should be understood as follows :

1st. *Simple insanity* comprehends the different varieties of mania, melancholia and monomania, circular insanity and mixed insanity delusion of persecution, moral insanity, and the dementia following these different forms of insanity.

2nd. *Epileptic insanity* means insanity with epilepsy, whether the convulsive affection has preceded the insanity, and has seemed to have been the cause, or whether it has appeared, during the course of the mental disease, only as a symptom or complication.

3rd. *Paralytic insanity*, or dementia, should be considered as a distinct, morbid entity, and not at all as a complication, a termination of certain forms of insanity. There should be comprehended, then, under the name of paralytic insane, all the insane who show, in any degree whatever, the characteristic symptoms of this disease.

4th. *Senile dementia* is the slow and progressive enfeeblement of the intellectual and moral faculties consequent upon old age.

5th. *Organic dementia* embraces all the varieties of dementia other than the preceding, and which are caused by organic lesions of the brain, nearly always local, and presenting, as almost constant symptoms, hemiplegic occurrences more or less prolonged.

6th. *Idiocy* is characterized by the absence or arrest of development of the intellectual and moral faculties, *imbecility* and *weakness* of *mind* constituting two degree or varieties.

7th. *Cretinism* is characterized by a lesion of the intellectual faculties, more or less analagous to that observed in idiocy, but with which is uniformly associated a characteristic vicious conformation of the body, an arrest of the development of the entirety of the organism.

Under the titles *ill defined forms, other forms*, are to be set down all the varieties of mental alienation which it shall seem impossible to associate with any of the preceding typical forms.

There will be mentioned only in table I., patients attacked with delirium tremens, the *delirium of acute diseases, traumatic delirium, or simple epilepsy*, which shall have been received into the institution by error or otherwise.

TABLE I.—*The average population* is obtained by dividing the sum of the days of presence of each class of patients by 365 or 366, according as the year is or is not bissextile. It may be obtained again, but a little less exactly, by adding to the number of residents on January 1st, half the sum of admissions, and subtracting therefrom half the sum of discharges by recovery, death, or otherwise.

TABLES II. to XIII.—To avoid double insertion, there should be set forth, in these tables, only the insane *admitted for the first time into an asylum.* There should be comprehended herein, then, neither the relapses nor the re-admissions of any kind whatever, nor the transients, nor the insane transferred from one asylum to another

TABLE II.—To determine the duration of the disease prior to admission, one should take, as a starting point, not the precursors of the mental alienation, but exclusively its first manifestations.

TABLE VIII.—There should be set forth in this table only concomitant diseases and morbid phenomena demonstrated on admission. There is no necessity for totalising the figures.

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