

gold medal in physiology at the Intermediate M.B. examination at the London University. After holding the appointment of house-physician under Dr. Wilson Fox, he took the M.R.C.S. diploma in 1878. Afterwards, he was for some time in Egypt and the South of France, seeking in those more genial climes to arrest the pulmonary mischief which had declared itself, and to which he eventually succumbed. In 1881, the New Sydenham Society published an excellent translation by him of Charcot's "Lectures on Senile Diseases."

William Tuke was unquestionably a man of rare powers, and his early removal is a keen disappointment to all who had the privilege of his acquaintance. It had been the hope of his friends to see him pursuing the specialty with which his father's name is so honourably associated, and he had already contributed several papers on psychological subjects to the "Journal of Mental Science."

His mental breadth and lucidity, which were known and recognised by not a few of our leading men, gained for him a very high place in the esteem of his teachers and fellow-students. But it was in the sweetness and strength of his personal character that the charm of the man lay. Keen as was his scientific interest in his hospital patients as "cases," he won their confidence and affection in an exceptional degree, by the simple power of true sympathy. His loss has left a sorrowful blank in the hearts of his many friends.—*British Medical Journal.*

Correspondence.

THE NEW STATISTICAL TABLES.

To the Editors of THE JOURNAL OF MENTAL SCIENCE.

GENTLEMEN,—In the Asylum Reports for the year 1882 most of the tables have been framed on the old lines, but a considerable number are done on the new system, and as the Superintendents of these Asylums do not complain of any great difficulty or extra labour involved, it is to be hoped that their practice at the end of this year will become general. Already they have been adopted in some of the American Asylums. There is no doubt that the great feature of the tables, the introduction of the distinction between reckoning "persons" and "cases" is very important indeed, and will go a long way towards altering the views that many have with regard to the value of asylum treatment, notably, in giving a proper appreciation of the small amount of real and permanent recovery. There is, however, one table introduced which, however valuable it might be if sufficient information could be obtained, seems to me practically useless in the face of the fact that the difficulties in procuring exact knowledge are very great, that often no trustworthy details are given, and that opinions as to what constitute different attacks vary among authorities. I refer to Table I. A. which is to show the "number of previous attacks among those admitted during a given year, distinguishing those attacks that have been treated to recovery (and discharge) in this and in other asylums." A person may be admitted for the first time to an asylum who has been ill for a few months, or weeks, according to the certificates of admission, but who has really during the time passed through a short attack and has recovered previous to the one for which he is admitted to the asylum. Yet such a person who is really in the second attack would be left out of the Table I. A. altogether, because the friends have not understood that the first illness, which lasted perhaps only a short time, was an "attack," to all intents and purposes as much an attack as the one for which they deem it necessary to put him under certificates. Numbers of instances of mania a potu come under this head, as also insanity from sunstroke. I can quote cases of this kind that have been treated in general hospitals to recovery or improvement, and where the patient has afterwards, for a similar attack, been placed under certificates, with the result that his "attack" is reckoned as a "first" one, because he had never before been placed in an asylum. Again, it occurs to many persons to have a lucid interval, the duration of which may vary, being in some so long that one is justified in giving a discharge and reckoning it a recovery; but this lucid interval may in another, though very decided, yet be very short in duration, say two or three weeks, occurring perhaps twice or more before discharge can be recommended. In such a person would the total number of attacks (which might be two, three, or more) be reckoned as "all attacks" in Table I. A.? They should be so counted, and then the table would be correct for that patient; but suppose the patient to be discharged, and after an interval of two or three weeks be sent to another asylum, would an account of the

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.