

closing of the ponderous metal shutters of the seclusion rooms by an apparatus outside in such a manner as can hardly fail to terrify by its unearthly noise the inhabitant of the cell, who would be only too likely to believe himself located in certain regions from which the asylum in other respects is as far as possible removed.

At Ghent, the Hospice-Guislain recalls a great mental physician of whom Belgium is justly proud, and whom those connected with the insane in other countries no less esteem for his writings and for the practical work done by him at this institution where M. Ingels is his worthy successor. We are glad to know that the project of erecting a statue to Guislain is progressing, and will be probably carried into effect next summer. At this institution we were particularly pleased with the amount of work done in the workshops, and especially at the loom. The school for idiots is admirable. One of them, aged 7, presented a remarkable example of microcephalus, but displayed great agility and a certain kind of intelligence. The dimensions of the head were kindly taken for us at the time by M. Jules Morel, of Ghent, to whom members of the Congress were so greatly indebted for his unfailing help and courtesy.

The institution for the insane at Cortenberghe, near Brussels, called Hospice Saint Joseph, was visited. It is under the charge of the same religious order—*Sœurs de la Miséricorde de Jésus*—as St. Julien at Bruges and Saint George's Retreat, Burgess Hill. *Sœur Ambroisine* showed us over the institution with great courtesy. The cleanliness of the beds and rooms throughout the establishment, not excluding those for the dirty patients, was most marked, and reflected great credit upon those responsible for their condition, especially as the visit made one Sunday afternoon was totally unexpected. No patient was in seclusion, but many were sitting on benches in large rooms with their arms confined by long sleeves fastened behind in the usual way.

Our visits to the Belgian asylums afforded us much interest, and we must here acknowledge the courtesy and hospitality uniformly extended to us by those in charge. The latter may be assured of a friendly welcome from their English *compagnons* whenever they visit Britain.

THE CURABILITY OF INSANITY.

Dr. Pliny Earle read an interesting paper on this question before the Association of Medical Superintendents of American Institutions for the Insane, on retiring from office as its President at Saratoga, N.Y., last summer. He returns to a subject which he has made his own by the large amount of labour he has expended upon it. His views, so far as they have hitherto been expressed, are so well-known in this country that it is unnecessary to repeat them. The present paper shows the actual results of treatment in a number of institutions, American and otherwise, brought down to a later date than that of former essays.

First, as to British asylums; a table is given of 23 asylums, the recoveries being arranged in accordance with the well-known table showing the duration of the attack and the recoveries, the results being as follows:—

1st class (first attack, less than three months' duration); the admissions were 8,316; recoveries, 4,051; per cent. of recoveries, 48·71. 2nd class (first attack, 3 to 12 months' duration); admissions, 2,613; recoveries, 764; per cent. of recoveries, 29·24. 3rd class (not first attack, less than 12 months' duration); admissions, 4,768; recoveries, 2,640; per cent. of recoveries, 55·37. The union of the first two classes gives all cases of first attack, and of less duration than one year. Of these the admissions were 10,929, and the recoveries 4,815, or 44·06 per cent. The percentage of recoveries in the 3rd class is in accordance with Dr. Earle's experience, that recovery takes place in a less proportion of cases of first attack than in cases subsequent to the first. This was shown in the report of the Northampton Lunatic Hospital for 1880. By throwing together the three classes, containing, as these do, cases of less than a year's duration,

which, it must be borne in mind, constitute in the United States, *recent* cases, and correspond to the rough test of curability adopted at Bethlem Hospital, the following figures come out: Admissions, 15,697; recoveries, 7,455; or 47·49 per cent.; being somewhat above the proportion reached at Bethlem Hospital. Dr Earle shows that at the York Retreat there has been a large diminution in the proportion of recoveries on admissions in recent years in all the three classes; in fact, for every 100 of recoveries of the so-called recent cases which were obtained during the first quarter of the century, there are but 63·75 now. He indicates the great value of Dr. Chapman's laborious collection of statistics of asylums, which appeared in this Journal in July, 1884, in which, the results of treatment of nearly 70,000 cases yielded 46·52 per cent., which although a fair result as things go, is a depressing contrast to the old-fashioned statement that from 75 to 90 per cent. of recent cases can be cured.

Dr. Earle proceeds to give the results of 15 American asylums, in the reports of which the recoveries of cases of less than a year's duration are given. Dr. Earle finding that not one of these hospitals discharged even 47 per cent. of recoveries of recent cases, while the average of them was below 39 per cent., made out the relation between the total recoveries and the number of admissions of recent cases. It appears that the former is larger by 668 than the recoveries of recent cases, while the number of admissions of recent cases is 6,499 smaller than the whole number of admissions. "Yet, strange as it may appear, the total of recoveries is only 46·88 per cent. of the admissions of recent cases. . . . Thus, after aiding and assisting the recoveries of recent cases by a supplementary and complimentary gift of the certainly not despicable number of 668 cases, we have been unable to swell them even to 50 per cent. of the admissions of recent cases."

Further, in 39 American asylums, during a period of from three to six years each, the admissions amounted to 33,318; the recoveries to 9,713; the proportion of recoveries to the admissions being 29·15 per cent. The number of *recent* cases admitted was 17,923, the proportion of all recoveries to the admissions of recent cases being 54·19 per cent. This calculation is made merely to show that, even after the recoveries are worked upon little more than half the admissions, they do not amount to a very high figure.

We regret that we cannot give more of the detailed information supplied by the author of this interesting paper, but must content ourselves with the following summary:—

1. Cases of first attack; duration less than three months.
 - a. Earle's 8,316 cases at 23 British asylums. Recoveries 48·71 per cent.
 - b. Chapman's 38,283 cases at 46 British asylums. Recoveries 48·72 per cent.
2. Cases of first attack; duration less than 12 months.
 - a. Earle's 10,929 cases at 23 British asylums. Recoveries 44·06 per cent.
 - b. Chapman's 50,409 cases at 46 British asylums. Recoveries 43·79 per cent.
3. Not first attack; duration less than 12 months.
 - a. Earle's 4,768 cases at 23 British asylums. Recoveries 55·37 per cent.
 - b. Chapman's 19,574 cases at 46 British asylums. Recoveries 53·61 per cent.
 (American institutions not included for want of the necessary discrimination in their tables.)
4. All cases of duration less than 12 months.
 - a. Earle's 15,697 cases at 23 British asylums. Recoveries 47·49 per cent.
 - b. Chapman's 69,983 cases at 46 British asylums. Recoveries 46·52 per cent.
 - c. Earle's 8,063 cases at 15 American institutions. Recoveries 38·59 per cent.
5. All recoveries, calculated on all admissions.
 - a. Chapman's 93,443 cases at 46 British asylums. Recoveries 37·95 per cent.
 - b. Earle's 33,318 cases at 39 American institutions. Recoveries 29·15 per cent.
 - c. Earle's 23,052 cases, third period, at 20 American institutions. Recoveries 29·91 per cent.
 - d. Earle's 14,372 cases, in one year, at 58 American institutions. Recoveries 27·88 per cent.

One conclusion from these statistics is that the recoveries in British asylums exceed those in American institutions by between eight and nine per cent. Another is the confirmation of Dr. Earle's previous contention, that there are not so many recent cases cured as was formerly alleged; and, further, that unfortunately the percentage of recoveries of all cases diminishes. Dr. Earle attributes this diminution to the admission of a larger proportion of chronic cases and of those which show greater degeneration, as in general paralysis, and to the increasing custom of not reporting as recoveries mere restorations from drunkenness, or forced temporary suspensions from habitual intoxication. The adoption of a higher degree of improvement as the criterion of recovery is mentioned as a possible cause. It is also intimated as just within the limits of possibility that statistics now are prepared "more generally in the spirit of conscientious loyalty to scientific truth."

It should be stated that important improvements were made in the Massachusetts Tables in 1879, and in those of our Association in 1883. It is to be regretted that the former do not give a Table corresponding to our Table II or IIA; and still more regrettable that the American Association does not adopt a series of amended Tables. Why not?

GENERAL PARALYSIS OR BLOOD-POISONING?

An American actor, Mr. McCullough, died recently, insane, in Philadelphia. He had at one time been under the care of Dr. Charles H. Nichols, at the Bloomingdale Asylum, New York, at which time he presented a typical example of general paralysis. A Dr. Engel, who treated him in Philadelphia, diagnosed "blood-poisoning." He died; a post-mortem was made, and the physicians who made it reported that there was disease of the blood-vessels of the brain, due to blood-poisoning. However, seeing that the pia-mater was opaque over a large part of the convexity of the brain, and was adherent, especially in the fronto-parietal region, and that in attempting to strip off the pia-mater small fragments of the cortex came away, the autopsy entirely confirms the diagnosis of the case made at the Bloomingdale Asylum. That a patient with a brain in the condition which is thus described should have been treated in Philadelphia by electricity and massage, is not pleasant to read of. Dr. Spitska, it appears, had seen McCullough act in New York some three years ago, and thought he was in the first stage of general paralysis at that time. Dr. Engel is stated in the papers to be an advertising doctor, who day after day announced the case to the world, and gave out that McCullough would be cured. We can hardly suppose his reputation will be increased by the result, and the post-mortem revelation.

Correspondence.

STATISTICAL TABLES. TABLE V.

TO THE EDITORS of the *Journal of Mental Science*.

GENTLEMEN,—It is now some years since the "British Medical Journal," in commenting upon the Annual Reports of our asylums for the insane, took occasion to refer to the stated causes of death among patients therein given as being, in many instances, loose and unsatisfactory, and urged the necessity for greater care and precision in this direction on the part of asylum physicians. That such criticism was at the time justified can admit of no doubt. Would it equally apply now?

I am aware, of course, that within a recent period the scope of this Table V. has been extended, and its statistical value, in the general opinion, increased in

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