

## Asylum Notes.

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### *A Study of the Hospital Reports.*

*Proportion of Recoveries.*—The recovery rate should certainly be an important matter in an institution, because recoveries should constitute the main, though not, of course, the sole aim of its existence.

But statistics will nevertheless be always unreliable, because each physician making the judgment, will have his own standard. For example, one may decide by a consideration of the condition of the patient upon leaving the hospital; another will insist upon waiting through a period of trial; again one will insist that there is recovery, only if there be an absence of that frequent feebleness of mind so often clearly seen by the trained observer as clinging to the one going out; another will disregard all such defects. Then again, the number of inebriates included, and especially the proportion of acute or chronic patients admitted, are all determining factors. Indeed, the decision, even of the most conscientious, is more like deciding when winter begins and summer ends, than like making a positive statement.

Things being fairly even, however, it would seem possibly true that the tendency of some of the most studious of officers, is to report the least number of recoveries to admissions. Using approximate numbers, Pontiac, Mich., reports (through Drs. Burr and Christian, who have written upon the importance of excluding their perfectly recovered cases), only a little over 11% of recoveries upon admissions for their last period. Reading a little farther, however, we find that they place the unusual proportion of 31% additional as "improved." But this 11% is the lowest in the whole list of eighty reports now before us, with the exception of Willard Asylum, containing chiefly chronic insane.

Next comes Taunton, Mass., with 12%, and Clarinda, Iowa, with 14%, the latter having, however, an overplus of chronic patients. From then on the list reads: Danvers, Mass., 16%; Worcester, Mass., 17%; Rochester, N. Y., 18%; Kankakee, Ills., 18%; Traverse City, Mich., 18%; Westboro Insane Asylum, Mass., 19%; Bolivar, Tenn., 19%.

Beyond this most of hospitals report from 20 to 35% as recovered.

At the other end of the list, however, we find one hospital reporting 66%, one 59%, another 57%, others 48, 47, 46, 45, 38, 38, 37, 36 and 35%.

*Death Rate.*—The proportion of deaths is often noted as for or against a hospital's reputation, and many of these reports take the trouble to explain or comment on their death rate, giving the reasons for its greater or less proportion. For obvious reasons the proportion in this case is not based on the number of admissions, but should be based on the average population. It is a fairly steady rate in hospitals for the insane, all things being considered, and averages from 5 to 8% annually of the population. Nor can the variations be justly argued for or against a hospital, as the variables are so many and so indeterminable. An estimate of the relationship of this proportion to the death rate among a sane population, is also prevented by several considerations, principal among which we may mention the fact that according to some statistics personally gathered, the average age upon admission is about thirty-eight. The expectation of life at this age would, of course, be less than that for all ages combined. Then, too, general paresis is a fatal disease, while acute delirium and other acute insanities have serious prognosis. Senile dementia being often progressive, is then of not much more favorable prognosis.

*Permanency of Physicians' Service.*—The duration of an assistant physician's stay in a hospital will determine very much the value of his work. Our outside critics who settle for life in a place, would not be able to do much that he does, if uprooted each two to five years; especially, moreover, if during all this time it has seemed possible that at any time some political whirlwind will put another man in the superintendency. It is rare to pick up one of these reports without noting toward the end items of the changes among assistant physicians. By some figuring it can be estimated that

about one physician out of five, in this country, stays in the work for five years or more.

Dr. Worcester, *Journal of Insanity*, April, 1895, says: "Under existing arrangements, in most of the hospitals, the position of superintendent is the only one that can be considered satisfactory as a permanency, either in point of honor or emoluments. In many of them either the assistant physicians cannot marry, or, if allowed to do so, cannot live with their family. Their salaries are in most cases comparatively small, and if they do not succeed after a few years in obtaining a superintendency, they are apt to be looked on as failures."

*Tuberculosis Among the Insane.*—Tuberculosis is a very prominent disease among the insane of hospitals, and the subject is often alluded to in these reports. They occasionally advocate "isolation" wards, or buildings for this class of patients. Dr. J. W. Babcock wrote last year quite an exhaustive review of these troubles. He finds, as others before him have found, a percentage of deaths from tuberculosis about 22%, nearly three times that of outside population, and chiefly among the chronic cases. Admitting all the facts as given, and admitting that unhealthy environment and infection are causes, yet it would seem that there are some modifying causes not mentioned. For example, the age of the insane, averaging thirty-eight, would make the proportion greater. The general complete inactivity and personal neglect of the melancholiac and dement, are also very effective causes, and we have found that these inactive cases are quite uniformly the victims. This subject has a firm and broad practical bearing, however, under any argument, and its review by Dr. Babcock is very timely indeed.

*St. Lawrence Hospital Report.*—The report of Dr. P. M. Wise and staff (Ogdensburg, N. Y.,) demands especial note. It seems the well modulated, conservative, conscientious and hopeful report of a staff enthusiastic and painstaking in their work. The opinions of the superintendent seem practical and unbiased, and commend themselves as such.

The managing board states: "The board also wishes to evince its most hearty appreciation of the services of Dr. P. M. Wise, the medical superintendent of this hospital. The labor involved in organizing a complete, new hospital service has been herculean, and his efforts to perfect and extend all departments have been untiring."

Dr. Wise in his report maintains that the pathological research in a hospital, and is in close contact with its clinical counterpart is of most value. He maintains a good training school for nurses; that an absolute prohibition of mechanical restraint is as purely nonsensical and sentimental as would be the prohibition of forcible feeding; and yet says further, that he seldom uses restraint, and thinks a nurse better than a protection sheet. In acute delirium he at times favors four nurses, placing two on in day service and two more at night.

Entrance examinations are made, even to blood discs and hæmeglobin. Nurses' full records are kept, etc. This report will doubtless show to many outside of hospital life, how laborious and full a life it is to those who are fully committed to their work. The papers forming an appendix to this report are too extended for comment here.

*Changes of Officers.*—The following is quoted from the report of the superintendent of the Hospital for Insane at Anna, Illinois:

"As is usually incident to a change of State administration, a change of the management of this institution was effected March 6, 1893.

"At your first meeting, held at the hospital on the above day, Dr. E. B. Elrod, the former superintendent, presented his resignation, which you accepted, and at the same meeting you elected me to succeed him, and for which I now wish to thank you.

"Dr. A. B. Beattie, of Redbud, resigned the position of first assistant physician, May 18, 1893, and Dr. R. M. McCall, of Vienna, was appointed. Dr. S. C. Hall, of Omaha, was appointed to the position of physician at Annex, made vacant by the resignation of Dr. M. J. Benson, of Vienna, May 1, 1893. Dr. R. A. Goodner, of Stone Church, was appointed to the position of third assistant physician, made vacant by the resignation of Dr. N. B. Baker, of Cottage Home. Mr. E. Finch resigned the position of clerk, and Mr. J. L. Hammond, of Murphysboro, was appointed; Mr. C. O. Kimball resigned the position of storekeeper, and Mr. W. L. Wiggins, of Johnsboro, was appointed; Miss Emma T. Mace resigned the position of druggist, and Mr. George H. Wood, of Simpson, was appointed; H. E. Wilson resigned the position of engineer, and B. L. Magee, of Cairo, was appointed; Mr. Mark Whitacre resigned the position of farmer, and James Cooper, of Metropolis, was

appointed. During the month of December, 1893, Mr. Cooper received injuries by being thrown from a buggy, from which he died, and in January, 1894, Mr. Z. T. Roddy, of Salem, was appointed to fill the vacancy, W. H. Smart resigned the position of record clerk, and R. E. Vernor, of Tamaroa, was appointed; Miss Mary E. Bell resigned the position of stenographer, and Miss Grace M. Kimball, of Murphysboro, was appointed; Miss Anna E. Steers has been retained as matron; Mr. H. F. Warren and Miss Etta Peak, supervisors, resigned, and J. E. Detrich and Mrs. Harriet E. Liston were appointed. Many other changes in the various departments have been made."

Dr. W. A. Worcester, in a letter to the April number of *Journal of Insanity*, writes in a conservative and dignified manner, taking some exceptions to Dr. Channing's representation of the standing of insane asylum officers. Dr. Worcester maintains that the insane deserve and should have good medical care, "and that any system which so occupies the time and attention of their physicians with other matter, however important as to render them unable to become thoroughly proficient in this profession, leaves something to be desired."

He thinks institution physicians probably have as much time for research and study as outside physicians; but that often the institution "atmosphere is not professionally stimulating." He describes how "assistants come to have the feeling that professional merit does not count for much," and also the frequent lack of instruction to assistants, or work by them. It seems to the doctor "hardly possible that the same person should be the administrative head, and the medical head, and perform both classes of duties satisfactorily." "To be a first-class physician will tax the ability of most men pretty severely."

He describes a medical officer, who shall examine all newly-admitted cases, all cases of serious illness, shall direct and oversee the treatment, shall suggest topics for study and research, inspect notes of cases, conduct post-mortem examinations, give instructions to the less experienced members of the staff, and who shall receive a salary commensurate with the duties.

His plan seems practically to have two approximately equal officers, the medical superintendent, administrative, and a physician at the head of the medical work.

***The Expiscation of Acute Delirium.***—Dr. H. C. Wood (*American Journal of Medical Sciences*, April, 1895), presents under this heading a very instructive article, exhibiting an effort to logically disentangle acute delirium from the acute manias, confusional states, etc., by clinical and etiological data. His last paragraph shows up briefly and fairly his conclusions. It reads as follows:

“The conclusions which are to mind probably, but not firmly established, are, that all manias of an acute type, which are not intoxication neuroses, and are not due to the presence of organisms in the blood, are divisible into two sections. First, mania proper; second, confusional insanity;—and that each of these diseases becomes, when in its most severe form, an acute delirium. Thus, there would be, first an acute mania; that is, mild acute periencephalitis known when in its delirious form as acute delirium; that is, violent, usually fatal periencephalitis; second, confusional insanity without demonstrable lesion, but probably the result of changes in the ganglionic cells themselves, constituting in its severest form an acute delirium, also, without demonstrable lesion, but, in fact, due to an exaggeration of the unknown ganglionic or other alteration present in the confusional insanity.

***A Study of the Degenerative and Destructive Diseases of the Lungs among the Insane.***—This is the title of an article by Dr. H. A. Tomlinson in the *International Medical Magazine* for March, 1895.

He gives a practical and suggestive study of lung lesions, combining clinical study with closely following post-mortem examinations in order to secure the fullest ideas of logical causation. He describes the lesions found as belonging to three classes: First an unresolved broncho-pneumonia, progressing as catarrhal phthisis to a fatal termination, with or without tubercular infection. Second, a “progressive hyperplasia of the parenchyma of the lungs, gradually destroying function of the organ by encroachment upon the vesicular area and lumen of the bronchioles.” Third, arterial sclerosis, presenting a rigid, inelastic tissue with apparent fibroid increase, although the lungs may be actually much shrunk in mass.

These two latter forms, he says, are commonly infected with tubercle, though not essentially so, and the

hospital conditions favor this infection. He outlines some typical cases to illustrate these points.

The hyperplastic form, he finds the most common, occurring generally between the ages of twenty-five and forty, and caused generally by habits, and position of the patient. The lesions are more commonly in the middle lobe. The interstitial form represents atrophy from impaired nutrition, due to arterial sclerosis, and is found after middle life. The author believes in the claim that there is phthisis without tuberculosis.

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*On the State of the Reflexes After Cross-section of the Cord.*—Gerhardt (*Zeitschr. f. Nervenheilk.*, Vol. vi., Part 1 and 2, 1894.

It was only quite recently that neurologists began to doubt the correctness of the familiar statement: that a cross-section of the upper parts of the cord is constantly accompanied by an increase of the deep reflexes. Bastian was the first to point out the falsity of this statement; observations corroborating Bastian's views have followed. Bruns, after having given the matter a more careful study, came to the conclusion, that a perfect cross-section of the upper portions of the cord is followed by a diminution or even absence of the reflexes, superficial as well as deep. This is the more remarkable, as the author just mentioned has failed to find any disease whatsoever in the reflex arc or in the peripheral nerves, in spite of a most careful microscopical examination. Bruns explains this occurrence with the aid of Jackson's theory, that the activity of the reflexes are independent of the integrity of the conduction from the cerebellum to anterior cells of the cord.

The author reports a case of a compression myelitis, produced by an angionoma of the vertebral bones. The patient presented the familiar symptoms of a compression paraplegia, with partial paralysis of the sphincters. The deep reflexes were increased in the earlier periods of the disease and diminishing with the progress of the disease. They were absent for the last two years. The skin reflexes were increased all the time, but only some, *i. e.*, reflexes producing a flexion of the thigh or the whole lower extremity were increased; all the others were absent.

The microscopical examination revealed a cicatricial tissue taking the place of the cord in an area of about three vertebræ, without a trace of a nerve fibre within.

To the author's mind the theory of Jackson's does not explain this phenomenon, the reflexes having been already absent before the interruption of the condition in the cord has been perfect. He is more inclined to believe that the pathological process acts in these cases as an irritant to the inhibition leading to paralysis and not to irritation

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