

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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consequence. That, however, is outside my present inquiry, which has reference solely to the causes of death as tabulated. Now, having paid some attention to the point, I am glad to think that improvement *has* taken place of late years in the records of the causes of death, and that, speaking generally, the instances open to objection are fewer than was formerly the case. Nevertheless there remains, I venture to think, room for further improvement, which a little additional care on the part of those primarily concerned would effectually secure; and I ask leave to endeavour in a few words to make good this contention.

Looking over Table V. in the various reports for 1884, several "causes" are to be found which, impartially considered, will probably be regarded as seriously defective. The list might be extended, but let a few examples, quoted *verbatim*, suffice:—"Paralysis. Dementia. Epilepsy with paralysis. Paralysis with convulsions. Exhaustion. Hemiplegia. Strangulation. Suffocation. Disease of brain. Inflammation and other diseases of brain softening. Brain disease. Brain disease with an accumulation of hair in the stomach."

I feel it to be quite needless for me to occupy your space in discussing in detail the individual defects of such returns: in the judgment of most of us the examples adduced will, it is believed, be held to justify my contention that there is still "room for improvement" in this direction.

In a somewhat different category, but nevertheless constituting a feature of Table V., against which I desire to contend, are what I may term the "exhaustions," and they are indeed legion. Let me say that, under certain circumstances, I would accept "exhaustion" as probably appropriate; for instance, in "exhaustion after amputation of the leg," which occurs in one report. Let me admit further that, from time to time, a case may occur in which the expression *faute de mieux* may really seem to be unavoidable. If it were thus restricted it would not call for animadversion; but it does appear to me that the introduction of the expression in association with all sorts and conditions of affections which are specified, and of which, of course, exhaustion is merely the outcome, is unscientific, unnecessary, and therefore to be deprecated.

I look in the "nomenclature" of the College of Physicians, and there find that the term exhaustion occurs but twice—in one instance as exhaustion of muscles, and once in connection with "general injuries." Again, I examine the causes of death tables in the Registrar-General's Report, but nowhere in these do I find exhaustion mentioned.

From the fact that the expression occurs with more or less frequency in the majority (as I believe) of the reports, it must, I fear, be concluded that there is a large and influential section to whom the matter has not presented itself as it does to me. Nevertheless, the entire exclusion of "exhaustion" from some reports shows that I do not stand alone in my opinion as now expressed; and I am not without hope that a consideration of the point by those who have heretofore favoured "exhaustion," may lead some of them at least to accept the view that it may with propriety be omitted from their future statements. And I can imagine nothing so likely to convert them to this opinion as the study of a single year's collection of "exhaustions" in the various curious combinations which occur.

Perhaps some may say with regard to this "exhaustion" question—Why make so much of a very small matter? Very well: I will ask them to concede the "small matter" in deference to the views of others who think it, on the contrary, not without importance in the interests of greater accuracy.

I am, Gentlemen,

Your obedient Servant,

AMICUS.

November 14th, 1885.