We hope to see in future days every town hospital connected with a country convalescent retreat. This would be a true economy of life and of funds. Lives would be saved, and convalescence greatly shortened. All surgeons will concur in this hope. Mr. Adshead promises to use his utmost exertion to realize it in Manchester, and in his endeavours we wish him success. The liberality of Mr. Morley placed £150,000 at the disposal of the authorities of St. George's Hospital, London, to purchase land and to erect a convalescent branch; and the late Miss Murray, of Edinburgh, is said to have left above £2000 per annum for hospital extension purposes. The Baroness Lionel de Rothschild maintains a small institution of this kind at her own expense. When the public mind is fully indoctrinated with these views, we hope to hear of further and frequent donations with the same object.

A COLONY CONSUMED BY FEVER.

THE news has recently reached this country of the outbreak of a fierce epidemic of yellow fever on the African coast. Suddenly exploding with terrible intensity amongst a small community of Europeans, it has swept the settlement in which it appeared with the besom of desolation, destroying the whole colony. Of all the Europeans, not one had escaped the disease; only one had escaped death. The surgeons, who remained at their post, were all devoted to death. The *Army and Navy Gazette* furnishes the painful details of the ravages which this disease has thus committed at McCarthy Island, River Gambia. Amongst the deaths which have to be deplored are those of Staff Assistant-Surgeon Thos. Clayton Beale, who was attacked on the 19th of July, and died on the 21st; Staff Assistant-Surgeon Trestrail, who was taken ill on the 2nd of August, and expired on the 7th; Staff Assistant-Surgeon Charles D. Campbell, who was seized on the 17th of August, and who sank under the effects of the scourge on the 24th. The only European remaining alive on the island up to the last accounts, which came down to the 19th September, was Captain Frazer, who had also suffered from a severe attack, but was convalescent. The remittent fever, which is usually so prevalent in the island, had been observable; but no cause can be assigned for the outbreak of the pestilence which had assumed so malignant a form.

PHYSICIANS IN SYRIA.

WITH reference to an article in THE LANCET of last week, headed "Sickness at Beyrout," we may state that our last advices announce that the Greek Consul, M. Canaris, has kindly placed two of the physicians sent to Syria by the Greek Government at the disposal of the Beyrout Committee, and that, while one of them has been despatched in a war steamer to Tyre for the relief of the sick, the other has been placed in charge of the hospital at Damascus. The official letter (Oct. 11th) of the corresponding secretaries of the Anglo-American Committee at Beyrout contains the following passages, indicating that some of the deficiencies which we signalized are in course of being removed:—

"An hospital has been established by our Committee at Damascus, and 2500 sick are reported by the native clergy as requiring the attention of the medical staff already there, composed of three physicians and one apothecary.....The Sidon Auxiliary Committee has had a sum of 10,000 piastres placed at its disposal, together with a supply of medicines. ...Two Prussian deaconesses have arrived, who, together with a third, expected from Jerusalem, and acquainted with the habits and language of the people, propose to assist in the care of the sick and orphans."

An English lady, Mrs. Thompson, familiar with the habits and wants of the natives, has also gone out, under the auspices of the London Committee, to assist in nursing the sick.

Correspondence.

"Audi alteram partem."

ON PRIVATE LUNATIC ASYLUMS, AS CONTRASTED WITH OTHER RESIDENCES FOR THE INSANE.

(LETTER FROM DR. TUKE.)

To the Editor of THE LANCET.

SIR,—The fourteenth Report of the Commissioners in Lunacy, and that from the Select Committee on Lunatics, lately published by order of the House of Commons, have supplied valuable materials for the consideration of the question—How can the cure of mental disease and the kind and gentle treatment of the insane be best insured? It is a question which directly concerns the happiness of many, and indirectly of very many; it is a question of public almost as much as of private interest. We learn from the Report of the Select Committee that, reckoning those only who are legally certified to be insane (the number being 31,977), one at least out of every six hundred of the people of England is of unsound mind. As insanity is almost entirely confined to the ages of puberty and manhood, it may be fairly assumed that, of our adult population, one in every three hundred is subject to this great affliction; and bearing in mind that the disease prevails more in the higher and middle ranks of society, it is to be feared that of these few families are so happy as not to reckon in their number some one sufferer. To these classes, to whom alone is given the power of choice amongst various modes of healing, it becomes a question of especial interest what system, best of all, provides as well for the cure as for the kind treatment of the insane. The two objects should be regarded as inseparable. The art of healing must not be forgotten in exclusive attention to means of alleviation. There cannot, indeed, be eminent success in cure without kind and gentle treatment; but it is quite possible to conceive of a plan of treatment, conducted in perfect good faith, which may and does alleviate without any thought of cure, and is content to secure the comfort of the patient without an effort to restore him to liberty and reason.

Setting aside that which none but the wealthiest can command, the separate establishment, apart from the family, with the companionship of the relation or friend, and resident medical superintendence, three modes of treatment are open to the upper and middle classes.

1st. Single patients in single houses.

2nd. Public asylums.

3rd. Private asylums.

That some cases may be well treated in single houses, under the immediate care of a physician skilled in mental disease, is indisputable; but this is not the common condition of "single" patients, who are more generally committed, without constant or effectual medical supervision, to the care of the owner of the house, or of an attendant in a lodging, with the very worst result, both as regards cure and comfort. These sources supply the private asylum with the cases (incurable because brought too late under right treatment) which reduce the rate of cure from 77 to 20 per cent., and have supplied the Report of the Commissioners (pp. 69–81) with a long list of cases of mechanical restraint and cruelty, now happily rare in any asylum, and impossible in any private asylum under the immediate supervision of the Commissioners in Lunacy.

The single treatment, which, as a general system, is the worst possible, yet seems to be often adopted, perhaps because undeserved reproach has been cast upon private asylums generally, and because the principles on which they proceed are not appreciated, and the results, not rightly understood, are therefore misrepresented. The public, taught to believe that the proportion of cure in private is less than in public asylums, naturally infers that, either by design or of necessity, something is systematically wrong. Therefore, the imperfect superintendence of a medical practitioner in a single house or lodging is chosen, rather than to submit a friend or relative to a fancied state of ill-treatment, and an imaginary risk of imprisonment prolonged from sordid motives. So passes away the precious time that cannot be redeemed. The case ceases to be recent; it is too late for more than alleviation, and even alleviation will not be found in the absence of society with equals, nor

under the government of attendants possessing uncontrolled authority, and unfitted by education and habits of thought and feeling to sympathize with superior minds brought under subjection by disease.

My purpose is to show, from the tables appended to the last Report of the Commissioners, that, contrary to general opinion, treatment in private asylums, under resident medical control, is by far the most successful of any. The report contains a description of every private asylum within the metropolitan district, with an account of its general management. The tables enable us to ascertain the proportion which, within each year, the cures in every asylum bear to the number of patients admitted; but the summary does not distinguish separately those private asylums for the middle and upper classes which possess resident medical proprietors or officers, and which alone should properly be called asylums. The conduct of such institutions is the question to be considered. Asylums for the poor always have this advantage, and are allowed to be generally well conducted. But it is said—although neither by the Commissioners nor the Committee—that the rich do not receive in private asylums all the advantages which they ought to have. The alleged cause of this supposed defect is, that private asylums of all kinds are conducted on a vicious motive of profit, which induces the proprietors to retard or prevent the patient's recovery, and to diminish his comforts. It is asserted that patients committed to private asylums are not cured in so large a proportion as in public asylums, into which the disturbing principle of profit is thought not to enter. *The statistical returns prove the direct contrary.* They show that, even taken as a whole, the highest rate of cure is to be found in the private asylums for the upper and middle classes in which there are resident medical officers or proprietors. It has, indeed, been stated publicly by one of their chief adversaries, and often repeated, that the cures in private asylums, calculated upon the admissions, are only 23 per cent. as against 33 per cent. in public asylums. These statistics require examination.

The conclusion is drawn from the tables in the Appendix to the Commissioners' twelfth Report (1857), and would appear to be sufficiently accurate. But though the figures are true, the inference is false; for the result is obtained by grouping together three classes of asylums called private, two of which show a remarkable inferiority to the third in the rate of cure, and at the same time peculiar causes for such inferiority. The three classes are—1st. The most favourable of all, the private asylum, properly so called, solely for the higher and middle classes, with a physician resident. 2nd. The like asylum, without a medical resident. 3rd. The private asylums, with a medical resident, which receive paupers as well as patients of the other classes. As to the second class, even if it were doubtful that constant medical supervision is essential to the well-being of the patient in the various changes and exacerbations of chronic disease, still it might have been safely foretold, as experience has proved, that, without such resident care, an average rate of cure could not be attained. In fact, such asylums are places of refuge, not of cure. With regard to the third class, the result of treatment in private asylums which receive paupers should, in all fairness, be contrasted, not mixed, with that of establishments in which *all* the patients have superior advantages.

The following summary, in which private asylums are divided into the three classes I have indicated, is deduced from the Report of the Commissioners, and shows the number of admissions and the per-centage of cures upon them for the year 1859 in each of these three classes, and also in public asylums, excluding hospitals, which for reasons to be presently assigned, are not included in our summary, but will be separately mentioned hereafter, so as to bring under view *all* the patients in England legally certified to be insane.

No. of Houses.	Description of House.	No. of Patients admitted.	Per-centage of Cures on admissions.
60	Private asylums solely for the higher and middle classes with resident medical proprietors or officers	512	38·6
31	The like asylums without medical residents		
20	Private asylums with medical residents, which also receive paupers		
41	County and borough asylums ...	6228	34·04

Thus it appears that private asylums of the first class rank as curative institutions above all others. They far surpass even the Scotch chartered asylums, which have received such high and deserved praise for humanity and good management.

This summary must not be taken to intimate that public asylums are in any way deficient in skilful medical treatment; but it does seem to prove that the congregation of large numbers of patients is not favourable to cure, and that the private asylum receiving a smaller number offers, if the medical care be equal, a greater prospect of recovery. It might have been reasonably assumed that the private asylum would show a more marked superiority in the result of treatment during the later stages of the malady. At the outset the disease often yields to medicine alone; it is in chronic cases that the moral management, and that course of treatment adapted to each individual case which the private asylum can better give, are especially required. That such superiority does, in fact, exist, appears in the following table, which shows the per-centage of cures during the year upon the total number of patients under treatment in 152 various public and private institutions for the insane:—

No. of Houses	Description of Houses.	No. of Patients under Treatment.	Per-centage of Cures.
60	Private asylums for the higher and middle classes with resident medical proprietors or officers	1801	10·9
31	The like asylums without medical residents		
20	Private asylums with medical residents, which also receive paupers	4768	9·9
41	County and borough asylums		
		22,073	9·6

It has been said that the test by the comparative number of cures is fallacious, because the milder and incipient cases of mental disease are ordinarily sent to private asylums. The statistical tables in their present form are not calculated to decide this question. But, without overlooking the detention of pauper patients in workhouses, it may be observed that, in the cases which do not come through the union, the poor have no means of keeping back their friends from the public asylum; while in the higher and middle classes, the slight forms of nervous disease are often treated at home, and there is a disposition to deny as long as possible the imputation of insanity, and by travelling, by residence in lodgings, and by other expedients, to avoid the private asylum. In the table given below, it will be seen that of 283 patients, only 119 were brought into asylums within three months from the first symptoms of the disease.

If it be asked how it happens that, with all the advantages attributed to private asylums, they do not yield a rate of cure still more advanced beyond the average, the answer is that a far higher rate is to be found by selection. The following table of the result of treatment in three private asylums, up to the close of last year, shows the recovery of more than 51 per cent. upon all cases admitted. In cases received within three months of the disease becoming manifest, the rate of cure rises higher than 77 per cent.; while in those of more than one year's standing it falls to 20—a sufficient warning of the danger of delaying the remedies proved to be so effectual in the early stages of insanity.

Duration of Disease at the time of Admission.	No. of Cases.	Cures.	Per-centage of Cures.
Under three months... ..	119	92	77·3
Above three and under six months	39	22	56·4
“ six “ twelve “	35	15	42·7
Twelve months and upwards ...	95	19	20·0
	288	148	

About one-sixth of these cases may be estimated as having been dangerous to themselves or others, but not one fatal accident or suicide occurred in either asylum. It should not be overlooked, that the rate of cure will undoubtedly be increased by the future recovery of some of the 288 patients who still remain under treatment.

The following table, confined to cases in hospitals, together

with that showing the total numbers of patients under treatment in the various other asylums, make up the sum total of the certified insane actually under care in England during the year 1859. Bethlehem and St. Luke's are separated from the others, because they not only reject incurable patients, and even those whose illness is of more than twelve months' duration, but retain for one year only those whom they receive; so that all their cases may be considered as recent and curable. It will be seen that the remaining hospitals are very much less favourable in their result of cures than the private asylums, and are only fractionally superior to the public asylums:—

Institutions.	No. of Patients under Treatment.	Per-centage of Cures of all under Treatment.
14 hospitals with resident medical officers	1985	9.8
Bethlehem and St. Luke's ...	850	23.4

Another argument against private asylums has been founded upon the apparent rate of mortality in them. Thus, at a public meeting in Exeter Hall last year, I find it was gravely stated that the per-centage of deaths in private and in public asylums was "about equal." The annexed table gives the exact number of deaths in each class of asylum during the last year, and the figures are most important, inasmuch as Dr. Thurnam states in his valuable treatise on the "Statistics of Insanity"—and the fact is, indeed, generally admitted—that the "rate of mortality among the insane is a much more certain standard of comparison, and approaches nearer the character of a test than any other." It will be seen that the per-centage of deaths in the private asylums is little more than half that of the public institutions:—

No. of Houses.	Description of Houses.	No. of Deaths.	Per-centage of Deaths.
60	Private asylums principally for the higher and middle classes with resident medical proprietor or officers	79	4.3
31	The like asylums without medical residents	26	4.1
20	Private asylums with medical residents, which also receive paupers	368	7.7
41	County and borough asylums	1712	7.7

The per-centage of deaths in the English hospitals and in the Scotch chartered asylums is the same—6.2. The favourable result in the second description of asylum arises from the rarity of a patient in a dangerous state being sent to other than medical care.

The fact that nearly eighty in a hundred patients, placed without delay in a private asylum, are restored to health, should be sufficient to remove any impression unfavourable to such establishments. It has been well said by Mr. Campbell, one of the Commissioners, that it is unwise to degrade the position of the medical proprietor, and by showing extreme suspicion, and treating him as one who would take advantage of his patients, and for profit deprive them of their liberty, to deter men of the highest character from entering upon a department of medicine in which so much good can be done, so much evil prevented. Instead of seeking to overturn, it might be well to search for means to improve, and for safeguards to protect against abuse, an institution which affords the best opportunities for the cure and treatment of the insane, together with a shadow of that home which for a while must be abandoned, the society and sympathy of educated men and gentlewomen, the cheerful companionship of children, and ever-watchful care insuring the constant consideration and forbearance of servants.

Great praise to well-conducted private asylums is implied in the testimony of the Chairman of the Board of Commissioners in Lunacy, the head of that body to which the country is so deeply indebted for the progressive improvement of the treatment of the insane. In his examination before the Committee on the 10th of March, 1859, Lord Shaftesbury said—"From the bottom of my heart, I would advise anybody, if it should please Providence to afflict any member of his family, to send him or her to a private asylum; if my own wife or daughter were so afflicted, and if I could not keep her in my own house, under my own eye, I would send her to a private asylum, to a good private asylum." It must be confessed that the effect of this evidence may seem to be somewhat qualified by fears afterwards expressed, that these institutions, in which actual

experience has found so much to praise, may be turned to evil by the love of money, tempting the proprietor to retard or to prevent their patient's progress towards recovery. But even if higher principles are thrown aside, professional training and the habit of his life raise the *physician* above the power of any motive prompting him to extinguish the light which it is his province to revive. Although the common lot forbids him to work without the reward of labour, the principle of "*profit*" is not the motive present while he exercises the divine art of healing. In proportion as statistical returns become more full and definite, so will it more plainly appear that private asylums conducted, as all such institutions ought to be, by medical men, do give the superior advantages which they *can* and *ought* to give.

I am, Sir, yours, &c.,

HARRINGTON TUKE, M.D.

The Manor House, Chiswick, October, 1860.

POOR-LAW MEDICAL REFORM ASSOCIATION.

(NOTE FROM MR. GRIFFIN.)

To the Editor of THE LANCET.

SIR,—I shall feel obliged by your allowing me space in your journal to inform the Poor-law medical officers that I have this day ordered a draft of the proposed Bill on Poor-law Medical Relief to be forwarded to each medical officer for his opinion. As it is possible, amongst so many and frequent changes, that the names of a few gentlemen may have been omitted, I must request those who do not receive a copy by the 8th inst., but desire to have one, to address a note to me to that effect.

I am, Sir, yours obediently,

12, Royal-terrace, Weymouth,
Nov. 1st, 1860.

RICHARD GRIFFIN.

BONE-SETTING AT LIVERPOOL.

To the Editor of THE LANCET.

SIR,—An inquiry has just taken place before the coroner and magistrates of Birkenhead into the cause of death of a child, aged eight years, named Francis Timlin, and which has resulted in the committal of Evan Thomas, a bone-setter in Liverpool, on the charge of manslaughter. I think it important that the facts of the case should be brought to the notice of the profession through the medium of your journal. They are as follows:—

It appears from the evidence that on Tuesday, the 2nd of October, the deceased received a slight blow with the handle of a knife, from his little brother, on the front of the thigh just above the knee, which occasioned slight lameness. On the following Friday the child was seen by Dr. Lambert, of Birkenhead, to whom he complained of pain in the knee. On examination, he found swelling and redness on the front and outer part of the thigh, about its middle; and, considering that an abscess was about to form, he ordered good diet, wine, and the application of poultices. There were then no symptoms of constitutional disturbance whatever.

The child was taken by the father on the following day to the above-named Evan Thomas, who said that the thigh was broken, and, after haggling about the fee, proceeded to pull at and otherwise roughly handle the limb; by these efforts producing the *crack* with which he invariably astonishes the weak minds of his much-enduring patients and of their ignorant and credulous friends. He then firmly bound up the thigh in splint and bandages, leaving the leg to dangle loosely. The severity of this treatment occasioned pain of the most excruciating character, causing the child to scream violently and continuously. On Sunday morning he took a little food, but none after that, and was rapidly sinking when Dr. Lambert was again called in on Monday evening. He at once removed the bone-setter's appliances, with immediate relief to the poor little fellow's sufferings; but medical aid was now of no avail, and the boy died on Tuesday morning.

Dr. Lambert having very properly refused to certify as to the cause of death, the coroner held an inquest on the body, and ordered a post-mortem examination, which revealed the following appearances:—A considerable quantity of pus in the right thigh infiltrated amongst the muscles and round the bone. The bone was taken out entire; there was no fracture. The thorax, on being opened, showed pleuritic adhesions and effusion of serum; the lungs congested. The pericardium was almost filled with turbid serum; there were considerable depositions of lymph over the surface of the heart, and three distinct small abscesses found in the substance of the right ven-