CORRESPONDENCE.

ON THE EXTENSION OF HOSPITAL PROVISION FOR THE INSANE.

A LETTER TO PROF. LAYCOCK, WITH COMMENTS.

To the Editor of the Journal of Mental Science.

Utica, New York, April 28th, 1870.

PROF. THOS. LAYCOCK:

DEAR SIR,—I read your work on "The Principles and Methods of Medical Observation and Research," soon after it was first published, and have since often referred to it with pleasure and instruction. In the study of insanity and its relations to medical and social science, I was especially impressed with the importance of your teachings. Your illustration of the fallacies involved in the use of theoretical and indefinite terms by the word dyspepsia did not fail to suggest how much more fallacious is the common use of the term insanity. The change of function which is assumed is manifest to none of the senses of the insane person or the observer. Generally, this change is not revealed even to the consciousness of its subject. It must be admitted, I suppose, that insanity is a purely metaphysical conception, and does not comprehend a single physical fact. So also, your illustration of the fallacies of the numerical method as applied to vital phenomena suggested to me the still greater inapplicability of this method to the elucidation of mental phenomena. I am still unable to believe that this method, when applied to determine the relations of infinitely complex and partially known events with purely metaphysical facts, as the etiology and therapeutics of mental disorders, is of any real value.

You will pardon me, then, for saying that I was surprised to find, in an essay read by you before the Medico-Psychological Society of Great Britain, and published in the *Journal of Mental Science* for October, 1869, the following:—

"Statistics carefully drawn up by my friend, Dr. Thurnam, show that of the insane brought under treatment in asylums within three months of the commencement of the disorder, 80 per cent., or four-fifths, are restored to health, even when the most hopeless cases are included in the calculation," etc.

You do not declare, here, that the statistics of Dr. Thurnam warrant us in inferring any causal relation between the fact of treatment in an asylum within three months of the date of insanity and the recovery of four-fifths of the patients so treated, but you seem to adopt the conclusion that "if the treatment be delayed from three to twelve months, not one-half are curable." So that, when your language is changed, as in a late asylum report*, to read, "if cases were treated within three months of the first attack four-fifths would recover," its meaning can hardly be said to have been misrepresented.

Now it seems to me that these conclusions are not warranted by the facts upon which they are based, and that they are contradicted by other facts more positive and unmistakable in their meaning. Besides, certain doctrines in regard to State provision for the insane, which have been founded upon them, I must believe to be as mischievous practically as they are unsound in theory. It is held by most Superintendents of American asylums that the true policy of the State is to provide asylums built and organised as hospitals for all its insane population. By thus assuring to all, and especially to those in the early stages of their disease,

* Annual Report of the N. Y. State Lunatic Asylum for 1869.

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the advantages of treatment, they maintain that the burden and the shame of chronic insanity might speedily be removed. Of course, if these inferences from the statistics of Dr. Thurnam and others are legitimate, this theory of the Superintendents is unassailable, and they are right in opposing every plan for the special relief of the chronic insane, and indeed any departure from the hospital system for all. But, I ask, are not such statistics altogether fallacious as premises for these deductions? Have they any real value as the foundation of a broad policy of public provision for the insane? In the light of the medical philosophy which I have learned from you, it seems to me there can be but one answer to these questions.

Moreover, this answer is found to agree with the conclusions of experience and common sense, to which appeal is now being made in this country. In the lack of any practical solution of the problem of sufficient and impartial provision for the insane by the medical superintendents, with whom it has hitherto been almost entirely left, the States of Massachusetts, Ohio, and New York, following the plan of your Commissioners in Lunacy, have finally committed it to Boards of State Charities It is plain to these Boards that, not only in this country, where about one third of the insane, including nearly all the acute cases, are treated in asylums proper, but also in England, where two-thirds have for many years been so treated, the chronic insane population has been steadily increasing, although the number of new cases occurring each year has not increased. It also appears that in Great Britain and on the Continent the scheme of extinguishing insanity by curative treatment has no advocates, and that the policy of providing for all the insane in hospital-asylums is not considered practicable, or even desirable. The truth is, that in this and many other American States a critical period in the history of this important question has been reached. The insane of New York number about 7,000, of whom one-third are crowded into asylums calculated to accommodate less than one-fourth. The County asylums of New York and Kings, containing together 1,500 patients, are organised as hospitals, but are really as little curative institutions as your two Middlesex asylums. The State has one central asylum at Utica for 500 patients, which was opened twenty-seven years ago, and has been completed at a cost of a million dollars. A second asylum, for 400 patients, and likely to cost much more than a million, is now building in the eastern part of the State, and a third is authorised to be erected on its extreme western border. There is also, in the western part of the State, an asylum planned on the farm and cottage system for 500 patients, at a cost of half a million. This was established in spite of the opposition of the medical superintendents, and has been in part completed and opened for 250 patients.

But it is certain that, at the present rate of increase of the chronic insane, the proportionate number of those not provided for when all the new asylums shall have been completed will be greater than now. And at this time two-thirds of all the insane in the State are kept in poor houses and receptacles, where the condition of most of them is such as I am ashamed to describe.

Again, I would ask, how far has the policy which forbids all direct effort towards the relief of this class, on the ground that it will prevent the extension of hospital provision to all the insane, any real basis in medical statistics?

A reply to this question from yourself would be of great value at the present time, if it might be made public, and would be thankfully received by

Your most obedient Servant,

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I think the simplest plan to comply with Dr. Tourtellot's wish is to answer his queries on so important a subject through the medium of our Journal.

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1. Dr. Thurnam's statistical deductions indicate a simple fact of experience. Certain persons certified by two or more medical practitioners to be insane and proper persons to be detained under care and treatment are admitted into houses established for this purpose. It appears that of those so admitted whose malady has continued for three months only or less, four-fifths recover. The inference from this simple fact of experience is, that the practical rule holds as well in regard to insanity as to other maladies, viz., that early treatment is favourable to recovery. I do not see how this can be mischievous. It has led me and others to advocate strongly the instruction as well systematic as practical in the principles and practice of mental medicine of the whole body of the medical profession, so that every practitioner may be qualified to treat cases of insanity, as successfully as possible, from the earliest appearance of the malady, and thus render treatment in an asylum as to a certain proportion of cases unnecessary, and so prevent the accumulation of chronic cases in asylums from neglect of early treatment.

It by no means follows, however, from the simple fact of experience in question, that chronic cases are not to be treated with a view to cure, or held to be incurable. On the contrary, I and others maintain (as I maintain in the address Dr. Tourtellot quotes), that with a wider study by the medical profession of the whole department of mental medicine, new methods of treatment will be discovered, and that the therapeutical neglect of chronic cases crowded for cheap and safe custody in houses of detention will in this way be much diminished.

T. LAYCOCK.

Edinburgh, 19th May, 1870.

FRAGILITAS OSSIUM IN GENERAL PARESIS.

DEAR SIR,—I should be glad if you would allow me a small place in the journal to reply to Dr. Tuke's criticism on my paper on "Fracture of the Ribs," &c., which was printed in your last number. Dr. Tuke is reported to say that "Dr. Sankey seems to imply that there may be truth in the assertion that such accidents are common"—and adds "this I deny *in toto*," &c. I am not aware that I said they were *frequent*, but it is too evident they are not rare, as subsequent evidence shows. He adds—"that being so," that is, because they are rare, "it is useless to argue that they are unlikely or occur only in general paralysis." As *I* did not argue that they were unlikely, I presume Dr. Tuke means it would be useless for him to argue that they are unlikely; but then I do not see why it is therefore useless to argue that they occur only in general paralysis. In fact I thought the question a useful one, but that may be a matter of opinion which I would not desire to re-open. Dr. Tuke then repudiates with me the idea of skilled violence for the purpose of effecting these injuries. He says (and apparently triumphantly)—"In private asylums such a thing never happens, and I speak in the presence of men of experience," and then (apparently also) disparagingly, "what then becomes of the training to use violent pressure of the knee?" Only the usual results, of course, could come of such training, but I presume Dr. Tuke means what becomes of the theory that men are trained, &c.; and he goes on to speak equally disparagingly of another theory. "What becomes of Dr. Sankey's theory that the bones are more fragile in general paralysis?" I certainly was astonished to find that I had such a theory, on the authority of our secretary, who had sat close to me while I was reading my paper, in which I said as follows:—"I have examined the bodies of several who died of fractured ribs. I do not remember observing that the bones were affected with fragility in any. It is true my attention was not specially directed to this point, but I think I should have detected it if it had existed to any marked degree. *I do not therefore incline to the opinion that a state of fragilitas ossium is a cause of these fractures.*" p. 138.

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