

employed to be diverted from their legitimate pursuits. I believe the frequent enlargements which have to take place in our asylums are greatly the cause of our slow advance in knowledge in this department. While fully acknowledging that circumstances have prevented treatment from having been pursued in as scientific a method as it might otherwise have been, I yet see in this no cause for withholding a summary of the treatment and results.

During the four years ending 1882, 495 patients have been admitted, 235 have been discharged as recovered, and 152 have died, the recoveries have been at the rate of 47·4 per cent., calculated on the admissions the deaths at the rate of 8·6 on the average numbers resident; these are the general results; but if we look at them from another point of view, and simply deal with the 495 patients who were admitted, the following is the result: 207, or 41·8, have been discharged as recovered, and 68, or 13·7, of the number have died, leaving 191, or 38·5 of the number remaining:—

Table showing the Results of the Four Years.

Years.	Admitted	Recov.	Died.	Remning.	Percentages on total admissions.		
					Recov.	Deaths.	Remning.
1879	112	59	17	26	52·6	15·1	23·2
1880	129	60	28	32	46·5	21·7	24·8
1881	114	53	16	36	46·4	14·0	31·5
1882	140	35	7	97	25·0	5·0	69·2
Totals .	495	207	68	191	41·8	13·7	38·5

Now of the 26 patients remaining from the admissions in 1879, 4 are so much improved that I believe they will yet recover and be fit for outside life; 6 were cases of chronic insanity when admitted; 2 were confirmed epileptics; 3 were Irishmen, with strong predisposition to insanity; 2 of the remaining 11 had delusions and still have them, and the other 9 have not recovered, and I do not know why. An examination of the 32 remaining from 1880 shows 5 improved still improving, and likely to recover; 5 on admission were chronic cases; 5 were epileptic; 2 general paralytic; and 1 a senile case. Of the remaining 14, 6 recovered up to a certain stage; nothing that I can see stands in the way of recovery, but they have not recovered, and probably may not, and I am quite in the dark as to the cause. The 36 that remain of the admissions of 1881 show 7 likely to recover; 2 who may recover; 6 senile cases; 2 epileptics; 3 general paralytics; 5 Irish, who had delusions on admission and who have not improved, appear to have been long insane; the other 11 looked very unpromising from the first. Concerning the 97 remaining at the close of 1882, it is rather premature to discuss them in an exhaustive manner with anything like accuracy, as 38 of them were admitted during the last three months of the year; 7 were imbeciles; 5 were epileptics; 5 were general paralytics; 10 were patients belonging to this county who had for some years been boarded out in another asylum. I estimate that 37 are in a fair way towards recovery, which will, if my prognosis is correct, make a recovery rate of over 50 per cent. on the admissions of last year. I find that of the 191 remaining, 24, or 12·5 per cent., of the number are Irish, most of whom were admitted without a history and appeared to have been insane for a long time. The admission of Irish in this asylum prejudicially affects the recovery rate.

(To be concluded.)

ON A CASE OF
ADDISON'S DISEASE, WITH MARKED DIS-
COLOURATION OF THE TONGUE.

By LOFTUS WILKIN, M.R.C.S.

JANE W—, aged thirty-two, came under observation on December 28th, 1882. She stated she was one of a family of eight, all of whom as well as her parents were still living, and enjoying good health. The patient has been married for three years, and has had one child, eighteen months ago, which, however, survived its birth only three weeks. She

has not suffered from any previous bodily illness, nor from exposure or injury; but since the birth of her child has been "delicate," and getting gradually weaker, but not sufficiently so to induce her to obtain medical aid. She came down here from the City, where she had previously resided, in June, in order to have the benefit of the country air, and when first seen by me was suffering from severe epigastric pain, which, however, was easily relieved. On examination she appeared to be fairly well nourished; eyes very dark and rather sunken; hair black. The skin presented more or less generally a deep bronze or dusky hue, which was particularly marked about the upper part of the chest, face, neck, and arms, while over the surface of the latter, as on the sides of the neck, were numerous well-defined spots of deep chocolate or almost black colour, and about a quarter of an inch in diameter. The gums and inner surface of the lips and cheeks presented a mottled appearance, owing to the presence of numerous patches of a deep brownish or mulberry tint; while on the posterior part of the dorsum of the tongue was one, nearly circular, patch, central in position, and as large as a shilling in diameter; anterior to it, and occupying the right side, was an irregular-shaped patch of nearly equal size; on the left side were two smaller spots, all being of very dark colour, almost resembling ink stains, while the intervening portions of the tongue were red and natural in appearance. The alteration in her complexion first became apparent to herself and friends soon after the birth of her child, but she did not notice the patches on her tongue till about ten months ago, when they were very small; since then they have been gradually extending, and have attracted considerable attention from herself and husband. Physical examination of the chest revealed no abnormal sounds. There was no cough. No pain or tenderness could be detected on pressure over any part of the abdomen. The bowels were natural. The urine clear; specific gravity 1020; acid; no albumen. Pulse small and weak. She complained of great lassitude and weakness, feeling incapable of getting up; but after two or three days nausea and vomiting set in. This could at first be relieved, but after a time all remedies tried to check it proved ineffectual, in many cases seeming indeed to aggravate it. She was able to retain, however, a fair quantity of iced milk and beef-tea till the termination of her illness. She was put on a mixture containing small doses of solution of arsenic and tincture of steel, but the debility gradually increased. The vomiting became more frequent; epigastric pains and hiccough were occasionally present, but were relieved by an opiate. The pulse at the wrist became imperceptible, the heart sounds very feeble, and she passed quietly away on Jan. 20th, having been only three weeks in bed. Unfortunately, owing to the opposition of her relatives, a post-mortem examination could not be obtained.

Walthamstow.

A Mirror
OF
HOSPITAL PRACTICE,
BRITISH AND FOREIGN.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proemium

ST. THOMAS'S HOSPITAL.

CASE OF TROPICAL ABSCESS OF LIVER; PARACENTESIS;
SUBPERIOSTEAL REMOVAL OF PORTION OF NINTH
RIB; FREE OPENING; RECOVERY.

(Under the care of Mr. GEORGE GULLIVER, M.B.)

T. C—, aged twenty-five, was admitted to Arthur ward on Aug. 24th, 1882. The family history presented no facts of importance. Thirteen years ago patient had "gastric fever." In 1875 he enlisted in the army. In 1878 he went with his regiment to Bengal, and that year he had an attack of pleurisy in the left side. He remained in Bengal till 1881, and during his stay there had several attacks of fever and ague, till eventually, at the end of the year 1881, at the expiration of his period of service, he was invalided from Netley Hospital for ague, which rendered him unfit to join