

mand the attention of the profession and the public. The establishment of this school for idiots at Barre by Dr. Wilbur in 1848 seems to have preceded by a few months that of the Massachusetts Institution with which the name of Dr. S. G. Howe is so honourably connected. In 1851 the Legislature of New York authorised the foundation of a State Idiot Asylum, and Dr. Wilbur was appointed its Superintendent. In this work, carried on first at Albany and subsequently at Syracuse, he spent the remainder of his life, and his Reports show that to the development of the various measures calculated to promote the amelioration of idiots his best energies were devoted. Not only did he devise methods of education specially adapted for the feeble-minded folk placed under his charge, but he was ever ready to avail himself of opportunities of educating the various Legislatures as to the necessity of establishing State institutions for imbeciles. His zeal led him to make several tours to Europe to inspect kindred institutions both in this country and on the Continent; and during his last visit (in 1875) he seems to have devoted considerable attention to British modes of management of asylums for the insane. "Non-restraint" and "Employment for the Insane" formed the subjects of various pamphlets which he subsequently issued, and his enthusiasm in this direction sometimes carried him into controversy with his *confrères* engaged in lunacy practice. Whatever may be thought of his views as to the insane, it will be freely conceded that in all that concerned the treatment and care of idiots Dr. Wilbur was an eminent authority. To medical skill he added a thorough knowledge of educational methods. Resorting to specially-adapted modes of imparting instruction, he was able to work wonders in developing the perception of those whose feeble intellects would seem to the ordinary teacher to be beyond the reach of pedagogy. While his thought was centred with rare devotion on his professional work, Dr. Wilbur was at the same time a capable and careful administrator, and his management of the New York State Idiot Asylum won him repeated commendations from high official quarters. In addition to the Syracuse establishment, the character of which was mainly educational, he had also, for several years preceding his death, the supervision of a connected custodial Institution at Newark.*

Dr. Wilbur was a facile writer, and although he has not left behind any large work, he was the author of numerous monographs, and of an able article on "Idiocy" in "Johnson's Encyclopædia." He was also a ready speaker, and a frequent attendant at conferences relating to social and philanthropic matters. In 1878 he filled the office of President of the Association of Medical Officers of American Institutions for Idiotic and Feeble-Minded Persons.

The estimation in which Dr. Wilbur was held by his medical neighbours is shown by the feeling terms in which his death was alluded to at a special meeting of the Syracuse Medical Society. "It would certainly be the highest pleasure that could be afforded to any of us," said the President, Dr. Pease, "to manifest here, by personal tributes, our respect and friendship for the honoured dead." Those of his British *confrères* who had the privilege of Dr. Wilbur's acquaintance will not soon forget the handsome presence, the manly outspokenness, and withal the courteous, genial manner which characterised the subject of this notice.

G. E. S.

WILLIAM SAMUEL TUKE, M.R.C.S.

William Samuel Tuke, who passed away at Bournemouth on April 20th, at the age of twenty-six years, was the eldest son of Dr. D. Hack Tuke, of London. He was a student of University College, where he obtained the gold medal in physiology, and the Filliter Exhibition in pathology. He also obtained the

* Described by Dr. Ireland, "Journal of Mental Science," Vol. xxvi., p. 216.

gold medal in physiology at the Intermediate M.B. examination at the London University. After holding the appointment of house-physician under Dr. Wilson Fox, he took the M.R.C.S. diploma in 1878. Afterwards, he was for some time in Egypt and the South of France, seeking in those more genial climes to arrest the pulmonary mischief which had declared itself, and to which he eventually succumbed. In 1881, the New Sydenham Society published an excellent translation by him of Charcot's "Lectures on Senile Diseases."

William Tuke was unquestionably a man of rare powers, and his early removal is a keen disappointment to all who had the privilege of his acquaintance. It had been the hope of his friends to see him pursuing the specialty with which his father's name is so honourably associated, and he had already contributed several papers on psychological subjects to the "Journal of Mental Science."

His mental breadth and lucidity, which were known and recognised by not a few of our leading men, gained for him a very high place in the esteem of his teachers and fellow-students. But it was in the sweetness and strength of his personal character that the charm of the man lay. Keen as was his scientific interest in his hospital patients as "cases," he won their confidence and affection in an exceptional degree, by the simple power of true sympathy. His loss has left a sorrowful blank in the hearts of his many friends.—*British Medical Journal*.

Correspondence.

THE NEW STATISTICAL TABLES.

To the Editors of THE JOURNAL OF MENTAL SCIENCE.

GENTLEMEN,—In the Asylum Reports for the year 1882 most of the tables have been framed on the old lines, but a considerable number are done on the new system, and as the Superintendents of these Asylums do not complain of any great difficulty or extra labour involved, it is to be hoped that their practice at the end of this year will become general. Already they have been adopted in some of the American Asylums. There is no doubt that the great feature of the tables, the introduction of the distinction between reckoning "persons" and "cases" is very important indeed, and will go a long way towards altering the views that many have with regard to the value of asylum treatment, notably, in giving a proper appreciation of the small amount of real and permanent recovery. There is, however, one table introduced which, however valuable it might be if sufficient information could be obtained, seems to me practically useless in the face of the fact that the difficulties in procuring exact knowledge are very great, that often no trustworthy details are given, and that opinions as to what constitute different attacks vary among authorities. I refer to Table I. A. which is to show the "number of previous attacks among those admitted during a given year, distinguishing those attacks that have been treated to recovery (and discharge) in this and in other asylums." A person may be admitted for the first time to an asylum who has been ill for a few months, or weeks, according to the certificates of admission, but who has really during the time passed through a short attack and has recovered previous to the one for which he is admitted to the asylum. Yet such a person who is really in the second attack would be left out of the Table I. A. altogether, because the friends have not understood that the first illness, which lasted perhaps only a short time, was an "attack;" to all intents and purposes as much an attack as the one for which they deem it necessary to put him under certificates. Numbers of instances of mania a potu come under this head, as also insanity from sunstroke. I can quote cases of this kind that have been treated in general hospitals to recovery or improvement, and where the patient has afterwards, for a similar attack, been placed under certificates, with the result that his "attack" is reckoned as a "first" one, because he had never before been placed in an asylum. Again, it occurs to many persons to have a lucid interval, the duration of which may vary, being in some so long that one is justified in giving a discharge and reckoning it a recovery; but this lucid interval may in another, though very decided, yet be very short in duration, say two or three weeks, occurring perhaps twice or more before discharge can be recommended. In such a person would the total number of attacks (which might be two, three, or more) be reckoned as "all attacks" in Table I. A.? They should be so counted, and then the table would be correct for that patient; but suppose the patient to be discharged, and after an interval of two or three weeks be sent to another asylum, would an account of the