THE PROGNOSIS IN MENTAL DISEASE.*

BY H. R. C. RUTHERFORD.

MR. PRESIDENT, LADIES AND GENTLEMEN,—I feel that some explanation is needed for attempting to address you upon such a subject as the title of this paper conveys, but the paucity of information concerning the matter to be found in modern text-books on mental disease, and, at the same time, the rarity with which psychiatry finds a place in your discussions, have led me to hope that it will not be unwelcome.

In the process of selecting a portion of mental disease that might be of interest to you, it struck me that the most common difficulty met with in practice is connected with the question of prognosis.

Every mental attack that occurs in a family must mean a great deal of anguish to the relatives concerned, and this pain becomes all the more marked if the unfortunate experience should be the first of its kind that has occurred in the particular family affected—for then the illness is liable to appear as something inexplicable and, therefore, of a nature that should be hidden from the eyes of the world. In the midst of the bewilderment that arises, the question that almost invariably comes is: “Will he get well, Doctor?”

Now, for several reasons, the correct prognosis of a mental attack is a very difficult matter. In the first place, one must exclude the valuable information supplied by the patient himself in almost every other form of illness. Secondly, there is a sort of inherent aptitude possessed by the public of overlooking small mental defects in their relatives, the history of which might mean so much in arriving at a true understanding of what the outcome of the mental disturbance may be.

These two facts taken together have made the path of the

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mental physician to abound with difficulties. Indeed, so much is this the case, that the physical examination of the insane has occasioned its comparison to that performed by a veterinary surgeon without, however, having the advantage of knowing his methods.

Another point that influenced the selection of the subject is the type of information that can be gleaned concerning it from the many statistics laboriously compiled by the medical staffs of the public asylums. In these, it is true, one can find the percentage rate of recoveries, the length of residence of each recovered patient in the institution concerned, the age of the patient, and the amount of time he was ill prior to certification.

There are, however, a couple of items omitted which, to me, would appear to be of the highest importance. One is the influence of heredity in recovery; the other, the clinical nature of the illness in the recovered patients.

Before entering into these details it will be of advantage to lay before you the general results in the treatment of mental disease as a whole. These vary so greatly that, taken unexplained, they can only lead to confusion. For instance, de Fursac and Rosanoff quote a State report, dated 1834, which contains the following passage: "It is now satisfactorily established that diseases of the mind yield even more readily to medical treatment than those of the body, and that, in at least nine-tenths of the cases of insanity, the patient may be restored to the full enjoyment of his mental faculties by the early application of judicious medical treatment." The same authors quote a summary of Kraepelin's in these words: "Only a comparatively small percentage of cases are permanently and completely cured in the strictest sense of the word." The word 'permanently' accounts for the discrepancy between these two statements, in so much as there cannot be any question about the tendency of mental disease to recur, the reason for which I hope to explain later.

The recovery rate is, as a rule, estimated upon the number of admissions, and, during the year 1919, 1,347 patients were discharged from the public asylums of Ireland, which result gave a recovery rate of 37·8 per cent. In the same period 389 recoveries were registered from the various private