

1. Dr. Thurnam's statistical deductions indicate a simple fact of experience. Certain persons certified by two or more medical practitioners to be insane and proper persons to be detained under care and treatment are admitted into houses established for this purpose. It appears that of those so admitted whose malady has continued for three months only or less, four-fifths recover. The inference from this simple fact of experience is, that the practical rule holds as well in regard to insanity as to other maladies, viz., that early treatment is favourable to recovery. I do not see how this can be mischievous. It has led me and others to advocate strongly the instruction as well systematic as practical in the principles and practice of mental medicine of the whole body of the medical profession, so that every practitioner may be qualified to treat cases of insanity, as successfully as possible, from the earliest appearance of the malady, and thus render treatment in an asylum as to a certain proportion of cases unnecessary, and so prevent the accumulation of chronic cases in asylums from neglect of early treatment.

It by no means follows, however, from the simple fact of experience in question, that chronic cases are not to be treated with a view to cure, or held to be incurable. On the contrary, I and others maintain (as I maintain in the address Dr. Tourtellot quotes), that with a wider study by the medical profession of the whole department of mental medicine, new methods of treatment will be discovered, and that the therapeutical neglect of chronic cases crowded for cheap and safe custody in houses of detention will in this way be much diminished.

T. LAYCOCK.

Edinburgh, 19th May, 1870.

FRAGILITAS OSSIUM IN GENERAL PARESIS.

DEAR SIR,—I should be glad if you would allow me a small place in the journal to reply to Dr. Tuke's criticism on my paper on "Fracture of the Ribs," &c., which was printed in your last number. Dr. Tuke is reported to say that "Dr. Sankey seems to imply that there may be truth in the assertion that such accidents are common"—and adds "this I deny *in toto*," &c. I am not aware that I said they were *frequent*, but it is too evident they are not rare, as subsequent evidence shows. He adds—"that being so," that is, because they are rare, "it is useless to argue that they are unlikely or occur only in general paralysis." As I did not argue that they were unlikely, I presume Dr. Tuke means it would be useless for him to argue that they are unlikely; but then I do not see why it is therefore useless to argue that they occur only in general paralysis. In fact I thought the question a useful one, but that may be a matter of opinion which I would not desire to re-open. Dr. Tuke then repudiates with me the idea of skilled violence for the purpose of effecting these injuries. He says (and apparently triumphantly)—"In private asylums such a thing never happens, and I speak in the presence of men of experience," and then (apparently also) disparagingly, "what then becomes of the training to use violent pressure of the knee?" Only the usual results, of course, could come of such training, but I presume Dr. Tuke means what becomes of the theory that men are trained, &c.; and he goes on to speak equally disparagingly of another theory. "What becomes of Dr. Sankey's theory that the bones are more fragile in general paralysis?" I certainly was astonished to find that I had such a theory, on the authority of our secretary, who had sat close to me while I was reading my paper, in which I said as follows:—"I have examined the bodies of several who died of fractured ribs. I do not remember observing that the bones were affected with fragility in any. It is true my attention was not specially directed to this point, but I think I should have detected it if it had existed to any marked degree. *I do not therefore incline to the opinion that a state of fragilitas ossium is a cause of these fractures.*" p. 138.

But I have a particular aversion to this matter being called a theory of mine, for where is the need of a theory at all on the question? Why need it remain any longer conjectural? Several examinations have been made of patients whose ribs were found to be fractured after death. Why do we not have the matter exalted to a fact one way or other? At one of the meetings of the Pathological Society lately, some ribs were shown, from a patient who died of general paresis, as brittle. I saw them, but did not discover them to be so; but what is required is the rib of a patient which has been *fractured* during life. I said in my paper that I certainly detected no fragilitas in the cases I saw. I know that some of these fractured ribs were examined by others, I believe by Mr. Lane and Mr. Paget. They did not observe any fragility; yet it is undoubtedly the fact that fragility of the bones does occur, and with probable increased frequency in the Insane; but what is wanted is a distinct ocular demonstration of the fact; and when this kind of fracture is found by any of our Association, I hope they will bring the specimen before the Quarterly Meeting for us to see.

I am,
Yours truly,
W. H. O. SANKET.

ATTENDANTS IN ASYLUMS.

SIR,—

In regard to the inhumanity which has lately been charged against attendants in our public asylums, and has roused so much popular indignation, allow me to state that it has often struck me with surprise that some well-digested system of training for attendants has not before this been devised and recommended from head-quarters. Great stress, and very properly, has been laid upon the need of a special education for those who meditate becoming assistant medical officers and superintendents in our asylums; but why not also give due prominence to the necessity of some sort of systematic training for those who have the immediate charge of the insane? I do not see much probability of the various Asylum Committees offering better wages for attendants in order to attract a higher class of persons than those who now offer their services; and even if they did, I fail to perceive that the special training which I advocate would not be attended with most beneficial results. Great pains—and at the expense of the public—are taken to make good soldiers and sailors, and even policemen, out of the raw material which offers itself for this purpose; and also good National schoolmasters out of those youths who select this calling; why not recognize the necessity of carrying out the same principle in regard to asylum attendants? At present, I am not aware that any means are used for qualifying these people for their responsible post, except having to serve a certain time under their seniors in office till they learn their ways. Is there not room for improvement here? As to the plan suggested of getting medical pupils to spend much time in the male, and sister nurses in the female wards, I fail to see how that is practicable, except in those asylums which are in the metropolis and its vicinity, or near our largest towns. For the purpose of elevating the character of attendants in the majority of our asylums, we must evidently have recourse to some other instrumentality, hoping that an improved system of National education will prove at the same time a powerful ally.

What I suggest is this:—Let the Medico-Psychological Association authorise some qualified persons to write a *simple* catechism, embodying what is required of an efficient attendant. Let the novices in all asylums be required to learn this catechism, and let the officer or officers appointed to test their knowledge, endeavour also to imbue their mind with the scientific principles and humane sentiments which such a manual ought to inculcate. Till the novices have passed through this ordeal, and a certain amount of elementary education should be