

CORRESPONDENCE.

To the Editor of the Journal of Mental Science.

Utica, New York, Aug. 9th, 1870.

DEAR SIR,

I thank you for the place given my communication to Professor Laycock and his answer in your Journal for July. But, let me say, I much regret having been understood to speak of the doctrine that early treatment is favourable to recovery in insanity, as "mischievous." Certainly, it is a most useful doctrine, as it is most true wherever the treatment is in any good degree appropriate. There may be a question whether that employed by general practitioners, in the dense ignorance of mental disorders which yet prevails, or that which is all that is possible in our over-crowded mammoth asylums, is of this kind. It is to these very points, however, that the recent efforts of Griesinger, Laycock, and others have been directed with so much ability, and the general statement will, I am sure, remain unchallenged.

But Professor Laycock does not allude to the larger and more definite conclusions which have been drawn from Dr Thurnam's facts, and I am still unable to see how it is possible to find any warrant for them. The facts of insanity in the sum total of cases certified to be insane, are both theoretical and complex, and I must continue to believe that they are an unfit basis for numerical deductions. Even if they were simple and positive, it seems to me that the only proper inference from them would be, that cases of mental disorder become less likely to recover in a certain rapidly increasing ratio to their duration. And what excuse have we for straining these facts to bear a meaning which they do not legitimately carry? I understand you, Mr. Editor, and other authorities to regard the medical therapeutics of insanity as at present almost *nil*. Can it be supposed that the other effects of the routine treatment of asylums, under the conditions which obtain in most of them, are powerfully curative? Anyhow, you will agree with me that the conclusions of Dr. Thurnam, when made to read, "if [all] cases were treated within three months of the first attack four-fifths would recover," are quite impossible of belief. It was to doctrines supported by these conclusions that I referred as mischievous.

Let me return to the practical aspect of the question, as now presented in this country. To secure proper treatment to all acute cases of insanity, must, no doubt, be the highest object of the medical alienist. But another, of hardly secondary importance to society, is the care and protection of the chronic insane. Can these two objects be accomplished through one unvarying system of hospital provision for all? In Massachusetts, where the extent of hospital accommodation is relatively large, it has failed. The institutions, overflowing with chronic cases, and forced to the closest economy, are barely able to keep up to the standard of hospitals, and the plan of asylums for the chronic class has been fully adopted. Must our profession, bound by the old theories, array itself in hopeless opposition to such asylums? Can it afford even to sit still, and declare a *non possumus* as to these and other like means of relief? Its decision would be chiefly important to itself, if the chronic class might be safely committed to State Boards of Lunacy; and in New York and New England proper Boards of this kind are no doubt possible. But in most of the States such a Board would represent a band of politicians, intent only upon place and plunder, and the insane would meet the fate of the pauper and criminal classes, which are mainly

names to mark certain divisions of party spoil. No; we are in duty bound to devise a system which shall be practically applicable to all classes of the insane. And, besides, we have the wolf by the ears. It is widely felt that our profession must act promptly and earnestly in this matter, or lose much of the ground it now holds. For these reasons we are now studying the lessons of your experience with a lively interest.

Pardon me for trespassing so far upon your space, and believe me, with high respect,

Your obedient servant,
L. A. TOURTELLOT.

Appointments.

ASHE, I., M.B., C.M., has been appointed Consulting and Visiting Physician to the Donegal Lunatic Asylum, Letterkenney, vice C. E. Carre, M.B., resigned.

BUCK, T.A., M.B., has been appointed Senior Assistant Medical Officer at the Gloucestershire Lunatic Asylum, near Gloucester.

HAY, J., M.B., C.M., has been appointed Clinical Clerk at the West Riding Lunatic Asylum, Wakefield, vice A. Lawrence, M.B., C.M., appointed Assistant Medical Officer at the Cheshire Lunatic Asylum, Chester.

LAWRENCE, A., M.R.C.S., appointed Assistant Medical Officer to the Cheshire Lunatic Asylum, Chester, vice A. Strange, M.D., appointed Assistant Medical Officer to the Metropolitan District Asylum, Leavesden.

MERSON, J., A.M., C.M., M.B., has been appointed Assistant Medical Officer at the Northumberland Lunatic Asylum, Cottingwood, Morpeth, vice B. Greene, L.R.C.P.Ed., appointed to the Sussex Lunatic Asylum, Hayward's-Heath.

PHILIP, J. A., M.A., M.B., C.M., has been appointed Junior Assistant Medical Officer at the Gloucestershire Lunatic Asylum, near Gloucester.

Books Received.

1. Statistical Report of the Health of the Navy for the year 1868. Ordered, by the House of Commons, to be printed, 29 April, 1870.
 2. The Prophetic Spirit in its Relation to Wisdom and Madness. By Rev. Augustus Clissold, M.A. Longmans and Co. 1870.—(*See Part II.—Reviews.*)
 3. A Digest of Facts relating to the Treatment and Utilization of Sewage. By W. H. Corfield, M.A., M.B., (Oxon.), Professor of Hygiene and Public Health at University College, London. Prepared for the Committee of the British Association.
- A carefully prepared digest, which is creditable to its author, and cannot fail to be very useful. It was prepared for the Committee of the British Association, and is now out of print. We trust, however, to see a second edition soon.*