

places for an electric light installation, a power-house, a railway siding, and storage tanks for at least a seven days' supply of water.—*Manchester Guardian*, January 7th, 1902.

CORRESPONDENCE.

The following communication has been addressed to the Editors of the JOURNAL.

GENTLEMEN,—It is a matter of general faith that all of us in this free country are the better for having our public doings or writings criticised from time to time. This no doubt is the *motif* of the review of the Commissioners' Blue Book which appeared in your last number. I have but little hope of attaining that success in improving the critical abilities of the gentleman who undertakes the annual scolding of those officials, which probably he expects from his own attentions to their Report, but with your permission I will do my best.

One thing is certain about criticism: if the manner is to be vigorous, the matter must be more than reasonably accurate. On the other hand, shakiness in inferences and conclusions is readily condoned by suavity.

I am forced, as probably others are forced, to the conclusion that your reviewer's manner is vigorous, too vigorous, and I am equally forced to the conclusion that some of his complaints and many of his recommendations cannot be justified. For instance, at the outset he is much exercised by the manner of taking the yearly census of the insane as on December 31st of each year. Every one knows that this process is not accurate; indeed, no lunacy calculations can be exactly accurate in the absence of certain definitions. But he proposes to take the average residence of the year as a more accurate basis. Has he considered what this entails? On the one hand, we must leave out of consideration all the lunatics in the metropolitan district asylums, those in workhouses or with their friends, or, on the other hand, we must have the average yearly residence of these classes. The first would be wrong on account of the perpetual *osmosis* going on between asylums and other institutions; the second would be unattainable in these days of fretful boards and variolous tramps. But really the increased accuracy of his method, as far as it could be adopted, would be immaterial, as will appear from the following figures:

Total enumerated insane, exclusive of paupers in workhouses or residing with relatives.

	Resident on December 31st.	Discrepancy.	Average number resident in the year.	Discrepancy.
1900 .	85,189		...	
	<i>84,246</i>	+ 292	...	83,954
1899 .	83,304		...	83,310 + 6
	<i>82,486</i>	- 180	...	82,666
1898 .	81,673		...	81,537 - 136
	<i>80,302</i>	- 106	...	80,408
1897 .	78,931		...	79,026 + 95
	<i>77,677</i>	+ 32	...	77,645
1896 .	76,423		...	76,422 - 1
	<i>75,000</i>	- 200	...	75,200
1895 .	73,577		...	73,740 + 163
	<i>72,444</i>	+ 161	...	72,281
1894 .	71,314		...	71,314
	<i>70,406</i>	+ 58	...	70,348
1893 .	69,499		...	69,608 + 107
	<i>68,367</i>	- 301	...	68,668
1892 .	67,236		...	

The figures in italics are the means between those immediately above and below them, and would represent the actual residence on a June 30th or December 31st, as the case may be, if the movements proceeded in regular fashion.

An aberration from even progression which in eight years varies from nothing to 0.004 per cent. can surely be contemplated with some approach to calmness.

Your reviewer wants an analysis table to show the reasons for, the results of, the antecedent residence of, and the nature of each case of transfer. There were only 2800 last year, and 3500 the year before. The bulk of these probably are due to opening of new asylums or of new enlargements, and would give no results of any value. The purpose of the suggestion is to "guide alienist physicians to a due appreciation of the practical utility of transfer as a mode of treatment." Truly if these alienists do not know the fact without support from figures they had better turn to general practice.

Your reviewer seems also rather mixed on the subject of recovery ratios. "We go further, however, and maintain that, considering the magnitude of the yearly aggregate increase in non-recoverable cases, and the merely fractional diminution in the recovery rate, the inference that the asylums show no improvement in their recoveries is altogether a false one." In passing I may say that I find no such inference in the Blue Book. There is a statement that the recovery *rates* calculated on admissions do not show any substantial advance or much variation, which is a patent fact and not an inference. Your reviewer chooses to read in an inference that the number of recoveries is more satisfactory than would appear from the stated facts, but the Commissioners appear to be more cautious in their remarks. Returning, however, to the sentence quoted above, if he, in using the term recovery rate, refers to that which is calculated on admissions, he is doing that which is not lawful to a statistical expert by considering it in relation to yearly aggregate increase. On the other hand, if he is meaning the recovery rate in proportion to average numbers he is clearly wrong in talking of its diminution as "fractional," for in the next sentence to that on which he founds his criticisms the Commissioners state that the recoveries when computed in the latter method show a fall from 11.54 per cent. in the quinquennium 1873—1877 to 9.99 in the quinquennium 1893—1897. This fall can hardly be called fractional, as it is over 12 per cent.

Then he makes a suggestion which I feel might well be called disastrous if it were adopted. Dissatisfied with both of the accepted methods of computation, he suggests the following reckoning of all cases admitted in a given quinquennium. (I apprehend that the quinquennium would be altered each year by knocking out the stalest and taking in a fresh one.) He proposes to show that out of all the cases admitted so many recovered, so many died, so many left in the quinquennium, and so many remained at the end thereof. Touching the recoveries, the first effect would be that to get an approximate rate the computation must be delayed at least for two years; to get an exact rate it would have to be held over for many more. Taking the first asylum report which comes to my hand (Aberdeen), I find that in 1900, of the 136 recoveries thirty-seven were admitted in 1899, six in 1898, while one entered as far back as 1891, and another in 1890. Touching the deaths, matters would be far worse, for of the eighty-one deaths no less than five occurred in patients of thirty or more years' residence! Many of us will be angels, or otherwise, before we get to know what we have been doing in the present year of grace if the suggestion is adopted.

He quarrels with the Commissioners' method of statistically showing that there are ratably fewer general paralytics than there were, while the fact is patent that, in spite of increase of numbers of all patients, there are absolutely less suffering from that disease.

He scouts the "obsolete" division of causes into "moral" and "physical," though the Association is responsible for it and not the Commissioners. It is not so long ago that, *consule* Hack Tuke, the causation table was reviewed and ratified by a strong committee of the Association.

He is pleased by the disappearance of the table of causes of general paralysis. Why? Is he wedded to the belief that syphilis or any other given cause is a sole factor in any given case? His Scottish *confrère* takes up a much sounder position.

I cannot weary you any more in this matter. It is not my business, nor, indeed, the business of any one of us, to appear as the champion of the Commissioners in their statistics; but a sense of justice compels us to state that, so far, they have been ready to listen to representations. As stated above, they have adopted our causation table, and, if I remember rightly, they asked assistance in constructing a satisfactory death causation table. It is open to us to believe that they would

gladly accept any well-grounded advice offered them by a responsible committee of our body with the sanction of an annual meeting. Justice also compels us to own that the blame for any shortcomings in scientific information which appears now in the Blue Book lies more at our door than theirs, and the excuse on our part would be the same as they are entitled to offer, *vis.*, the intolerable pressure of other routine duties. One little improvement I would suggest to them on my own responsibility is that each table should have at the head or foot a reference to the corresponding table of the preceding Report. To those who seek solid information it is somewhat embarrassing to follow the changes in order, which have necessarily to be made from time to time.

I hardly like to ask further space from you, gentlemen, but a word about the reviews of the Scottish and Irish reports seems justifiable.

It is a word, indeed, as to Scotland, for to my mind that review is cast in absolutely correct form. It points out the value in the volume rather than the value of the reviewer.

As to Ireland there is plentiful hammering of the Report, but the tone is jovially direct. There is distinct humour in the suggestion that the Blue Book should be exalted to a mission of earnest exhortation, warning, and advice as to what a man should do (eat and drink?) to save himself and his kin from the scourge of insanity. Were Dr. Courtenay to fall to the temptation I am sure that no one would more enjoy the task of cutting the manifesto into ribbons than your delegate. Why, gentlemen, there is only one man in England—or to be more correct, in the United Kingdom—who could preach this thing roundly and effectively. And when Ezekiel had prophesied could he teach a stronger lesson to the people than is daily taught to them by the removal to the asylum from their midst of those who, to their knowledge, have neglected the duties of life of morality and sobriety? The man in the street and the man in the cowshed alike know the road there as well as any one can teach it to them.

A suggestion, made by way of humour apparently, to include birth as a cause has some real scientific value, for I remember to have seen somewhere in the JOURNAL not long ago some statistics about injury to the head in cases of instrumental delivery. But it is a wonder that the suggestion did not go farther back—some 280 days. If it were possible to obtain and digest accurate facts as to parental state at the time of conception—poverty or wealth, disease or health, vice or virtue, worry or happiness, fear or resignation—we should go some way further towards solving vital problems.

With many apologies for so lengthy an intrusion,

I am, Gentlemen,

Your obedient servant,

RESARTOR.

OBITUARY.

WILLIAM CHARLES HILLS.

We regret to announce the death of Dr. Hills, which occurred on January 18th last from cardiac failure, shortly after retiring to rest at his house in the Chantry, Norwich. He had been in indifferent health for some eighteen months past, but the end came suddenly and unexpectedly. Dr. Hills was the second son of Mr. Monson Hills the elder, Resident Apothecary and Cupper of Guy's Hospital, and was born within its precincts on February 25th, 1828. He was therefore nearly seventy-four at the time of his decease. On leaving Merchant Taylors' School he commenced his medical training at Guy's Hospital, where he was intimately known to Sir W. W. Gull, Mr. Bryant, Sir Samuel Wilks, and many others. Upon obtaining the diplomas of M.R.C.S. and L.S.A. in 1850, he was elected House Surgeon at the Surrey Dispensary, and subsequently, in 1854, Assistant Medical Officer at the Kent County Asylum at Barming, under Dr. James Huxley, who is still living, the brother of the late Professor Huxley. In 1859 he graduated as M.D. Aberd., and in 1861 was promoted to the Medical Superintendency of the Norfolk County Asylum at Thorpe, near Norwich. He succeeded a lay superintendent, and many troubles and difficulties beset him at the outset, but his tact and sympathy, combined with firmness, carried him safely