The curability of insanity.

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Pliny Earle

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By PLINY EARLE, A. M., M. D.,

Superintendent of the State Hospital for the Insane at Northampton, Massachusetts.

Read before the New England Psychological Society, on Retiring from Office as its President, December 14, 1876; and Published by that Society.

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Within the last few years, calculations have been made, in more than one of the States, for the purpose of showing the pecuniary loss that has accrued to those States, respectively, from a failure to cure that portion of their dependent insane assumed to have been curable in the early stages of the disease. In one of those States, Pennsylvania, the calculation was made by the Board of Public Charities, and is based upon the estimated number that became insane in the decennium from 1864 to 1873, inclusive. The author of it assumes, upon what he considers unquestionable authority, that seventy-five per cent. of them, if properly and seasonably treated, might have been permanently restored to health and usefulness. Had this been done, the total cost of treatment, together with the support, for life, of the twenty-five per cent. uncured, would, according to his estimate, have been only $6,540,066. On the contrary, had all these patients been placed in poor-houses, where it is assumed that seven per cent. of them would recover, the cost of support, during life, would have been $11,272,982. "This," says the writer, "shows a clear saving of $4,731,866." He then proceeds to show that, if the seventy-five per cent. had been cured, their earnings would have amounted to $4,945,000 more than they would if only seven per cent. had been cured. Adding these sums he obtains a total of $9,676,866, "a gain," he says, "of that much to the wealth and power of the community." Having completed the calculation, he says, "we urge a very careful attention to, and also criticism of the above demonstration."

But a few months have elapsed since, in an official report of the Commissioner of Insanity in Vermont, it was alleged, as a condemnatory fact against the hospital for the insane of that State, that the proportion of recoveries among the patients has recently been less than it was in the earlier history of that institution. In view of the two main propositions of the foregoing paragraphs, it has appeared to me that a review of the subject of the curability of insanity might not be wholly useless at the present time.

The "demonstration," a criticism of which is invited by the Board of Public Charities of Pennsylvania, will not suffer, as an intellectual process, either in its logic or its mathematics, from the closest scrutiny. The serious question in regard to it is, are the elements of the calculation true? If either of them be false the deduction from them can not be otherwise than untrue. Although not directly so stated, it is evident that the seventy-five per cent. of assumed curables relates to *persons*, and not to *cases;* that is, that the author of the "demonstration" believed, or appears to have believed, that three-fourths of all the men and women who become insane, can be permanently cured. The truth of this assumption is necessary to the truth of the deduction at which he arrives.

The belief that mental disorders are thus largely curable is not entertained by the Board of Public Charities of Pennsylvania alone. It has become pretty widely prevalent among persons interested in the subject of insanity, but not, themselves, engaged in the treatment of the insane. Some of these persons entertain the opinion that even a still larger proportion are susceptible of cure. It is one of the objects of this paper to ascertain, if possible, whether this belief, or opinion, is justified by the facts.

As an almost, if not entirely, universal rule, the superintendents of the institutions for the insane report the recoveries of *cases* rather than of *persons*. A *person* may be admitted more than once into a hospital, and hence make as many *cases* as the number of his admissions. As a *case* he may recover several times; and not only so, but after several recoveries, he may still die insane. His history then furnishes to the statistics of insanity several recoveries of *cases* but not one permanent recovery of a *person*. Thus, at the State Hospital at Northampton, a man was discharged, recovered, seven times, and improved, once, in the course of nine years; and subsequently committed suicide at home. Another man has been discharged, recovered, six times, on the same number of admissions, in the course of fifteen years. One woman was discharged, recovered, eight times on as many admissions, in the course of eleven years. Another, admitted six times in the course of nine years, was discharged recovered every time; and a third, admitted six times within a period of eight years, was likewise discharged, recovered, every time. These five *persons* have, as *cases*, recovered thirty-three times, and yet it is not probable that either of the *persons* has permanently recovered.

Every institution for the insane has its cases of this kind, and, as a rule, the older the institution the more it has of them, and the larger is the number of times that each of them has been discharged recovered. The most remarkable instance of the kind which has come to my knowledge, occurred at the Bloomingdale Asylum, New York, where a woman was admitted fifty-nine times, in the course of twenty-nine years, and was discharged, recovered, forty-six times.

Dr. Joshua H. Worthington, Superintendent of the Friends' Asylum at Frankford, Pennsylvania, informs me that eighty-seven *persons* have contributed two

hundred and seventy-four recoveries to the statistics of that institution, an average of a fraction more than three to each person. One patient recovered fifteen times; another thirteen; a third nine; a fourth eight; and a fifth seven. Those statistics are indebted to those five persons for fifty-two recoveries, or an average of ten to each person. So, while the uninformed reader believes that fifty-two persons recovered, the truth of the matter is, that no less than three of the persons died insane in the asylum, and consequently the cures, if any, could not, at most, have been but *two*.

The report for the official year 1867–68, of the Retreat, at Hartford, Connecticut, contains a table by which it is shown that of the four thousand eight hundred and ninety-eight cases admitted, thitherto, into that institution, only three thousand and sixty-two were of first admission. In other words, there were but three thousand and sixty-two persons. Seven hundred and seven of these were readmitted once or more, making a total of one thousand eight hundred and thirty-six readmissions. Hence, of each hundred of patients received, thirty-seven (37.48) had been there before. One person was admitted thirteen times, and thirteen persons were admitted a total of one hundred and eight times. How many of those one hundred and eight times the thirteen persons were discharged recovered, the report does not inform us; but we may reasonably conclude that it was a large majority. Yet, which of those persons was really cured?

At the Pennsylvania Hospital for the Insane, of seven thousand one hundred and sixty-seven admissions recorded in the report for 1875, only five thousand one hundred and eighty-six were cases of first attack. No less than one thousand nine hundred and eighty-one were of attacks subsequent to the first. One man was admitted on the twenty-second attack, and one woman

on the thirty-third; six men and six women on the tenth attack; ninety-four persons on the fifth attack; and one hundred and seventy-two persons on the fourth. Dr. Kirkbride does not state the number of times that any of these had recovered; but if a person have a thirty-third *attack* of a disease, it necessarily follows that he had previously recovered from thirty-two attacks.

Dr. Barnard D. Eastman, of the State Hospital at Worcester, is now engaged in an analysis of the cases treated at that institution from the time of its origin. The work was begun upon the cases of females, about one-half of which have passed under review. I am indebted to him for some of the results thus far attained.

Of two thousand nine hundred and forty-nine admissions, six hundred and ninety-four were readmissions. Hence, two thousand two hundred and fifty-five persons constituted two thousand nine hundred and forty-nine patients. The readmissions were equal to nearly one-third (30.80 per cent.) of the persons.

Seven persons were admitted an aggregate of one hundred and six times, or an average of a fraction more than fifteen times each. One was admitted twenty-three times, one eighteen times, one sixteen, one fourteen, one thirteen, and two, eleven times each. One of the seven persons was discharged *recovered* twenty-two times, one sixteen times, one thirteen times, two, eleven times each, one ten times, and one nine times. Consequently, the seven persons furnished ninety-two recoveries, or an average of a fraction more than thirteen recoveries to each person; and yet two of these persons died insane in the hospital, and a third is now an inmate of it, considered hopelessly insane. Thus, of the ninety-two recoveries presented to the readers of the Worcester reports, the *permanent recoveries of persons* were, at

most, only *four*.* Such is the chaff which, for a long period, the people of Massachusetts have been accustomed to regard as the kernel of the wheat. Very appropriately has Dr. Sheppard, of the Colney Hatch Asylum, England, remarked: "It is obviously one thing to formulate error, and another to formulate truth." What further revelations may be made in the prosecution of Dr. Eastman's enterprise, time alone can show; but, even should there be none of noteworthy importance, he may be well satisfied with these, as a full reward for his labor.

These cases of multiple admission and recovery sometimes materially affect the proportion of apparent cures for the year, as represented by the annual reports, in consequence of a resort to the hospital several times within the year of one of those cases of periodical mania, the duration of the paroxysms of which are very brief.

Soon after I became connected with the Bloomingdale Asylum, in 1844, I learned that the woman who was the subject of the remarkable case above mentioned, had been admitted and discharged, *recovered*, six times within the next preceding year. In the course of 1844 she was again received and discharged, *recovered*, six times. Following the example of my predecessor, I reported these recoveries in the tabulated statistics without any textual explanation.

In the next following year, 1845, the woman was admitted and discharged, recovered, *four* times. In the annual report for that year, *all* the cases of readmission were mentioned, and their results given separately. There were eleven readmissions and seven recoveries;

*Since the above was written, I have learned that, of these *four* persons, *one* was again readmitted, at the Worcester Hospital, January 10, 1877. The *second*, since last at Worcester, has been discharged, improved, twice, from the Butler Hospital, at Providence, R. I., and, during the last seven years, has been a constant inmate of that hospital, incurably insane. The *third* "died at home, years ago, mental state not known;" and the *fourth* "probably died at home, circumstances unknown."

and in the context it was stated that "four of the cures mentioned in this table were restorations from successive attacks, in a case of paroxysmal mania." This case subsequently led to the introduction of the question of the proper method of reporting periodical cases, as a subject for discussion at one of the meetings of the Association of American Superintendents. After due consideration it was decided that no patient ought to be reported as recovered twice or more within one and the same year. It is evident, however, that this decision has not been universally, probably not generally, adopted as a rule of practice at the hospitals. As proof of this, in regard to one institution, we have the case of the woman who recovered twenty-two times, at the Worcester Hospital, as shown by Dr. Eastman's statistics. *Four* of her recoveries took place in one year, *five* in the next following year, and *seven* in the third year. Worcester, therefore, takes the palm from the brow of Bloomingdale, for the largest number of recoveries by one person within the course of twelve successive months. In this case, the woman, within a period of twenty years and two months, recovered twenty-two times, and spent eleven years and one month in the hospital.

In all the foregoing instances, as in many others which might be gathered from hospital reports, the percentage of recoveries is very considerably increased by this duplication and multiplication of them in the same person; and yet, by the way in which they are generally published, the uninitiated reader has no reason even to suspect that the number of *persons recovered* is not equal to the *number of recoveries.*

Aside from the repeated admissions and recoveries of the same person, there is another influence which has an important effect upon the proportionate reported

restoration of mental disorders. I allude to the special characteristics of the person reporting them,—his temperament, his constitutional organization, his psychological individuality.

How often we find the people of a neighborhood differing in opinion in regard to a neighbor alleged to be insane! How frequently the superintendents of the hospitals are annoyed by persons holding this difference of opinion in regard to patients committed to their care, one party strongly asserting the existence of mental disorder, the other as strongly denying it. In the trial before legal tribunals of cases involving the question of the sanity or insanity of a prisoner or other person, it is not uncommon for even the most expert experts to differ in both opinion and testimony, taking opposite views of the mental condition in question. In a case like this, it is to be inferred that if, when that testimony is given, the person whose mental condition is in question were to be discharged from a hospital to which he had been committed when unquestionably insane, the experts upon one side would report him *recovered*, while those upon the other would record him as *not* recovered. The individuality mentioned has sometimes, though rarely, been recognized and acknowledged in the reports emanating from the institutions for the insane.

"It has come to be well understood among those familiar with vital statistics," says Dr. D. Tilden Brown, of the Bloomingdale Asylum, New York, in his report for 1867, "that they comprise an element not easily discovered among groups of figures, but which is, nevertheless, present as a leaven more or less potent. Borrowing a term from physiology, this element may be called the 'reflex action' of the observer's own temperament, and no just estimate of such statistics can be formed, until its value can be approximately determined."

For many years I have believed, and have often asserted that belief, that of a given number of patients discharged from a hospital for the insane, the number reported as recovered might differ at least twenty-five per cent., according to the man who might act as judge of their mental condition.

The medical history of the Worcester hospital, during the seven years next preceding the 1st of October, 1875, furnishes a remarkable illustration of the uncertainty of the statistics of insanity, as originating in the source under consideration.

From September 30, 1868, to October 1, 1875, there was no known agency operating upon the people from whom the patients of that hospital are drawn, which might either increase or diminish the prevalence of insanity, or so modify it as to render it less amenable to curative treatment. About the middle of the period a change of superintendents of the institution took place. Dr. Bemis resigned the office, and was succeeded by Dr. Eastman. This occurred within the official year 1871–72, so that each of those gentlemen occupied the office during a part of that year.

The last three *entire* official years of the administration of Dr. Bemis embraced the period from September 30, 1868 to October 1, 1871; and the first three of Dr. Eastman, the period from September 30, 1872, to October 1, 1875. The statistics of admissions and recoveries in the course of each of these periods, as derived from the published reports, are as follows:

FIRST PERIOD.

Official Year.	Admissions.	Recoveries.	Per cent. of Recoveries.
1868–69,	337	149	44.21
1869–70,	384	158	41.11
1870–71,	470	209	44.46
Total,	1,191	516	43.32

SECOND PERIOD.

Official Year.	Admissions.	Recoveries.	Per cent. of Recoveries.
1872–73,.....	407	98	24.08
1873–74.....	400	71	17.75
1874–75,.....	362	90	24.86
Total,.....	1,169	259	22.16

Thus, although the number of admissions (one thousand one hundred and sixty-nine) in the second period was but twenty-two less than (one thousand one hundred and ninety-one) in the first, the number of recoveries (two hundred and fifty-nine) was but *one more than half as great.* The proportion of recoveries of the first period is to the proportion of recoveries of the second, as one hundred and ninety-five to one hundred, or as one hundred to fifty-one and fifteen hundredths. There is, in my opinion, but one explanation of this most surprising difference; and that is, the difference in the physical and mental constitution of the two men by whom these statistics were reported. Were it possible to apply to the two sets of cases a standard of sanity, and an accurate measure of mentality, it would doubtless be found that there were as many recoveries in the second period as there were in the first. In the expression of this opinion I desire to be emphatic, as I have too high a respect for both of the gentlemen concerned, to do or say anything which might be tortured into the appearance of injustice toward either of them.

There are yet other modifying agents which have undoubtedly acted, to some extent, in the production of the statistics of insanity, as they have in so many other departments and directions of the enterprise of mankind. The medical officers of institutions for the insane can claim no exemption from the common weaknesses of human nature. They are men "with like passions as

other men." Self-interest, in some instances, and ambition in perhaps all,—that ambition, at least, which is manifest in the desire to show as fair a record and as favorable results as are exhibited by colleagues in the specialty,—have probably not been wholly inoperative in the reporting of recoveries from insanity, even though unconsciously to the persons producing those reports. These influences have constituted, and, from the very nature of things, always must constitute, an element in the solution of the problem of the curability of mental disorders.

Of all the causes which have contributed to the production of the impression that those disorders yield to curative treatment in a larger ratio than is now believed by physicians best acquainted with the subject and having the largest practical experience, the most potent has been the frequently repeated assertions of their eminent curability, by the superintendents of hospitals, and by some other writers upon the subject. In proof of this assertion, it is proposed to present a cursory history of the subject during the last fifty or sixty years, with quotations of such evidence as the annals of the period may furnish.

In the year 1820, Dr. George Man Burrows of London, England, published a small work entitled "An Inquiry into certain Errors relative to Insanity," one object of which was to demonstrate that mental disorders are more curable than was at that time generally supposed. He therein asserts, that, of all the cases which had been treated by him, both in general practice and in his private asylum, "including patients in a state of fatuity, idiocy, and epilepsy, the proportion of recoveries was eighty-one in one hundred; of recent cases, ninety-one in one hundred; of old cases, thirty-five in one hundred." He admits that he had "been

much favored by an unusually large proportion of recent cases;" and in his "Commentaries," published eight years afterwards, he acknowledges that his percentage of cures "appeared by some to be doubted."

Dr. Burrows had treated only two hundred and ninety-six cases, not half so many as are to-day under the care of Dr. Godding, at Taunton. Of the two hundred and forty-two recent cases, two hundred and twenty-one recovered, and of the fifty-four old cases, nineteen recovered.

In the appendix to the inquiry, the Doctor published the statistics of the recoveries at the Retreat, at York, from 1796 to 1819. These were furnished by Samuel Tuke, and were classified according to the duration of the mental disorder. They are as follows:—

Cases.	Duration.	Attack.	Recovered.	Per Cent.
47	Less than three months,....	First, ...	40	85.10
45	Three to twelve months, ...	First, ...	25	55.55
34	Under twelve months, ...	Not the first,.	21	61.76
48	Under two years, ...	First, ...	12	25.00
79	More than two years, ...	.....	14	17.72

Hence are derived the further statistics that, of the ninety-two cases of first attack, and of less than one year in duration, the recoveries were sixty-five, or a proportion of seventy-six and fifty-two hundredths per cent. Of *all* the cases (one hundred and twenty-six) of less duration than one year, whether of first or subsequent attack, the recoveries (eighty-six) were equal to sixty-eight and twenty-five hundredths per cent. The ratio of recoveries of the whole number treated was forty-four and twenty-three hundredths per cent.

The next authority to which our attention is called, is the annual report of the Retreat, at Hartford, Connecticut, for the official year 1826–27. The information contained in that report "fell upon dry and stony

ground," and doubtless would have there remained, fruitless and comparatively unknown, had it not been gathered and disseminated by a traveling foreigner. Captain Basil Hall, of the Royal Navy of Great Britain, visited the Retreat on the 25th of October, 1827, and gave an account of that visit in the history of his American tour, which was subsequently published.*

"Dr. Todd," says the Captain (vol. 2, p. 192,) "the eminent and kind physician in charge of the Retreat, gladly communicated his plans, and showed us over every part of this noble establishment—a model, I venture to say, from which any country might take instruction." Upon subsequent pages he copies "extracts from the report of the visiting physicians," one of which is as follows:

> "During the last year there have been admitted twenty-three recent cases, of which twenty-one recovered, a number equivalent to ninety-one and three-tenths per cent. The whole number of recent cases in the institution during the year was twenty-eight, of which twenty-five have recovered, equal to eighty-nine and two-tenths per cent."†

Thus recognized and endorsed, not merely *in* Great Britain, but by a representative of that arm of her power in which has hitherto rested her confidence, as the source of her greatest pride and glory, the "report of the visiting physicians" suddenly became worthy of recognition upon this side of the Atlantic. The newspapers took it up and sent it through the length and the breadth of the land; and in this way, whatever a few physicians and others might have previously learned from the report itself, the people at large received their first impression that insanity is largely curable. By a few strokes of his magic pen, Captain Hall did what,

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* "Travels in North America, in the years 1827 and 1828" by Captain Basil Hall, Royal Navy. In three volumes. Edinburgh, 1829.

† Vol. 2, page 196.

were it not for him, would have required the labor of years.

Very soon after the appearance of this book in the United States, and while the memory of the Hartford statistics was still fresh and vivid, Massachusetts caused to be erected her first State Hospital for the Insane, at Worcester. It was opened in January, 1833. Dr. Samuel B. Woodward, its first Superintendent, came directly from the atmosphere of the Hartford Retreat. That institution was in part indebted to him for its existence. He was one of the few who took the initiatory measures for its foundation; he was one of the original directors to whom its charter was granted; and its welfare had always been to him an object of interest and solicitude.

Dr. Woodward's intellectual abilities were considerably above the average. He was cheerful and sanguine, and much interested in his specialty, which he consequently pursued with enthusiasm and entire dedication of time and thought and feeling. Both his physical temperament and his intellectual constitution were such as not only to induce, but perhaps to force him to "look upon the bright side of things," whatever might call for his opinion or action.

A man so constituted, having such antecedents and the reported success at Hartford as an example, would not be likely to present the subject of insanity, as it appeared at Worcester, in a less cheerful light than nature and truth would justify. In his second annual report, which embraced the official year terminating with the 30th of September, 1834, he wrote as follows, in his summary of the statistics of the year: "Recovered, of all the recent cases discharged, eighty-two and one-quarter per cent." The reader will please observe that this high percentage represents the ratio of recoveries to cases *discharged*, and *not* to cases *admitted*. It

is believed that a non-observance of this fact, by the casual or the careless reader, was one cause of the erroneous impression conveyed to the public mind.

In his third report, the Doctor says, "Recoveries of those patients during the year ending November 30, 1835, whose insanity was less than one year's duration eighty-two and one-half per cent.;" and, upon another page, "In recent cases of insanity, under judicious treatment, as large a proportion of recoveries will take place as from any other acute disease of equal severity." It is believed that this was the first public annunciation, in America, of the principal idea of the proposition contained in the quotation; namely, the curability of insanity as compared with other severe acute diseases.

In the fourth report, for 1836, he says, "Per cent. of recoveries of recent cases discharged, eighty-four and one-fifth;" and in the fifth, for 1837, "Per cent. (of recoveries) of recent cases discharged of less than one year's duration, eighty-nine and one-fifth."

Whatever erroneous idea may have, thus far, been inadvertently and unintentionally produced by the method of computing the proportion of recoveries upon the number *discharged*, it *ought* to have been corrected by the subjoined extract from the report for 1838, in which the language would imply that it is computed upon the number *admitted*.

"There have been admitted, since the hospital was opened, three hundred and thirty-four cases of less duration than one year; of which, two hundred and seventy-six have recovered, which is about eighty-two and two-thirds per cent.

In most institutions, it is customary to deduct those that have not had sufficient time; this may be said of the twenty-eight recent cases left in the hospital at the end of the year; these deducted, the per cent. of recoveries will be *ninety and one-half*.

If we make a further deduction of the deaths of the cases from this class, which is also the rule in many institutions, we should increase the per cent. to about ninety-four."

Although apparently avoiding the erroneous method of computation before mentioned, this extract well illustrates the prevalent desire of the time at which it was written to produce enormous percentages. That both reason and common sense were sacrificed to that desire, is sufficiently proved by not this quotation alone, but by others, from other sources, yet to be produced. In the second paragraph of the above extract, the reader is asked to reject all cases remaining in the hospital, although unquestionably a considerable part of them were incurable; and, as if this were not enough, he is then, in the third paragraph, invited to set aside all who have died!

If, in calculating the curability of mental disorders, all cases of mortality are to be rejected, why not in all other diseases? The principle appears as reasonably applicable in pneumonia or typhoid fever as in insanity, but it is a principle better adapted to the consolation of the physician than to the discovery of truth in science. Let it be applied, for example, to consumption and Asiatic cholera; calculate the percentage of recoveries accordingly, and behold what harmless diseases they immediately become!

In the seventh report of the hospital at Worcester, the proportion of recoveries, for the year, of recent cases discharged, was asserted to be ninety (90) per cent.; in the eighth, sixty-four patients of seventy, equal to ninety-one and forty-two hundredths per cent.; and in the ninth, ninety-one per cent. This was in the latter part of the year 1841. "The average of recoveries of cases of less duration than one year," says this report, "is now eighty-eight per cent. for the whole time (nine years,) and is as great as can be expected."

When Dr. Woodward took charge of the hospital at Worcester, there were but eight other institutions, specially devoted to the care and custody of the insane,

in the United States. Four of them were incorporated, and only three—in Virginia, South Carolina and Kentucky—belonged to the States, respectively, within which they are situated. Of a majority, at least, of the eight, the chief medical officer was merely a visiting physician engaged in general practice. Annual reports were published by but a part of them; and such as were published were brief, and their circulation very limited. Thus circumstanced, there was a golden opportunity for the Doctor to disseminate among the people some knowledge of insanity and its treatment in hospitals, and thus give an impetus to the thitherto languid and lagging enterprise for the amelioration of the condition of the insane upon this side of the Atlantic. This opportunity he did not fail to seize. His very elaborate reports, abounding in statistics, as well as in other matter more attractive to the general reader, were widely circulated, and he soon became known, not only throughout the States, but likewise in Europe, and was generally regarded as the highest living American authority in the treatment of mental disorders. In the course of the ten years next following his removal to Worcester, no less than twelve hospitals for the insane were founded and opened within the States, and seven of them were State institutions. The superintendents of some of these were men of no less ability than Dr. Woodward, and they entered heartily into the prosecution of their work. Some of the older institutions, meanwhile, had become newly and ably officered. Dr. Bell had taken charge of the McLean Asylum, and Dr. Brigham of the Hartford Retreat. A spirit of emulation was aroused, which, at length, by stimulation, became what might more properly be termed rivalry, albeit the generous rivalry of friends, and conducted, as a whole, in the love of science and under the promptings of benevolence.

We are now approaching the maximum mathematical curability of insanity. The foregoing historical paragraph was considered important, as showing some of the causes which led to it. In 1840, the Worcester Hospital had attained, as shown above, a proportion of ninety-one and forty-two hundredths per cent., and in 1841, ninety one per cent. The precentage of Dr. Burrows, as has been seen, was ninety-one.

In the report of the Eastern Asylum for the Insane, in Williamsburg, Virginia, for the year 1842, Dr. John M. Galt, the Superintendent at the time, quoted the percentages of recent cases claimed to have been cured by Sir William Ellis,* Dr. Burrows, Dr. Woodward, and, on the authority of Basil Hall, the Retreat at Hartford. He then gave a statistical account of thirteen cases of recent insanity received at the institution under his charge in the course of the year from July, 1841, to July, 1842. Six months after the expiration of that year, twelve of them, equal to ninety-two and three tenths per cent., had recovered, and one had died. The Doctor describes this single case of mortality, and then, adopting that admirable principle of exclusion, the precedent for which, in this country at least, had been established by Dr. Woodward, says, "If we deduct this case from those under treatment, the recoveries will amount to one hundred per cent.!" "From such facts as the above," he continues, "I am led to believe that there is no insane institution either on the Continent of Europe, in Great Britain, or in America, in which such success is met with as in our own."

The considerate reader will forbear to arraign the Doctor for a deficiency of modesty. He had excelled his colleagues in the work of benevolence, and who but

*In his treatise on insanity, published in 1838, Dr. Ellis does not discuss the subject of curability. Probably this claim, "about ninety per cent.," was made in a report of either the Wakefield or the Hanwell Asylum, with each of which he was at different times connected.

he could make it known? He had produced the thitherto maximum of percentage figures, including deaths; nay, more, had he not, under a recognized principle, mathematically demonstrated the curability of one hundred per cent., that is, *all* of the insane? Lest the living may not reply to this interrogation, I call upon the dead. What says Dr. Bell, of the McLean Asylum, thereupon,—Dr. Luther V. Bell, than whom, in the United States of America, no abler man, intellectually, and no more conscientious man, morally, has ever been engaged in the specialty of psychology?

"The records of this (McLean) Asylum," says he, in his report for the year 1840, "justify the declaration that *all cases, certainly recent*,—that is, whose origin does not, either directly or obscurely, run back more than a year,—recover under a fair trial. This is the general law; the occasional instances to the contrary are the exception."

These things sound so very strange at the present day, that, in order to reassure the reader, it would appear proper to inform him that no instance is recollected, and none, at the time of the present writing, has been discovered in the books, in which the claim to have cured more than one hundred per cent., or even that more than one hundred per cent. are curable, has been advanced. Logically, perhaps, claims of that nature might have been made; because the foregoing extracts from Galt, Bell, and Woodward were written more than thirty years ago, and some of the writers of the present day apparently believe that great improvements have been made in the treatment of insanity since that time.

Although the spring-tide of mathematical curability had now apparently attained its highest point, and Dr. Galt was upon the crest of its topmost wave,—with Dr. Bell beside him in opiniative curability, for Dr. Bell

entertained an inveterate dislike of the Arabic numerals as applied to insanity,—yet a further change was in reservation in the undeveloped but still immediate future. In only one short year after the recounted success at Williamsburg, Dr. Awl—there was a prophecy even in the sound of his name—in his report, for 1843, of the State Hospital for the Insane at Columbus, Ohio, thus unpretentiously but pithily announced his achievement for the year:—

"Per cent. of recoveries on all recent cases discharged the present year, one hundred." And so the goal was won; the summit of the maximum wave of the highest possible high water point was gained! Dr. Awl, who had "studied at the feet of Gamaliel," (Dr. Woodward,) and who was always his loyal disciple, had outrivaled, not his master alone, but all other competitors.

But Dr. Woodward, in his report for the same year, (1843,) wrote as follows:

"I think it not too much to assume that insanity, unconnected with such complications (epilepsy, paralysis, or general prostration of health,) is *more** curable than any other disease of equal severity; more likely to be cured than intermittent fever, pneumonia, or rheumatism."

Dr. Bell's report for the same year contains a general review of all the cases, "somewhat exceeding a thousand," which he had treated during his connection with the McLean Asylum, in which he says: "The best judgment I can form is, that six out of every ten discharged, including those considered unfit, those discharged with incomplete trial, and those dying prior to the event being determined, have recovered." Of those cases the duration of which was less than six months at the time of admission, he says: "Certainly nine-tenths have recovered."

* Not italicized in the original.

After the Ohio triumph of 1843, there were indications, in some quarters, of an ebbing of the tide. Dr. Woodward, indeed, in his report for 1844, reported the recoveries of recent cases, at Worcester, at ninety-three per cent., and thus excelled his former self; but in that for 1845, his thirteenth and last, this percentage receded to eighty-nine and one-half. Dr. Chandler succeeded Dr. Woodward, and in his report for 1846, the retrograde movement was still greater than in the next preceding year, the proportion of recoveries of recent cases being but seventy-nine per cent. This recession, however, was subsequently in part recovered from, and during the ten years' administration of Dr. Chandler, the average was eighty-three per cent., whereas, during the whole period of Dr. Woodward's administration, it was eighty-eight per cent.

Even Dr. Awl never again equaled himself. The prophecy was never fulfilled but once. In 1844 his percentage of recoveries of recent cases discharged, receded to eighty-nine and forty-seven hundredths; but in 1845 it mounted to ninety-five and twelve hundredths, and in 1846 to ninety-five and thirty-eight hundredths. In 1847 it again receded, and, this time, to eighty-eight and forty-four hundredths; but only to remount, in 1848, to ninety and thirty-six hundredths; and, in 1849, as shown by his eleventh and last report, to ninety-three and twenty-five hundredths. In this report he states that the "per cent. of recoveries on all recent cases discharged in eleven years, was ninety and seventy hundredths. The reader will observe that all these proportions related to cases discharged, and his attention is called to the comments upon them, by Dr. Awl's successor, as presented upon a subsequent page.

But Dr. Awl was content with the permission to his numerals to speak for themselves. In this he was

almost purely a statistician in Arabic. So far as I have learned, he neither vaunted his success, nor proclaimed the pre-eminent curability of insanity, in the text of his reports. Ardent, hopeful, joyful in temperament, he naturally presented his subject in a light sufficiently *couleur de rose;* but, for the same reason, he endeared himself to his colleagues, of whom every survivor would now exclaim: "May his genial heart still beat for a thousand years."

He would be mistaken who should entertain the belief that, throughout this period of apparent struggle for the largest numerical symbols, there was a unanimity of opinion and feeling among the Medical Superintendents of the Institutions. Yet, whatsoever might have been thought, or, in conversation expressed upon the subject, but little, if anything, appeared in the published reports discrediting either the asserted results of treatment, or the accuracy of the method by which the numerical statistics were obtained. Dr. Isaac Ray, in the report for 1842 of the State Asylum at Augusta, Maine, wrote as follows: "Nothing can be *made* more deceptive than statistics; and I have yet to learn that those of insanity form any exception to the general rule." But the first important shadow of this kind which was thrown upon the glamour of Arabic numbers, was projected by Dr. James Bates, a man of sterling common sense, the successor of Dr. Ray. In his report for 1847–48, he used the following language:

"Few things are more various, in the numerous reports which come to hand from institutions similar to our own, than what are termed *recent* cases. In general, of late years, cases admitted within one year of the attack are denominated *recent.* This would be very well, and easily understood, if such cases were continued to be *recent* cases, in the reports, until discharged. But such is not the fact. In one report which contained a table purporting to give the admissions and discharges of recent and old

cases, it was seen that the recoveries, discharges, and deaths, together with recent cases remaining, were much less than stated in the admissions. Further examination showed, that at the end of each year those remaining in hospital which had become of more than one year's standing, were turned over to the department of old cases.*

"By such a course, and rejecting deaths, paralytic and epileptic cases, and perhaps some others, from the aggregate, the cures of recent cases are very conveniently carried up to ninety per cent.

"It is probable, in some instances, this rejection and pruning away of exceptionable cases might be carried so far that one hundred per cent. of recoveries in recent cases could be reported, and received with wondrous admiration by that portion of the public who are better pleased with marvellous fiction than with homely truth."

Not satisfied with this, he again expressed his opinions, and perhaps more strongly, when discussing the subject of statistics, in his report for 1849–50. Says he:

"When honestly made, they are not likely to do injury; but I am sure they are sometimes made the instruments of deception. If figures can not lie, they may mislead, by disguising the truth. For instance: suppose, at the end of each year, instead of reporting all cases as *recent* which were actually admitted within one year of the attack, I should, for the purpose of *appearing* to cure ninety per cent. of recent cases *discharged*, report only *such* as *recent* cases as had not become *old* ones by remaining with us, I might impose the belief on the *uninitiated*, that ninety per cent. of recent cases could be cured, when every man acquainted with the subject knows that no instance can be shown in which ninety

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* The practice mentioned may be illustrated as follows: A hospital receives one hundred (100) *recent* cases, and reports them as such. It discharges eighty (80) of them *while recent;* and, of these eighty, (80,) seventy (70) have recovered. Consequently, seven-eighths, or eighty-seven and one-half per cent. of the *number discharged*, are reported as recovered. The remaining twenty (20) of the original one hundred (100) stay in the hospital so long that their disease has existed more than a year, and hence is no longer recent. They are then transferred to *chronic cases*, and thenceforth, in all statistics relating to them, are reported as such. It is thus made to appear, that of the original one hundred (100) cases, eighty-seven and one-half per cent. recovered, when, in fact, only seventy per cent. recovered. There was a time at which this practice was pursued at more than one hospital.

cut of one hundred cases, admitted in succession, no matter *how recent*, were ever cured."

About this time, Dr. S. Hanbury Smith, a man of broad culture and extensive professional knowledge, was appointed to the superintendence of the State Asylum for the Insane, at Columbus, Ohio. In his report for 1850, he presents the statistics of all the recent cases of insanity received at that institution, from the time of its opening to the 30th of November of that year; and shows that the recoveries, according to the records, and including those remaining in the hospital who were believed curable, were equal to seventy-five and forty-three hundredths per cent. "The curability of recent cases in this institution," he then remarks, "would be exactly represented by these figures, were it certain that the word *recovered*, when entered opposite a name on the books of the institution, is always properly employed. The term has probably been applied to many cases which were only very much improved, but not in scientific strictness cured, seventy per cent. being considered by some authorities as about the limit of possible cures in recent cases."

Dr. Andrew McFarland's first report of the New Hampshire Asylum for the Insane, was for the year 1846. He classified the cases of both admission and discharge into recent and chronic, but calculated no percentage. In his third report (for 1848) he dropped that classification and gave expression to his views in the following language:—

"This is deemed a proper time and place to record a skepticism as to the value of a system of forming tables, or rather the want of system, in making important deductions, and establishing infallible percentages from extremely loose and insufficient premises, and all now engaged in the treatment of the insane appear to be arriving at the same conclusion."

The period of greatest mathematical curability had now very evidently passed; that spring-tide upon which the members of the regatta had been disporting for a number, not inconsiderable, of years, had begun to ebb, and has continued to ebb, as will be shown farther on, to the present time, when it has reached, perhaps, upon the average, very nearly the true water level.

At this point, however, it may still further elucidate our subject to show the position in regard to it which was occupied by several medical superintendents in charge of institutions during some part of the period of high percentages, but of whom little or nothing has thus far been written.

Dr. Ray, at heart, never approved the course of the advocates of mathematical curability. Upon his entrance into the specialty it is not surprising that he joined them, but he did it under protest, and, at the very first opportunity, he threw off all allegiance to them. In his first report, which was that for the Maine Insane Asylum, for the year 1841, he classified his cases into *recent* and *old*, the former term applying to those of less than one year in duration. "I have adopted this classification," says he, "in deference to the practice now somewhat common in New England hospitals; but I must be allowed to express my conviction that the distinction is without any precise, well-marked difference, and had better be abandoned."

In giving the results of treatment, he says:—"Per cent. of recoveries of recent cases discharged in the course of the year, seventy-one;" and then, in a foot-note, he remarks as follows:—"Two of the recent cases discharged uncured, were returned to the hospital and finally discharged, cured; so that really the per cent. of recoveries of recent patients is seventy-five." In another place, he says:—"Our proportion of recoveries in recent

cases, as indicated by our books, has been seventy-one per cent., though, if we make allowance for cases prematurely removed, it amounts to eighty-five per cent. which is the average of recoveries obtained in the New England hospitals generally."

Dr. Ray never *built* a percentage a second time, in the hope to make his mathematical house as high as those of his neighbors. Thenceforward both at the Maine Asylum and at the Butler Hospital, he discarded classification according to duration, eschewed percentages, and, especially at the institution last mentioned, dealt but little in other numerical statistics.

Dr. Amariah Brigham wrote but two annual reports of the Hartford Retreat. The last of these is the only one to which I have access. It is for the official year ending with the 31st of March, 1842. Before the termination of that calendar year he was appointed to the superintendence of the New York State Asylum, at Utica, which was opened, under his direction, on the 16th day of January, 1843. In the report of the Retreat, he says: "The records of this, and of all kindred institutions establish the fact that insanity is a disease that can generally be cured, if early and properly treated; while it is equally well established that if the disease is neglected, or suffered to continue for two or three years, it is rarely remedied. In his first report (for 1843) at Utica, he says: "Eighty patients have been discharged. Fifty-six of these were recent cases, that is, of not more than twelve months' duration. Of this number forty-nine recovered." The percentage of these recoveries is not stated, and neither in the report of the Retreat, nor any one of the six annual reports which he lived to write at Utica, have I found any such percentage. He did not classify his cases in tabular form, as recent and chronic, and the instance just quoted is the only one in which, as regards recovery, he

mentioned the numbers with such a discrimination. He was not a competitor in the regatta of mathematical curability. But in this connection, and as a matter illustrative of our subject, I copy the following from his last report for the Retreat.

"By *recovered*, we usually mean complete restoration of the mental powers. Two of the individuals discharged this year, and reported as recovered, are still very eccentric, though they do not now manifest anything that their friends call insanity, are able to attend to their affairs, and are as well as they were for several years before they were called insane.

"Some few other individuals, though reported recovered, did not, when they left us, exhibit their former mental vigor. From several of these we have heard that, at home, they have entirely recovered in this respect, or are steadily improving. With these few exceptions, those that we have reported recovered we consider completely so."

If limitations so comprehensive were given to the term "recovered" by a *moderado*, like Dr. Brigham, what might not be granted to it by an ultraist, such as were some of the medical superintendents.

In the annual presentation of the medical history of the Pennsylvania Hospital for the Insane, Dr. Thomas S. Kirkbride has very prudently and properly avoided the classification of patients according to the duration of the disease; and, although apparently a believer in the curability of insanity to an extent which would not be accorded by a large proportion of the superintendents of the present day, he has never been among the extremists, has written but little upon that specific point, and has invariably, I believe, shunned percentages in Arabic numerals. In an examination of his first fifteen annual reports, I find but two allusions to the curability of the disease, of sufficient directness and importance to come within the scope of this discussion. In the report for 1842 he says: "The general proposition that truly recent cases of insanity are commonly

very curable, and that chronic ones are only occasionally so, may be considered as fully established."

In the report for 1846 the proposition is made rather more definite by the use of a percentage—perhaps the only one to be found in his reports—expressed in words. "Of all who are attacked with insanity, and subjected during its early stages to a judicious treatment, and that treatment faithfully persevered in, at least eighty per cent., will probably recover."

In his report for 1844, of the Bloomingdale Asylum, New York, the first which was issued after he became connected with it, Dr. Pliny Earle presented a table of "cases supposed to be recent," in which it is stated that the number discharged was fifty, of which forty-five had recovered. Nothing was said of percentage in regard to them; but the subjoined extract is taken from the context.

> "It appears to be very satisfactorily proved that, of cases in which there is no eccentricity or constitutional weakness of intellect, and when the proper remedial measures are adopted in the early stages of the disorder, no less than *eighty* of every *hundred* are cured. There are but few diseases from which so large a percentage of the persons attacked are restored."

In his report for 1845, the table of recent cases states that of fifty-seven cases discharged, thirty-six were cured; and in connection therewith, it is remarked that four others, "discharged *much improved*, were entirely well a short time after they left. These make the number of cures in recent cases *forty*."

In a discussion of the subject of treatment, in the same report, occurs the following proposition: "When the insane are placed under proper curative treatment in the early stages of the disease, from seventy-five to ninety per cent. recover."

The author of those reports deprecates, in regard to these extracts, no comment which he has here applied

to the same assertions, or assertions equally strong, but no stronger, by any one of his colleagues. But, thirty-two years ago, Dr. Earle was somewhat younger and less experienced than he is now. His practical knowledge of the treatment of insanity, at that time, had been derived from a number of cases very considerably less than that of those who are under his care to-day. He has had time, and opportunity, and reason to modify many of his opinions; and among those modified opinions is that of the curability of insanity. Doubtless there are others of the writers here quoted, who would now seek protection, and who deserve it, under a similar plea.

The reports of Dr. William H. Rockwell, of the Vermont Insane Asylum, were models of sententious brevity. Their author indulged sparingly in numerical statistics, but he always gave the percentages of recoveries calculated upon the number of patients discharged, and with unvarying discrimination between "old cases" and "recent cases." The percentages of the recent cases always ranked among the highest, but only in one instance did they exceed *ninety*. This was in 1839, when the percentage was ninety-one and thirty-three hundredths. In all the other years from 1838 to 1845, inclusive, they fluctuated between the two extremes, eighty-seven and fifty hundredths and eighty-nine and seventy-four hundredths.

In his report for 1849, in connection with a summary of all the patients theretofore treated at the institution, it is stated that, "of those placed at the asylum, within six months from their attack, nearly nine-tenths have recovered."

Dr. William H. Stokes, in the report for 1845, of the Mt. Hope institution, at Baltimore, Maryland, discoursed as follows:

"In our former reports for 1843 and 1844, we assumed the high ground, that not merely *nine* out of *ten* cases of insanity, of a less duration than one year, may be cured, but that *ninety-nine* in a *hundred* can be radically restored, unless there exists in the individual a strong constitutional tendency to mental disease, or unless circumstances beyond our control, and the injurious tendency of which has been fully explained, intervene to interrupt and disturb the process of cure. This position has been fully sustained, as the report will show, by the experience of the past year."

In respect to this quotation, it may be remarked that, while the proposition may be strictly true, as interpreted by an expert of long experience, yet the popular reader would be likely to remember the large proportions in its assertive clause, while forgetting, or rather not knowing, the broad scope of the contingent clause, as introduced by the word *unless*. These contingencies have, since that time, practically proved their power in the very great reduction of the assumed proportions. Ninety-nine cases in a hundred, of *any* disease may be cured, unless *something* prevents.

In the report for 1841, of the Western Lunatic Asylum, at Staunton, Virginia, Dr. Francis T. Stribling, a most estimable man and an excellent superintendent, introduced a numerical table to which he appended these remarks:

"From this table it will be perceived that the whole number of recent cases during the year, in which an opportunity has been afforded to test the use of medicines, amounts only to twenty-one, of whom eleven were males, and ten females. Of these, seventeen recovered, nine males and eight females; two females are improved, one male is stationary, and one male died. From this estimate is excluded, of course, those patients who entered the institution within the last twenty days, as their stay has been of too short duration for the effects of remedies to be developed. The individual above included as having died, was only here sixteen days, and for the same reason should also be excluded, which would leave as proper subjects for this table twenty only, of whom eighty-five per cent. have recovered, a result which we confidently believe will bear honorable comparison with that in any

other insane institution in existence, and one which should speak trumpet-tongued to those misguided individuals who, notwithstanding the lights which have been shed upon this important subject, within a few years past, obstinately persevere in retaining their insane friends at home, or in situations equally unfavorable, until their malady becomes confirmed and they are rendered, for life, the victims of insanity, it may be, in some one of its most aggravated and distressing forms."

His report for 1844 contained, in tabular form, the number of recent cases admitted from July 1, 1836, to December 31, 1844, together with the results of treatment and the percentage of those results. The recoveries, as calculated upon the admissions, were equal to eighty-two, and as calculated upon the discharges, ninety-three per cent.

Of writers other than the Medical Superintendents, there is but one the opinions of whom it appears necessary here to notice.

Several years ago, Dr. Edward Jarvis wrote as follows:

"In a perfect state of things, where the best appliances which the science and skill of the age have provided for healing are brought to bear upon these lunatics in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably eighty, and possibly ninety per cent., would be restored, and only twenty, or perhaps ten per cent., would be left among the constant insane population."

To the superficial reader, particularly if he be young and enthusiastic, this reads well, appears full of promise, and *may* be received as the assertion of a positive proposition in scientific truth. The thoughtful reader finds it too heavily laden with the conditional, the doubtful and the impossible. "Go to the foot of the rainbow"—how often it was heard, and how it excited our admiration in boyhood—"and you will find a golden cup." "In a perfect state of things," the writer

might better have said, "there would be no insanity," for that would have been a positive truth. The "perfect state of things" which he fancied, is unattainable, and consequently the whole substance of the proposition is little better than speculation.

It is utterly impossible, and so will it continue to be throughout all time, unless the characteristics of insanity undergo very important changes, to subject the insane to curative treatment at as early a stage of their disorder as are persons seized with fever or dysentery. In a very material proportion of the cases—more than ten, and, in my opinion, more than twenty per cent.—the approach of the malady is so slow and insidious, that the insanity is not recognized, often not suspected, until it has passed the period in which it might have been amenable to appropriate treatment. Hence, practically, it is chronic and incurable from the beginning. To this class belong all cases of paresis—the *paralysie générale* of the French—as well as those in which natural peculiarities or eccentricities gradually increase with advancing years, until they become so exaggerated as to be generally and properly accepted as the manifestations of insanity; those in which the brain and the nervous system in general hopelessly, and somewhat suddenly, succumb to the accumulated deleterious effects of intemperance in intoxicating drinks and of other forms of dissipation; and those of "spoiled children," who, by the results of unwise management during the periods of youth and adolescence, become some of the annoyances, *par excellence*, of the hospitals. There are other cases still, but it is unnecessary here to mention them.

The last clauses of the proposition quoted from Dr. Jarvis, those which express the deduction or the sequence of the conditional premises, are deprived of force by the assertion of a "probability" and a "possi-

bility," instead of a certainty. But, as has been shown, the certainty has not been, and it can not be, demonstrated. At most, then, the quotation, strictly interpreted, signifies that by the performance of an impossibility, you may arrive at a probability or a possibility.

But very much to my surprise, and, as I apprehend, to that of every person of long and large experience with the insane, Dr. Jarvis has quite recently repeated his proposition modified to a more positive form. "Under appropriate influences," says he, "insanity is among the most curable of grave diseases. If the persons who are attacked with this disorder are as promptly cared for as others when attacked with fever, dysentery, pneumonia, etc., eighty or ninety per cent. can be restored to health and usefulness."*

But even this is the expression of a hypothesis which requires, as is shown above, an impossibility—the placing of the patient under treatment as immediately as in the other serious diseases mentioned.

Familiarity with the writings of Dr. Jarvis, and a personal acquaintance with him of not less than thirty-five years, have led me to regard him as one of the ablest statistical philosophers of the United States. Perhaps no American has been more deeply interested in the subject of insanity than he, and few have made themselves so extensively acquainted with its literature. His practical knowledge of it is, nevertheless, but small. He has never been connected with a public hospital for the insane, except for a few years as trustee, and his experience in the treatment of the disease is limited to cases in general practice, and a comparatively very small number in a private asylum. Had his observation extended over the large numbers who have been under the care of any one of a dozen

* Fifth Annual Report of the State Board of Health, of Massachusetts, page 382.

superintendents who might be named, he never, as I believe, would have written either of the foregoing extracts; for he is a conscientious searcher after truth, and no less conscientious in the expression of what he believes to be the truth.

But the essence of the proposition is not original with Dr. Jarvis. Dr. Woodward, as has already been shown, expressed and published it forty years ago. Dr. Burrows did the same more than fifty-five years ago. Upon page thirty-seven of the "Inquiry," already mentioned, he says he has "a clear conviction that it (insanity) admits of cure in a ratio equal with almost any disorder marked by as strong indications of morbid action in the corporeal system;" and farther on (page fifty,) reasoning from his own success, as shown by his numerical statistics, he adds, "It is a legitimate inference that, if no other impediments than are usually opposed to the successful termination of corporeal diseases supervened, the recoveries of cases of insanity would be actually in excess" of those of other diseases.

It is now proposed to introduce the statistics of some authorities who have not found mental disorders, when treated within a twelvemonth from the time of invasion, to yield to curative measures in so large a proportion as most of those hitherto quoted. They deal with comparatively large numbers of cases, and hence are more reliable as premises from which to deduce truthful results, than the twenty-three cases of the Hartford Retreat which, thanks to Basil Hall, made so much noise in the world; or the thirteen cases of Dr. Galt, upon which he claimed the championship of success; and, being based upon all the cases *admitted*, their results are more truthful, as an expression of actual curability, than the highest percentages of Drs. Woodward and Awl, which were derived from the numbers of

cases *discharged*. The first, and the most valuable for our present purpose, of these statistics, are those of the Friends' Asylum, at Frankford, Philadelphia. They are the most valuable, because of the means of their analyzation, to a certain extent, with which I have been furnished by Dr. Worthington.

The Friends' Asylum was opened in 1817. It is a small institution, the number of its patients at any time not having been one hundred. Hence every patient comes more directly and constantly under the observation and influence of the physician-in-chief, and is more subjected to "individual treatment" than is practicable in the large hospitals. No public or corporate institution in the country approaches more nearly to the ideal "cottage" plan. It has always been well managed, and its rank as a first-class curative institution has never, to my knowledge, been questioned.

The report of that Asylum, issued this year, informs us that the whole number of cases of less than twelve months' duration, admitted since the opening of the institution, was one thousand and sixty-one. Of these *cases*, six hundred and ninety-seven, or sixty-five and sixty-nine hundredths per cent., recovered. This proportion is already small compared with some which have been noticed. But let us examine a little farther. Of these one thousand and sixty-one *cases*, one hundred and eighty-seven were of *readmissions*. Hence the number of *persons* was eight hundred and seventy-four. Eighty-seven (87) of these *persons* recovered two hundred and seventy-four *times*, or one hundred and eigthy-seven times more than the number (eighty-seven) of persons. These were duplicate or multiplicate recoveries. Subtracting them (one hundred and eighty-seven) from the total (six hundred and ninety-seven) recoveries, the remainder is five hundred and ten recoveries, and these are the recoveries of *persons*. Consequently,

of eight hundred and seventy-four *persons*, five hundred and ten recovered. This is equivelant to a percentage of fifty-eight and thirty-five hundredths. This process makes a material alteration in the aspect of things, if the proposition be to ascertain the proportion of recoveries of insane *persons*. Only fifty-eight (without the fraction) of each hundred recovered. And these were not all *permanent* recoveries. Of the five hundred and ten persons who recovered at least once each, eighty-seven were admitted on subsequent attacks. Therefore, at most, only (five hundred and ten less eighty-seven) four hundred and twenty-three *persons* were *permanently cured*. This is but forty-eight and thirty-nine hundredths per cent. of the whole (eight hundred and seventy-four,) or *less than forty-nine in each hundred*. It is very far from certain, it is not even probable, that so many were permanently cured. Who knows how many of them suffered from subsequent invasions of the disorder, slighter, perhaps, than the first, and for this reason—or perhaps quite as severe as the first, and for some other reason, for such reasons are many—detained and treated at home? Who can tell the number that, having a recurrence of the malady, were taken to some other institution? Such changes are not infrequent, and in this instance would be particularly likely to occur, from the fact that, in the course of the period during which these persons were admitted, several other excellent institutions were established within the territory from which the Friends' Asylum, in its earlier years, received its patients.

At some of the institutions, a number not inconsiderable of the admissions of recent cases are not cases of insanity, properly so-called, but of delirium tremens. My impression is, that but few, if any, of these have been treated at the Friends' Asylum. But if any there

have been, the number of them should be rejected, and the recoveries would thus be proportionately reduced.

Any person who is interested in the subject will not neglect carefully to study the foregoing analysis. Considering all the circumstances, there is no collection of *cases* in America which more fairly represent the actual curability of mental disorders, when subjected to treatment within the year, than those of the Frankford Asylum. Yet, as they stand in mass, they offer neither ninety, nor eighty, nor seventy-five, nor seventy per cent. of recoveries; and the moment their columns are broken and they are subjected to such analysis as will detect the number of *persons* recovered, the proportion rapidly falls to a point below fifty per cent., still leaving unexamined influences which would probably carry it materially lower.

The report for 1869 of the Asylum at Dayton, Ohio, which was at that time under the superintendence of Dr. Richard Gundry, contains the results of treatment, in respect to restoration, of all the patients admitted in the course of the fourteen years during which that institution had been in operation. Of the one thousand four hundred and twenty-seven cases the duration of which did not exceed one year, eight hundred and thirty-one, or fifty-eight and twenty-three hundredths per cent. recovered. But these were *cases*, not *persons*. Were the proper deductions made, as in the cases at Frankford, for readmissions, it would be found that the recoveries of *persons* was little, if any, in excess of fifty in the hundred. Other proper deductions would doubtless reduce them below fifty per cent.

Of the one thousand four hundred and twenty-seven *cases*, five hundred and thirty came under treatment within one month subsequent to the attack. Of these, three hundred and sixty-three, or sixty-eight and forty-nine hundredths per cent., recovered. The recoveries

of *persons* probably but slightly exceeded sixty per cent. The very large proportion taken thus early to the hospital justifies the suspicion of many cases of delirium tremens, and many readmissions.

Dr. Godding, in the last published report of the State Hospital at Taunton, informs us that "out of three thousand one hundred and thirty-one patients admitted to the hospital, where the disease was of less than six months' duration at the time of admission, one thousand three hundred and fifty-one recovered." This is forty-three and fourteen hundredths per cent. These were *cases*, and *not persons;* and they do not include the cases of from six to twelve months' duration,—the most incurable of the cases which have existed less than a year. In justice, however, to Dr. Godding, no less than to truth, both scientific and general, it should be mentioned that the pressure of patients upon the Taunton Hospital has been so great, for several years, that many have been hurried away from it without sufficient trial of curative treatment; and that doubtless there was a no inconsiderable number of those who would otherwise have recovered.

It may here be mentioned, as bearing upon the subject under discussion, that at the Worcester Hospital, under Dr. Woodward, during the second period of five years of its operations, the per cent. of recoveries of recent cases was ninety and one-tenth, yet, twenty-four years later, under Dr. Bemis, during the period of five years, from 1864 to 1868, inclusive, it was but sixty-eight and eight-tenths. In both instances these were *cases*, and *not* persons; and the percentage was upon patients *discharged*, and not upon patients admitted.

Dr. Stearns, in the report of the Hartford Retreat for the official year ending with the close of March, 1876, asserts that during the first nine years of the operations of that institution, which was then in charge of Dr.

Todd, ninety and one-tenth per cent. of recent cases recovered. Forty years afterwards, during the six years from 1869 to 1874, inclusive, under Doctors Butler, Denny and Stearns, in succession, only sixty-two and three-tenths per cent. recovered. The proportion of recoveries during the first period was forty-four and sixty-two hundredths per cent. greater than it was during the last period. If the proportion during the second period be represented by one hundred, that of the first period is represented by one hundred and forty-four and sixty-two hundredths.

The first European authority (Dr. Burrows) quoted in the discussion of this subject, is that of an eminent psychologist of London, fifty years ago. We have now arrived at a point where the recent language of another eminent psychologist, of the same city, may very appropriately be introduced. He speaks not alone from his own observation, which has probably been as extensive as that of Dr. Burrows, but out of the accumulated knowledge of the vastly enlarged experience of the last half-century in England. Dr. G. Fielding Blandford, lecturer on Psychological Medicine at the School of St. George's Hospital, London, uses the following language in his treatise upon mental disorders lately published:—

"If we could carefully watch every case of insanity from its commencement, I fear we should see that a less number than fifty-three per cent. recover from the first attack, so great is the proportion of those who are incurable from the first, or who, from the prejudices of friends, are not subjected to treatment till the chance of cure is gone; and if, by dint of proper treatment, the above percentage recover, they only recover, again to become insane in a large proportion."

Such was the testimony in the British capital, in 1870, precisely fifty years after the publication of the "Inquiry" by Dr. Burrows.

Having given a historical sketch of the means by which an impression of the eminent curability of insanity, in its recent stages, has been widely impressed upon the minds of persons more or less interested in the subject, and shown that the opinions of the writers who were chiefly instrumental in the production of that impression have not been sustained by subsequent and more enlarged experience, I now propose to give a cursory glance at the question of curability, in that broader signification which embraces all classes of cases, both recent and chronic, as they are received at the curative institutions.

Every person who has made himself conversant with the operations of the hospitals during the last thirty years, can not fail to have observed the constantly diminishing number of reported recoveries, relatively to the number of patients admitted.

At the State Hospital in Maine, in the five years from 1846 to 1850, inclusive, five hundred and eighty-seven patients were admitted, and two hundred and eighty-five, or a proportion of forty-eight and fifty-five hundredths per cent., recovered. At the same institution, in the five years from 1871 to 1875, inclusive, nine hundred and fifty-three were admitted, and three hundred and forty-nine, or a proportion of only thirty-six and sixty-two hundredths per-cent., recovered. The difference in the per cent. of recoveries is eleven and ninety-three hundredths.

At the McLean Asylum, in the five years from 1823 to 1827, inclusive, (fifty years ago,) the admissions were two hundred and ninety, and the recoveries one hundred and eighteen, or forty and sixty-nine hundredths per cent.; while in the five years from 1871 to 1875, the admissions were four hundred and twenty, and the recoveries ninety-one, which is only twenty-one and sixty-six hundredths per cent. The difference is

nineteen and three hundredths per cent. The proportion of recoveries is but little more than one-half as great as it was half a century ago.

At the Worcester Hospital, during the five years from 1839 to 1843, inclusive, nine hundred and twenty-two cases were admitted, and four hundred and forty-eight, or forty-eight and fifty-nine hundredths per cent., recovered. During the five years from 1871 to 1875, inclusive, two thousand and sixty were admitted, and six hundred and thirteen, or only twenty-nine and seventy-five hundredths per cent., recovered. The ratio of recoveries is but about three-fifths as great as it was thirty-five years ago.

At the Utica asylum, from 1848 to 1852, inclusive, eighteen hundred and ninety cases were admitted, and eight hundred and sixteen recovered, which is forty-three and seventeen hundredths per cent.; whereas, from 1871 to 1875, inclusive, twenty-one hundred and twenty-five were admitted, and six hundred and eighty-seven, or only thirty-two and thirty-three hundredths per cent., recovered. The proportion of recoveries is about three-fourths as large as it was twenty-five years ago.

In each of these illustrative instances, the beginning of the first of the two periods of five years between which a comparison is instituted, was five years after the institution went into operation. For example, the Maine State Asylum was opened in 1840, and the first period used in the comparison is from 1845 to 1850. This was done for the purpose of avoiding the unnatural or abnormal influence, whether favorable or unfavorable,—as a general rule the latter,—of the cases which are taken to any new institution within the first year or more after its opening. After the lapse of five years, the current of admissions, it is assumed, has attained

its normal character in respect to the curability of the patients.

In the last report of the Hartford Retreat, Dr. Stearns informs us that, at that institution, the percentage of recoveries "on all admissions" from 1824 to 1833, inclusive, was fifty-five and five tenths. During the next six years, from 1834 to 1839, inclusive, it was fifty-six and ninety hundredths; during the five years from 1847 to 1851, it was forty-eight and ten hundredths; during the thirteen years from 1855 to 1867, inclusive, forty-five and seven tenths; and during the six years ending with 1874, it was thirty-seven and eight tenths. The difference of the extremes is nineteen and one-tenth. Hence, in about forty years, the proportion of recoveries upon admissions diminished (from fifty-six and nine-tenths to thirty-seven and eight-tenths per cent.) a little more than one-third.

It is unnecessary to pursue this detailed illustration any farther. The cumulation of evidence may be presented in a manner more condensed. The table here subjoined contains the principal facts of evidence, as furnished by the reports of twenty institutions.

INSTITUTION.	Sec'nd five ye'rs from opening.	Last five years.	Total admitted.	Total recovered.	Per cent. of second five years.	Per cent. of last five years.	Decrease of per cent.
Augusta, Maine,...	1846–50	.....	587	285	48.55	....	....
" " ...	.....	1871–75	953	349	....	36.62	11.93
Concord, N. H.,....	1848–52	.....	471	221	46.92	....	....
" " ...	.....	1872–76	746	246	....	32.97	13.95
Brattleboro, Vt.,...	*1841–46	.... ..	793	345	43.50	...	....
" " ...	.....	*1871–76	667	203	....	30.43	13.07
Mc Lean, Mass., ...	1823–27	.....	290	118	40.69	....	....
" " ...	.....	1871–75	420	91	....	21.66	19.03
Worcester, Mass.,..	1839–43	... ...	922	448	48.59	....	....
" " ..	.....	1871–75	2,060	613	...	29.75	18.84
Taunton, Mass.,....	1859–63	.....	1,132	492	43.46	....	...
" "	.....	1871–75	2,189	506	....	23.11	20.35
Butler Hospital,....	1854–58	.....	279	111	39.78	....	....
" "	.....	1872–76	520	185	....	35.57	4.21
Hartford Retreat,..	1829–33	.....	324	186	57.40	....	....
" " ..	.....	1870–74	533	209	....	39.21	18.19
Bloomingdale, N. Y.	1826–30	.....	635	302	47.55	....	....
" "	.....	1871–75	602	196	....	32.55	15.00
Utica, N. Y.,.....	1848–52	.....	1,890	816	43.17	....	....
" "	.....	1871–75	2,125	687	....	32.33	10.84
Flatbush, N. Y.,...	1861–65	.....	1,072	449	41.88	....	....
" " ...	.....	1871–75	1,700	563	....	33.11	8.77
Trenton, N. J.,.....	1853–57	.....	715	306	42.79	....	....
" "	.....	1872–76	996	312	....	31.32	11.47
Pennsylvania Hosp.,	1846–50	.....	1,037	530	51.10	....	....
" "	.....	1871–75	1,371	570	....	42.30	8.80
Dixmont, Pa.,.....	1861–65	.....	479	181	37.78	....	....
" "	.....	1871–75	1,156	347	....	30.01	7.77
Catonsville, Md.,...	1839–43	.....	376	194	51.59	....	....
" " ...	.....	1871–75	671	274	....	40.83	10.76
Newburgh, Ohio,...	1860–64	.....	579	270	46.63	....	....
" " ...	.....	1871–75	1,352	406	....	30.03	16.60
Dayton, Ohio,.....	1860–64	.....	492	296	60.16	....	....
" "	.....	1870–74	1,737	786	....	45.25	14.91
Indianapolis, Ind.,..	1853–57	.....	826	473	57.26	....	....
" " ..	.....	1871–76	1,932	1014	....	52.48	4.78
Jackson, Ill.,.....	*1855–60	.....	937	436	46.53	....	....
" "	.....	*1869–74	1,818	581	....	31.96	14.57
Mendota, Wis.,....	1865–69	.....	680	230	33.82	....	....
" "	.....	1871–75	835	216	....	25.86	7.96

* These are periods of *six* years each, rendered necessary by the fact that the hospitals issued reports biennally.

The total of admissions at the twenty institutions, in the course of the first period (second five years of operation,) is fourteen thousand five hundred and sixteen; the number of recoveries, six thousand six hundred and eighty-nine; and the proportion of recoveries on admissions, forty-six and eight hundredths per cent.

The admissions during the second period (last five years,) were twenty-four thousand three hundred and eighty-three; the recoveries, eight thousand three hundred and fifty-four; and the per cent. of recoveries, thirty-four and twenty-six hundredths.

The recoveries diminished from forty-six and eight hundredths, to thirty-four and twenty-six hundredths, which is eleven and eighty-two hundredths. The diminution of recoveries is equal to nearly twenty-six (25.66) per cent. of the recoveries of the first period. For every hundred that recovered on an average of twenty-five years ago, only a fraction over seventy-four (74.34) now recover.

The reader will observe that in all of the contents of this table, the figures relate to *cases*, and not to *persons*. The depreciation of percentage in such statistics, if the object be to ascertain the proportionate recoveries of insane *persons*, has been clearly illustrated. If only thirty-four (34.26) in each hundred of the *cases* now received into the hospitals are discharged recovered, the recoveries of *persons* connot be more than about thirty in the hundred.

It has now been shown that,—

1. The reported recoveries from insanity are increased to an important extent by repeated recoveries from the periodical or recurrent form of the disease in the same person; and consequently,—

2. The recoveries of *persons* are much less numerous than the recoveries of *patients*, or *cases*; and, consequently,—

3. From the number of reported recoveries of *cases*, or *patients*, it is generally impossible to ascertain the number of *persons* who recovered.

4. The number of reported recoveries is influenced, sometimes largely, by the temperament of the reporter; each man having his own standard, or criterion, of insanity.

5. The large proportion of recoveries formerly reported, were *often* based upon the number of patients *discharged*, instead of the number *admitted*, and, *generally*, upon the results in a number of cases too small to entitle the deduction therefrom of a general formula of scientific truth; and those proportions were evidently increased by that zeal and (for want of a better word) rivalry which frequently characterize the earlier periods of a great philanthropic enterprise.

6. The assumed curability of insanity, as represented by those proportions, has not only not been sustained, but has been practically disproved by subsequent and more extensive experience.

7. The reported proportion of recoveries of all cases received at the institutions for the insane, has been constantly diminishing during a period of from twenty to fifty years.

The last clause under the fifth of these heads suggests the remark that, at a later period in the life of Dr. Luther V. Bell than that in which he wrote what is quoted in this article, his opinions in regard to the general curability of mental disorders underwent an important modification. He then regarded them as far less susceptible of cure than he had believed them to be in his earlier years; and the language which he used upon the subject contrasted so strongly with some of that which is herein quoted from his writings, that it might be alleged as indubitable proof that "a wise man sometimes changes his opinions."

If the causes of the general reduction of the proportion of recoveries, as stated under the seventh head, be sought, some of them will be found in, or inferred from, preceding portions of this discussion.

Among others are, first, the probable fact that, as institutions have multiplied, the proportion of chronic and incurable cases taken to them has increased; and, secondly, the not improbable fact that insanity, as a whole, is really becoming more and more an incurable disease. If it be true, as asserted by that accomplished scholar and profound thinker, Baron Van Feuchtersleben,—and doubtless no one will deny its truth,—that in the progress of the last few centuries, as civilization has advanced and the habits of the race have been consequently modified, disease has left its stronghold in the blood and the muscular tissues, and at length seated itself in the nervous system; it follows, perhaps, as a necessary consequence, that by a continuation of the cause of this change, the diseases of the brain and nerves *must* become more and more permanent.

Hence it has happened that the proportion of recoveries from insanity has not kept pace with the improvement of hospitals and of the management of the insane.

Dr. Isaac Ray, in his report of the State Hospital, in Maine, for the year 1844, asserted that "he would be a bold man who should venture to say that Pinel and Esquirol, whose medical treatment was confined chiefly to baths and simple bitter drinks, were less successful in their cure of mental diseases than those numerous practitioners who have exhausted upon them all the resources of the healing art."

If the assertion was true thirty-two years ago, it is believed that the contents of this exposition sufficiently prove that it is, to say the least, none the less true at the present day. The years of a generation have passed since that time, and, in the course of their pro-

gress, remedy after remedy before untried has come up, big with the word of promise to the hope, but essentially breaking it to experience. Haschish was experimentally tried, proved a failure, and is now nearly forgotten. Chloroform and ether have become convenient and useful to a certain extent, but they have no curative power previously unknown in other remedies. The same may be said of chloral and the bromides. Electro-magnetism, upon which great hopes were placed, is very beneficial in a few cases of abnormal nervous action, but hitherto has proved itself powerless to correct those cerebral functions the abnormal operations of which constitute insanity.

It would appear, indeed, that the truth of Dr. Ray's proposition would have been little if any affected, if he had gone back to a period a full century anterior to the time of Pinel. Dr. Burrows informs us, on the author- of Dr. Tyson, physician at Bethlehem at the time, that from 1684 to 1703, twelve hundred and nine-four, (1,294) patients were admitted to that hospital, and eight hundred and ninety (890) recovered. This proportion of recoveries is almost sixty-nine (68.77) in the hundred. But epileptics, paralytics, and perhaps some other incurables, were not admitted at Bethlehem at that time.

The reported recoveries at the same hospital, one hundred years later, in the decade from 1784 to 1794, were thirty-four in a hundred. By a remarkable coincidence, this proportion is almost identical with that (thirty-four and one hundredths) of the recoveries in all the institutions for the insane in England and Wales during the sixteen years from 1859 to 1874, both inclusive.

In approaching a conclusion, I quote from Dr. Thurnam his estimate of the curability of the insane, derived from a more thorough investigation of the

subject, as presented in the patients treated at the Retreat in York, England, during a period of forty-four years, than has ever been attempted by any other writer. I have long regarded this estimate as the most nearly accurate, and hence the most reliable, of any that has been published; and it is believed that the attentive reader of what has here been written will have arrived at a similar conclusion.

"In round numbers, then, of ten persons attacked by insanity, five recover, and five die, sooner or later, during the attack. Of the five who recover, not more than two remain well during the rest of their lives; the other three sustain subsequent attacks, during which at least two of them die. But, although the picture is thus an unfavorable one, it is very far from justifying the popular prejudice that insanity is virtually an incurable disease; and the view which it presents is much modified by the long intervals which often occur between the attacks; during which intervals of mental health (in many cases of from ten to twenty years' duration,) the individual has lived in all the enjoyments of social life."

Drs. Bucknill and Tuke, in their "Psychological Medicine," by far the best general treatise upon insanity in the English language—and there is reason to believe that it has no superior in any other language—so far endorse the results obtained by Dr. Thurnam, as to quote, not alone this extract, in which they are embodied, but the statistical table from which they are derived.

Our attention may be now redirected to the propositions at the beginning of this discussion, with a view to ascertain the effect of the facts and opinions herein adduced. In brief, then, it appears that it may fairly be asserted, first, that all estimates based upon the assumption that either seventy-five, or seventy, or sixty, or even fifty per cent. of the *persons* attacked with insanity can be cured and returned to the class of permanent producers in the sphere of human labor, are necessarily false, and consequently are both "a delusion

and a snare;" and, secondly, that if the Vermont Asylum for the Insane can be justly censured or condemned because of the diminution in the proportionate number of its reported recoveries, its sister institutions, throughout the land, are generally in the same category of censurable organizations, and are open to a like condemnation.

Although it has here been shown, beyond cavil or question, that, as a whole, the *cases* of insanity are less curable than has, by many, heretofore been believed, and that the same is far more emphatically true of insane *persons;* yet, by so doing, no argument has been developed against the utility of hospitals, nor has the practical value of those establishments been in the least diminished. False impressions of their value may have been corrected; and, to that extent, not alone has the cause of truth, which is better than error, been promoted, but a measure of protection has been furnished to the medical officers of the hospitals. The declarations of the earlier superintendents are returning, like boomerangs, to spend their ultimate force upon their promulgators, or, as in the instance of the Vermont Asylum, herein mentioned, upon the persons now standing in the places of their promulgators. It is here demonstrated that there is a proper shield against their offensive assaults.

Meanwhile the institutions for the custody and cure of the insane have become a public necessity, and have proved themselves a greatly beneficent blessing to the people. Through their ministrations *very many* persons of disordered or perverted intellect have been restored to their homes, their friends, and their spheres of usefulness in society, *permanently* "clothed and in their right mind." Even to the political economist, or the sheerest utilitarian, this is a fact of significant importance; and, by the philosopher, the philanthropist,

or the christian, it must be regarded as a blessing above and beyond all estimate in standards of pecuniary value. Nor are the duplicate or the multiplicate recoveries of the persons subject to mental disorders of the recurrent type, to be too lightly estimated. A recovery is none the less desirable, and none the less valuable to the person, or to society, *so long as the person remains well*, because it is of limited duration.

While, then, the hospitals continue their progress in the fulfillment of their beneficent mission, it would appear that the better course for the superintendents is to discard, universally, as they already have discarded, to a great extent, the classification of their cases according to duration; but constantly to keep before the people the great truth that, as a rule having comparatively few exceptions, the sooner the person attacked with insanity is placed under curative treatment, the greater is the prospect of recovery.