

- (f) The cross-indexing of the causes of insanity (Table X), *e. g.* enabling it to be seen into how many alcoholic cases heredity entered, or how many puerperal cases were also adolescent, etc., are examples of possible further efforts in this direction.
4. Supplementary tables. For instance, one detailing the degree of insane heredity, and associating it with neurotic, phthisical, and alcoholic heredities.
5. Any revision of the present nomenclature of mental diseases in Table XI, and the separation therein of symptomatological from ætiological terms.

THE HYPODERMIC ADMINISTRATION OF MORPHIA.

Dr. J. B. Mattison, Medical Director, Brooklyn Home for Narcotic Inebriates, offers a prize of 400 dollars for the best paper on the subject:—

Does the habitual subdermic use of morphia cause organic disease?

If so, what?

Contest to be open two years from December 1st, 1901, to any physician, in any language.

Award to be determined by a committee: Dr. T. D. Crothers, Harford, Conn., Editor *Journal of Inebriety*, Chairman; Dr. J. M. Van Cott, Prof. of Pathology, Long Island College Hospital, Brooklyn; and Dr. Wharton Sinkle, Neurologist to the State Asylum for the Chronic Insane, Philadelphia.

All papers to be in the hands of the Chairman by or before 1st December, 1903; to become the property of the American Association for the Study and Cure of Inebriety; and to be published in such journals as the committee may select.

CORRESPONDENCE.

“F. S. S.” *v.* “Resartor.”

GENTLEMEN,—I have to inform “F. S. S.” that no collaboration was practised in preparing my strictures; indeed, none was wanted. I thank him for his recognition of care on my part. Perhaps it was due to this care that he was not able, in his rejoinder, to make a frontal attack on the positions taken up by myself. “F. S. S.” is aggrieved by my assuming that he recommended the adoption of average residence in place of residence on January 1st of each year as a basis for statistical computations. He bids me read his review again. I have done so, and in the light of his recent translation of the first paragraph I must congratulate him on the production of a fine cryptogram. I have gone further, and re-read his review of the previous year,⁽¹⁾ and find that he advocated therein this same basis of average residence. But on that occasion he added that if the Commissioners adopted it they might safely work out percentages to two places of decimals. Where, then, is the grievance? and why should he now write that a tyro in arithmetical reasoning could see that such a summation could not possibly be taken as a basis for working ratios and proportions?

However, it now turns out that “F. S. S.” in recommending this “only fair estimate,” only meant to give the Lord Chancellor a better estimate (to two places of decimals?) of the amount of work the Commissioners have to do annually. But even on this footing, why should not the Commissioners tell their own tale of work in the way they may think best?

I still think that “F. S. S.” is mixed on the subject of recovery rates. “I merely desired to emphasise the fact that such a yearly aggregate increase must in a measure affect the calculation, be it the average number resident or the admission rate which may be chosen.” That is just where he is mixed. This crisp statement exactly confirms my reading of his original review. How can yearly aggregate increase affect recovery rate on admission? It is a fact that yearly aggregate increase depends largely on failure to recover; in other words, recoveries affect

aggregate increase. If, at the same time and for the same purpose of estimating the amount of curative work done, we are to reverse the position of cause and effect, and to look upon aggregate increase as having active control of recoveries, we are landed in a parlous statistical maze. I maintain confidently that the two methods of estimating recoveries are so diverse that they can have nothing in common.

He asks for my authority for stating as a patent fact that there are fewer cases of general paralysis than there were. Here it is:

Lunacy Reports, 1896 and 1901.—Table XX.

Annual averages of		Total admissions.	General paralytics admitted.	Proportion per cent. of general paralytics in total admissions.
1890-94	{ Private	2,109	150	7.1
	{ Pauper	14,977	1,299	8.7
	Total	17,086	1,449	8.5
1895-99	{ Private	2,144	156	7.3
	{ Pauper	16,600	1,207	7.3
	Total	18,744	1,363	7.3

"F. S. S." follows up his challenge with this most remarkable question: "Because the Commissioners show statistically that there are fewer general paralytics in asylums, does 'Resartor' imagine that there are fewer in the community?" He must well know that the Commissioners' report under review dealt only with officially known lunatics, and he must equally well know that in the paragraph of his review in which he himself dealt with the question not a suspicion of "the community" was raised. He debated the question on stated figures applying only to known insanity. One may well ask why he has touched the blue-book statistics at all if he is going to import an element which must vitiate all, even his own, calculations. It would have been more to the point if he had opened his review with the remark made by him in this very paragraph, "It is not apparently appreciated that rational proportions of quinquennial averages are totally different from pure aggregates;" and then, after having demonstrated the impossibility of obtaining a pure aggregate in the face of existent but unascertainable insanity outside asylums, treated all statistics to a righteous and dignified silence.

"F. S. S.," after all, does believe that syphilis is the *sole* factor of general paralysis. I am with him to a certain extent in his belief that it is a *prime* factor, but I cannot conscientiously go so far as he does, since the denial of all other causation, direct or contributive, entails the discomfiting proposition that every person who contracts syphilis, which is not arrested or modified by treatment, is bound to fall to the other disease,—a sort of penny-in-the-slot ætiology which is simple but very frightful.

I am, Gentlemen,
Your obedient servant,
RESARTOR.

(¹) *J. M. S.*, January, 1901, p. 119.

To the Editors of the 'Journal of Mental Science.'

GENTLEMEN,—Tactically it is recognised that to make a frontal attack against an insidious foe can be of but small avail if one desires to convince him of the pregnability of his position. I therefore very properly made a flank attack in the hope of satisfying "Resartor's" scruples, and I adopted plain and simple reasoning as my movement; direct denials and refutations would never have persuaded one who argues as does he. Unfortunately, with blind unreason he returns to the encounter, and by further misinterpretations and misreadings of my meaning attempts to pass off as fair argument a perverted view of any opinion of mine he can fasten upon, if only for the sake of establishing his earlier erroneous contentions, and to justify himself in his own sight and in the eyes of your readers. I

feel that no further arguments, corrections, or interpretations of what I have written will help him out of the "statistical maze" into which he has so rashly wandered, or wean him of the self-satisfaction he feels in the plausibility of his own deductions.

I generously grant him, therefore, the supposititious victory for which he craves. I yield. I am everything that is wrong. I remain mixed on the subject of recovery rates. General paralysis is dying out. Syphilis is not the sole cause of general paralysis, and so forth. *Ainsi soit-il—qu'importe?*

But if "Resartor" thinks I am retreating from my position, or covering an apparent retreat by assuming the cloak of indifference, he is vastly mistaken. As I hope to contribute a paper to your JOURNAL dealing with the whole matter of lunacy statistics, an opportunity will no doubt be afforded him of entering the lists against me and my doctrines. He will, perhaps, by very careful reading, find some verbal construction at which to tilt his hypercritical lance—or is it his shears? or his goose?

"Resartor," I note, withdraws the other lines of his attack without one word of comment, covering the confusion in his ranks by further involved disquisitions on certain opinions and suggestions of mine—opinions which he distorts, and suggestions which he cripples and warps so that the victory may be his. To me it seems, however, that the flank movement above alluded to has not been quite so unsuccessful after all.

My thanks are due to you for forwarding me a proof copy of the above letter. So far as I am concerned the correspondence ends.

I am, your obedient servant,
F. S. S.

THE INSANE IN JERUSALEM.

Dr. Cecil Beadles has forwarded us a letter from Dr. P. D'Erf Wheeler, Medical Superintendent of the English Hospital at Jerusalem, in which the writer states:

"I had not forgotten to make inquiries, and to visit and inspect personally the only institution here approaching to the name of 'Lunatic Asylum.' This institution, called 'The Aid for Women,' has a threefold object. 1. The nursing and support of poor women in childbirth. 2. The support of a certain number of deserving 'incurables.' 3. The looking after the insane.

"I visited this institution accompanied by Mr. Wiseman and Mr. Penash, the head of the establishment.

"There were only six lunatics proper, and these were well looked after, and treated regularly by the doctor of the institution. They are fairly well supplied with a 'douching apparatus,' and have a good supply of water for washing and hydropathic purposes. There were two acute cases of mania. During the last year there were thirteen lunatics treated in the institution.

"I know of no other properly organised 'Lunatic Asylum' in the country, except the new one near Beyrout.

"The crude—I was going to say barbarous treatment of the insane at the Church of St. George's (Greek Orthodox) is well known to you. I have seen a patient chained to the altar almost nude, undergoing treatment (or ill-treatment?); they are supposed to be forty days there. Some few years ago I attempted to establish a 'lunatic room' in connection with our new hospital, but the Committee would not give their permission.

"We sadly need in Jerusalem a proper institution for the insane, and any help I can render towards such an object will be most willingly given."

OBITUARY.

GEORGE MICKLEY.

We much regret to announce the death, on August 10th last, of George Mickley, late Medical Superintendent of St. Luke's Hospital. Born in November,