

three or four previous attacks be known and reckoned? Assuredly not; he would count to his second asylum as a person who had had one previous attack, although, in truth, the case was one of a regularly-recurring insanity, discharged in the lucid interval between his perhaps fourth or fifth attack.

A few months ago a man was sent to this asylum in a state of suicidal melancholia, who had been discharged "cured" from another asylum five days before his admission; he recovered again in a short time, and for a month went on admirably, but he then had a short though very decided relapse, after which he again worked here just as well as an ordinary workman. His friends then wished to take him out on trial, but he had not been away three days before he came back in a very insane state. Now, had this man been discharged and re-admitted on fresh certificates, he would have appeared in Table I A. as having had two previous attacks, whereas, to my knowledge, he has had four, and may have had many more. If, in the case of this man, it be contended that these lucid intervals ought to be counted as short periods of sanity occurring during the course of one attack, then his first admission here ought to be considered as a prolongation of his stay in the other asylum, and not as his "second attack." There is a girl here who, if Table I A. were adopted, would figure as having "had one previous attack," but, in truth, she was discharged "cured" from an asylum and sent here on the third day after her discharge. Since her admission there have been several occasions when she might have been sent away "cured," but, fortunately, the fear of another attack prevented my doing so, and the fear has been justified by the occurrence of "attacks," for each of which she might have been again placed under restraint, and the total of which would have been reckoned as many more than it now will be. She has had many attacks, but has only been in two asylums; by right she should not have left the first one. There is here an exceedingly troublesome patient, who, before coming to London, was discharged from two asylums, in each of which, as far as I can make out, she was counted as a "recovery." That she ever "recovered" is, I think, very doubtful, judging from what I have ascertained to be her acts directly after leaving these asylums. There is no probability of her ever being discharged "recovered" again; but should such an event happen, she would appear in Table I A. as having had two previous attacks, although in reality she is now in the process of evolution of her first attack.

It seems then, to me, that the introduction of this table is practically worthless, because the information required cannot be properly supplied. All it shows is the number of times a person has been in an asylum, a piece of information of little value. During the last few years I have received here numbers of patients from other asylums, about whom, beyond a copy of the original certificate upon which they were admitted, absolutely no information has been given. Many of these have had distinct "attacks" since their admission, but the interval between these attacks has been too short to warrant my discharging them; others, after a certain period of waiting, have been discharged cured; but to attempt to record the number of "attacks" they have had altogether is impossible. Some of them may have been admitted to some other asylum, in which case I have done wrong in counting them as "recovered," and have helped to stultify a table such as the one in question. The information given in lunacy certificates is well known to be, as a rule, carelessly given, and may be very damaging to the accuracy of such a Table as I A.; for instance, not long since a male patient of a very dangerous character was discharged from a county asylum to the care of his friends. These friends soon found out that they could do nothing with the man, so he was sent here on fresh certificates. All the information given about him was that he had been "discharged" from another asylum sometime previously, leaving it to be inferred that he was discharged cured, and crediting him with one previous attack, though it appeared afterwards that he had not even had a lucid interval. Seeing then how different are the views of Superintendents as to what constitutes an "attack" or a "recovery," that on the transfer of patients no history is given of the attacks they have had, and that certificates are often untrustworthy, I would humbly suggest consideration by the Committee of the Association as to the advisability of retaining this table.

I am, &c.,
T. C. SHAW, M.D.

Banstead,
June 6, 1883.

MILIARY SCLEROSIS.

To the Editors of THE JOURNAL OF MENTAL SCIENCE.

GENTLEMEN,—May I be allowed to offer a few remarks upon the paper by Dr. Plaxton on the above named subject in the current number of the "Journal of Mental Science."

Dr. Plaxton asserts his belief, derived from his own observations, and the support of so high an authority as Dr. Savage, that the above change is purely post-mortem—the result of alcohol employed in the hardening of the tissues.

In reply to this criticism, I would beg permission to state that I derived my original microscopical observations* from portions of brain and spinal cord that had never had

* "Journal of Mental Science," 1870, and "British and Foreign Med. Clin. Rev.," 1874.

spirit near them, except that used to moisten the razor, in making the sections. I may add that I have found the same lesion in *perfectly fresh* brain matter.

Of the series of pathological conditions enumerated in the contribution to the "Brit. and For. M. C. R.," I am not able to affirm confidently, of all the specimens, that none had been placed in spirit before they reached my hand; but my own practice at that time was to use exclusively chromic acid for hardening the substance.

I do not pretend to explain the difference of opinion—possibly the true explanation may turn out to be humiliating to my self-esteem. I will, however, beg leave to wait the true solution of the question, whether confirmatory or condemnatory of my own views, which, moreover, I am quite ready to surrender on sufficient evidence.

I remain,

Gentlemen,

Your obedient servant,

W. B. KESTEVEN, M.D.

[That many changes are produced by decomposition of the tissues in the hardening fluid is certain, and observers all over the world have about the same time arrived at the same conclusion, which is confirmation in itself strong enough to convince most people.

Spitzka, in America, deserves credit for being one of the earliest, if not the earliest, to describe these changes; but many others quite independently had convinced themselves that spirit was the great cause of the appearances described as miliary sclerosis. Dr. Kesteven has shown tissues in which bodies similar in appearance are produced without spirit. We have seen such bodies, and would repeat that they are similar, but not the same, and that they, too, are produced by decomposition.—G. H. S.]

INDEX MEDICO-PSYCHOLOGICUS.

(Continued from p. 146.)

ARTICLES IN JOURNALS.

See Index in "Journal of Mental Science," January, 1882, page 638.

MORPHIA (Insanity from)—

De la morphiomanie par M. Zambaco. L'Encéphale, No. 3, 25 Octobre, p. 443.

MORAL SHOCK—

Effect of a sudden explosion of acute alcoholism. Par M. Motet. Trans. Internat. Med. Congress, 1881, iii., 607.

MELANCHOLIA (suicidal)—

Swallowing knitting needles, &c. By Mr. F. Bayley. Lancet, 1881, ii., 1041.

Melancholia, with left Hemiplegia, defective vision of left eye. By J. Shaw. M.D. Brain, part xviii., July, 1882, p. 257.

MÉTALLOSCOPIE. Par Dr. R. Vigouroux. Archives de Neurologie, Janv.-Février, 1882, p. 87.

MYXEDEMA—

De la cachexie pachydermique. Par M. Blaise. Archives de Neurologie, Janv.-Février, 1882, p. 60; Mars-Avril, 141.

MICROCEPHALISM (Notes et observations). Par MM. Bourneville et Willaumé. L'Encéphale, 1882, No. 1, p. 52.

NARCOLEPSIE—

Narcolepsie dans la démence et l'épilepsie. Par Dr. Rousseau. L'Encéphale, No. 4, 1882, p. 709.

NATURE OF INSANITY. Charles Mercier, M.B. Journ. of Ment. Science, Jan., 1882, p. 512.

OPEN-DOOR SYSTEM—

Journ. of Ment. Science, July, 1881, p. 221; Oct., 1881, p. 408, 477-80; Jan., 1882, p. 555.

OVARES, Extirpation of, in Insanity. By Dr. Goodell. Amer. Journ. of Insanity, Nos. 3 and 4, 1882.