

In May Dr. Brushfield's numerous friends in the county, headed by the Vicar of Woking, made a handsome presentation to him, consisting of valuable plate, and an arm chair in which we hope the late Superintendent of Brookfield will enjoy the *otium cum dignitate* which he has justly earned. We hope it has been constructed on the principles which Herbert Spencer says ought to be followed in making a chair. Dr. Brushfield replied on both occasions in feeling, and we need not say fitting terms.

Correspondence.

"PROPOSED STATISTICAL TABLES."

To the Editors of THE JOURNAL OF MENTAL SCIENCE.

GENTLEMEN,—Such a change as that proposed by adoption of the Tables lately presented by the Statistical Committee of the Psychological Society warrants my addressing you in this form, for by this means my remarks will reach my fellow-superintendents, and they, as those who make the returns, are chiefly interested in this subject.

In 1864 a committee was appointed to draw up statistical tables for our Society. In 1865 they presented a report and six tables. In 1867 a second report was issued, with an increase of four tables. At that period 27 asylums had already adopted these tables. In 1877, taking as a whole the English County, City, and Borough Asylums, and the Scotch Royal and District Asylums, of 83 asylums issuing reports 52 had adopted these tables, the Irish and the Scotch District and Royal Asylums being the principal defaulters in their adoption. At present, without investigating closely into the matter, I am aware that one district asylum in Scotland, and at least two Royal asylums, do not use the tables.

The Tables of our society are fairly adopted. They were drawn up by good men, and they afford a certain amount of information. They should only be superseded after consideration, and on the recognised belief that the new tables are greatly superior.

The following are manifest advantages in the new tables: That they deal with *persons*, not *cases*, that they give the deaths at the different ages, and that they show the ages of the patients resident at the end of the year.

The following are defects: The optional character of Table 11a. If of use, it should be numbered and included in the series; if not valuable enough for this, it should not exist. Statistical information of this nature derives its chief value from the number of returns made in a uniform method preventing small errors from vitiating totals.

Table XI. subdivides the patients in a valueless mode. The first division into curable and incurable is clearly antagonistic to what should be, from a physician's point of view, and some of the other subdivisions are unworkable.

So much for defects. Now for omissions. It strikes me that in this proposed series of tables; statistics of admissions, discharges, and deaths, have obscured the view point of the physician, anxious about causation and the variety of insanity, its connection with physical disease, and its termination. It should be clearly stated whether the cause of death was ascertained by post-mortem examination or merely conjectured. Some uniform return should surely be made of the form of insanity in those admitted. A table showing the bodily condition of those admitted would be useful, with the special connection of some diseases noted, such as phthisis, cancer, &c. A table showing hereditary predisposition where it exists, its degree, and whether paternal or maternal, would be most valuable.

A table showing clearly the marked and easily recognised varieties of cases of congenital, epileptic, general paralytic, puerperal, and senile insanity would be of practical use when taken in conjunction with the ages of the resident patients at the end of each year.

I do not at all see why this series of tables should be limited to thirteen. The recognised incompleteness of the present series has caused them to be supplemented in many reports by exceedingly useful tables.

I regret to have to say that the proposed series savours more of the actuary than the physician.

The proposed tables were at last general meeting referred for discussion to the quarterly meetings. They have been discussed at three meetings in the north, and, as a whole, the tenor of the remarks was not favourable. They have never been discussed at the London meetings, although placed on the agenda—a matter much to be regretted.

I trust that this matter may receive careful consideration from the English County Asylum Superintendents who form the bulk of the members, who might be inconvenienced if the tables prove to be exceeded in value by the labour of making them.

I would, while expressing my thanks to the Statistical Committee, respectfully suggest that the subject of statistical returns be reconsidered, and that a greater aim and wider scope be included. There *should* be no difference of opinion of note as to a series of tables about to be promulgated by a *select* Committee of a Society such as ours is at present.

I venture to hope that as I contributed a paper on the subject of statistics in our Journal in 1873, and as the report of the asylum I superintend contains at least as much statistical information as most reports, the above remarks will not be imputed either to lack of scientific zeal or to laziness.

Garlands Asylum,
May 25th, 1882.

I am, &c.,
J. A. CAMPBELL, M.D., F.R.S.E.

[The English Statistical Committee had not at the above date concluded its labours. Dr. Campbell will find most of his suggestions do not apply to the Tables in their revised form, as proposed at the last meeting of the Committee.—Eds.]

ASSAULT ON DR. ORANGE.

Our readers will have learnt with great regret from the newspapers that, on Monday, June 6th, Dr. Orange received a severe blow on the head from a patient in Broadmoor, the Rev. H. J. Dodwell, the man who fired a pistol at the Master of the Rolls several years ago. Mr. Dodwell had made a request to Dr. Orange respecting a letter which he said he wished to write to a brother residing abroad, and while the doctor was seated in a chair and was engaged in looking over some papers which Mr. Dodwell had asked him to read, the latter, who was standing by his side, suddenly and without the slightest warning dealt him a heavy blow on the crown of the head with a stone slung in a handkerchief. Happily Dr. Orange, although somewhat stunned, was able to hold his assailant, and prevent him from inflicting any further injury, until he was secured by the attendants. The motive which prompted the act appears to have been similar to that which instigated the firing of the pistol at the Master of the Rolls. Dodwell says that more than a year ago he had made up his mind that as the firing of a pistol not loaded with ball at the Master of the Rolls had not proved sufficient to obtain for him what he imagined was justice, he should be forced to commit some still more serious act, and he came to the conclusion that nothing less than an act of murder would be sufficient to deliver him from the conspiracy of which he insanely imagines himself the victim.