

things, and what is implied in the one cannot have the same annotation as the other. A man is either responsible or he is not, and we must be very careful in assigning responsibility, because some mental processes work out in a manner closely resembling those which we declare to be the forms of sanity.

(¹) A paper read at the Meeting of the South-Eastern Division at Croydon Mental Hospital, April 27th, 1909.

The Urgent Necessity of Helping Mental Convalescents.(¹)
By ROBERT JONES, M.D.

FEW subjects of late years have so much engaged public attention as the care and treatment of the mentally infirm, and the pen of almost every writer and critic has been busy over this topic.

Legislative enactments dealing with the feeble-minded, the epileptic, the blind and the dumb, also with medical inspection of school-children, with the adulteration of food, and the control of tuberculosis, together with the reports of various Departmental Committees and of Royal Commissions, including, of course, the voluminous compilation of the Royal Commission upon the Care and Control of the Feeble-minded, an able and authoritative criticism of which appears in the current *Quarterly Review* from the pen of our host to-day. All these indicate the supreme importance of sound mental and physical health in the community, which, indeed, is its greatest asset, health being no longer recognised as the concern of the individual alone, nor of voluntary associations constituted for its preservation, but being definitely recognised as the responsibility of the State, which exists as an organisation for its efficiency and protection.

Our Society, for the help of poor persons who have been discharged recovered from asylums for the insane, is to-day at its annual meeting celebrating its thirtieth birthday, and its active and useful career is fully acknowledged in the public mind as fulfilling a definite practical want in an efficient and (as the late Sir William Broadbent declared) in an economical manner. It is therefore natural and appropriate that it should find itself in the full vigour of its maturity enjoying the sympathetic

hospitality of its fairy godmother: for on the occasion of its christening in 1879 at 39, Wimpole Street, Dr. Savage declared most happily and purposively that its main object was "to facilitate the re-entry into social and domestic life" of those who had suffered the greatest calamity which dire misfortune could visit upon any human being, a misfortune of such disabling and serious consequences that it involves an illness at least two-fold in its nature, *viz.*, a disorder of the body together with a mental malady, and from which convalescence is recognised to be indefinite and uncertain. In no other convalescence, it may be pointed out, is the work of redemption fraught with so many difficulties. I cannot do better than quote a passage from a paper reported in the *Journal of Mental Science* for the year 1892, p. 462, to indicate the overwhelming need for our After-Care Association. "Those whose need is sorest are patients who are young, but there are also middle-aged women without relatives or friends; some are wives, some are widows, others are single persons in various callings, such as governesses, teachers, nurses, shopwomen, and domestic servants, employés of different kinds who have been treated in asylums, and have sufficiently recovered to justify their discharge, but have no relatives or friends to receive them, no homes to return to, no situations or positions awaiting them, although they are now both willing and able to earn their daily bread, if only such positions could be found for them."

From the date of its inception, under the fostering care of the wise and beloved Henry Hawkins, until to-day, rarely has there passed a single annual meeting without the direct and stimulating presence of our treasurer, Dr. Savage, in its support, and it is at his especial request through our earnest and indefatigable secretary, Mr. Thornhill Roxby, who for over twenty-three years has himself directed the affairs of the Society with such patient service and success, that I have consented to endeavour to represent to you the views of those who have an intimate, practical and close acquaintance with the pressing need for assistance to those who, more than any other class of sufferers, require a helping hand and a sympathetic friend.

It goes without saying that I felt much diffidence in undertaking to be the exponent of my fellow superintendents as to their views of the value of the After-Care Association, not

because there could be any differences of opinion among us upon this point. It is too late in the day for me or for anyone else to assert that the Association is the outcome of, and that it fulfils, a long-felt want, or that there is an urgent need for such a society. It has been too long established as a well-constituted and necessary organisation to need further argument in its favour in this direction. My diffidence arose more from the fear that I should not do justice to the occasion, and that I should not properly and adequately place before you the strong and special claims of this most deserving charity, for when I remember the long list of distinguished supporters which the Society has had during its active and useful career I can the more clearly discern my own incapacity and limitations. Perhaps I may be permitted to say that a long experience at two of the largest London asylums has convinced me that the Association is doing invaluable remedial and charitable work, and that an extension of its activity is only curtailed by its limited income. In work such as ours in the large asylums one cannot but be struck with the great number of men, women and young persons who have drifted hither, often through no fault of their own, and whose ruined lives are paying the penalty for our civilisation, for is not evolution and progress not infrequently at the expense of those who cannot keep the pace forced upon them? While the eager hand reaches out to grasp the prize, it is plucked away by some other of the numerous competitors, and bitter disappointment is added to mental anguish and nervous over-strain. When the conditions of life become so complex as they are to-day, prolonged and strenuous effort and high self-control are essential to success, but the prize is to the strong and the race to the swift, and there will be many unfortunate competitors unable to conform to the exacting standard required of them, a standard which tends always to rise higher. Many for this reason must necessarily drift into ill-health and poverty, and it is the opportunity of this Society to lend to such as these a helping hand to prop them up, to reinstate them, and to prevent their being left as failures upon the path of progress. That there is ample material for this Society to work upon goes without saying, for there are to-day probably more than 128,000 insane persons in England and Wales, of whom 59,000 are men and 68,000 women, and our boasted civilisation is still manufacturing

more in London at the rate of six or seven per day. In the London asylums alone there are 20,000 insane persons, of whom over 11,000 are women.

With regard to those who leave our asylums recovered, there were over 8,000 of these reported by the Lunacy Commissioners to have been discharged recovered in 1908, and in the proportion of 3,480 men and 4,540 women. In the London asylums alone, for the same period, there were 1,228 persons discharged recovered, of whom 706 were women. It is estimated that at least one in every ten of these poor women is friendless, and probably another one in ten has friends who are too poor or helpless to render any assistance, and these must go into the workhouse unless the Society helps them. The workhouse is a most undesirable and hopeless place into which to launch a mental convalescent, for an indignity is felt by the respectable, and a feeling of degradation is engendered by compulsory association with the low characters met in these places, which must invariably tend to a relapse. It is only too well known that association with the ordinary inmates of a workhouse does not tend to improve the self-respect and self-control of honest people, least of all "mental" convalescents. It is, indeed, a pitiable and cheerless prospect for self-respecting people to be compelled to undergo the degradation of the workhouse in addition to the stigma of insanity, all because our Association is lacking in the funds necessary to provide an intermediate home between the asylum and a full resumption of former duties. Under these circumstances there is much truth in Sir Andrew Clarke's dictum that "it was sad to become well."

It is seen what scope there is, even among the women alone, if these are to be adequately assisted, for London itself can supply at least 140 cases, whereas in the whole of England and Wales the number would be over 900 annually. Be it noted, however, that this charity does not limit its bounty to London cases only, nor to those of England and Wales, but is ready to assist suitable cases from all parts of the United Kingdom.

I have known clergy, doctors, barristers, officers in the army, and members of the Civil Service, who have become paupers owing to their insanity, and one frequently meets with governesses, nurses, artists, teachers, and students among women

—the female inmates of our pauper asylums—whose insanity has brought them into the rank of paupers through no fault of their own, broken down often through sheer stress of work, domestic trouble, penury, privation, or poverty, who have no friends, no relatives, no homes. Many men and women of education and refinement have sunk from their former positions in society through competition, advancing age, disappointment and failure, and these need help. It is unfortunate for our unostentatious Association that an appeal for public recognition, in order to be successful, must often be accompanied by a blare of trumpets or flamboyant head-lines, whereas such modest and quiet private work as ours is, and which cannot be given in detail from the very nature of the help, must of necessity fail to arouse interest or to elicit public support. In these days of so much legislation for one class, there is more than ever a need for help and support for the reduced middle classes, which are not clamant and do not force attention. I admit that it seems to be almost futile to preach the gospel of charity as incumbent and imperative upon all good citizens, when these citizens themselves are looked upon as “hen-roosts” awaiting their turn for spoliation! At the same time no one will deny that it is the duty of every citizen to cultivate a feeling of pity for others and to encourage charity, which has always been looked upon as the highest virtue of the Christian character, and based upon a benevolent love of others.

In early Christian times charity was particularly emphasised by the efforts made to provide for the poor by voluntary offerings, but to-day charity seems to be more akin to philanthropy, and tends more to mitigate the evil results of poverty than to combat its causes. Although our help in the After-Care Association is only given after a full and proper inquiry, I venture to think there is no one who will deny that any person who has been in an asylum is qualified to receive help. What a terrible scourge this is, how deep must have been the sufferings, and how great the terror and anxiety to friends and relations as well as to the patient himself before he is considered qualified to receive “after-care” aid. Compare this qualification with that necessary to receive assistance from other societies, and see what a depth of misery, helplessness, as well as stigma our folk have gone through before they qualify. Is it not essential, nay, imperative, that these should be assisted, yet our Society

is begging for funds, and has not adequate means to render efficient help?

One cannot but long for a John Howard, or a Florence Nightingale, or a Shaftesbury to rise again in our midst, and stir the well-to-do and the benevolent to even greater sympathy for those who are mentally infirm. Our own country has always been to the fore in charitable and philanthropic work, but as regards the insane our organisation was preceded by those of both France and Germany. At the Bicêtre and the Salpêtrière, honoured with the name of Pinel, a scheme was adopted about the year 1841, not only to assist those who had become insane and had recovered, but also to look after their children whilst the parents themselves were ill and secluded. In the year 1851 this scheme was further extended to provide an open house for convalescents, and help was given in the homes of a medical, material, and moral kind, and later an additional impulse was given to the scheme whereby it tended to minimise prejudice in regard to the treatment of insanity, and also in regard to those deemed incurable. We may be allowed to refer here to the hurtful and needless distress which prejudice against the insane causes, not only to the mental convalescent, but also to his friends, and my colleagues the chaplains of our asylums know the joy and pleasure conferred upon those suffering from mental disease by the friendliness of those outside the asylum gates. Other countries also have had their voluntary schemes, and in Germany, at Nassau, so far back as 1829 there was a voluntary society (Hilfverein) at Illeneau, Eichberg (near Wiesbaden), Düsseldorf, Brandenburg (Eberswalde), Friederichsberg (Hamburg), and from the year 1875 in the Province of Hesse. This scheme to aid patients has had a curious effect in the latter Duchy, and has been "twice blessed," for it improved the status of the asylum nurse by persuading the authorities to make a grant of 1000 marks to every attendant who had remained in the service for over six years, and it further recommended that such attendants might be employed by the State Railways or in minor offices of the Civil Service on leaving the asylums. Even in Austria-Hungary there existed, from the year 1856, for four of the asylums in Lower Austria a helping fund to assist those who were discharged recovered. Switzerland, within the last twenty years, has initiated voluntary societies for this purpose in nine of its

Cantons, and one has existed in St. Gall since 1866. Italy even preceded us in the matter of voluntary after-care for the poor insane, and a society for this purpose has existed at Milan since 1871, whilst at Reggio and in Emilio one has existed since 1874, and there are others at Malo and Turin. It is well known, perhaps, that Guislain left a legacy after his death, in 1860, to assist poor patients leaving the asylum at Gand.

In America the need for such an institution has been prominently recommended by the American Medico-Psychological Association, but hitherto no definite organisation exists for this purpose. I have been enabled to place these facts before you through the kindness of my friend, Dr. Urquhart, and further particulars of the history of this important movement up to the year 1893 may be found in a report presented at Rochelle by Drs. A. Giraud, of St. Yon Asylum, Ladame of Geneva, and Semelaigne before the Congr s des M decin Ali nistes des pays de langue Fran aise.

It may be permitted to us for a moment to review briefly the aims of our own Society, and Dr. Savage very ably summarised these at the last Annual Meeting as, in the first place, to complete recovery, secondly, to prevent relapse, and thirdly and most particular of all, to prevent continuing and permanent mental weakness; in fact, to bridge over the gulf between the asylum and the outside world, to test the fitness of patients for living outside, and to enable those helped to make a satisfactory fresh start in life.

Many women return to poor homes, where deprivation and want cause them to break down again. Nearly four hundred women were admitted last year to the London Asylums as paupers whose occupation was that connected with home-life and domestic work, and the After-Care Association, by helping to confirm these in health, restores their self-confidence and usefulness in their former positions.

Those of us who know life in great institutions also know that long residence in them destroys that feeling of initiative and self-reliance, and, above all, that healthy independence which is so necessary for success, and unless there is a helping hand near by, such as this Association offers, the probability of relapse after discharge is almost certain, and for economic purposes alone this Society deserves to be free from pecuniary anxiety—an appeal which should have special force to the

ratepayer and to the general public. The aims of our Society present in the highest degree an altruistic *rôle*, for in reinstating a fallen comrade the Association fills a marked lacuna in humanity as well as in social economy. Society demands the care of the mentally infirm in asylums, but, upon their convalescence, turns them out without resources or succour. Moreover, owing to acts whilst their insanity was developing, a return to their former neighbourhood and former positions becomes not only uncomfortable to their sense of self-respect, but is also often impossible, owing to unjustifiable popular prejudices, and many of them have to begin life over again. Unlike suffers from bodily disease, for whom a situation is often kept open, the doubtful duration of a mental malady finds a situation filled up by the time the sufferer is recovered. Hospitals for bodily diseases have their convalescent homes, but mental hospitals and asylums rarely have any place where their convalescents can be further "annealed." Even discharged criminals have societies which afford relief and help to those who have left prison, yet our own Society is languishing for support.

I believe in voluntary rather than State aid for this Society, as the help afforded by such a Society as ours encourages the self-respect and self-control of honest people who do not demand help as a right, nor do they regard its refusal as a slight caused by the envy and hatred of one class towards another, or possibly even as a further argument for the redistribution of wealth and capital. I feel that the influence of such a Society as ours is wholly for good. It tends to familiarise the public with the causes and varying phases of insanity, and helps to educate both the patients and the public to value health, and to engender what Dr. Clouston calls a "hygienic conscience."

The St. John Ambulance Association has done much towards diminishing pain caused by physical causes through, one may almost say, universal instruction in "first aid," and our Society has potentiality (if the sinews of war were forthcoming on an adequate scale) to teach the public the elements of "first aid" in mental cases, and so help and supplement eugenic teaching in regard to "health and temperance." I feel sure, if the funds of the Association permitted it, that many cases would be discharged earlier from our mental hospitals and

asylums—an undoubted saving of public money, and it could also preserve the home from being broken up, until convalescence was fully established, and would thus greatly tend to diminish pauperism. In all the countries of Europe these societies organised on the basis of private initiative, and started more than seventy years ago, have thrived and developed marvellously, which demonstrates the great necessity for their continued existence.

I personally think it best that our own Society should, as organised and carried out, be independent of any one asylum, for such a constitution ensures for it national support and a wider representation on its Council. It is for each one of us to maintain its efficiency and to see that its treasury is provided with means. Although other claims are numerous, London, the largest city in the world, should remember its duty towards the most necessitous, if not the most deserving, of its helpless dependents.

(¹) A paper read at the Annual Meeting of the After-Care Association, held on February 10th, 1909.

Observations on the Blood-Pressure and Vascular Disease in the Female Insane. By JOHN TURNER, M.B., Senior Assistant Medical Officer, Essex County Asylum.

Introduction.

THE mere accumulation of facts is useless unless some attempt is made to interpret their significance; therefore in this paper I propose to examine my observations on blood-pressure with the design of seeing whether its routine estimation in the insane is worth while; whether from it any fairly trustworthy conclusions can be drawn as to the condition of the circulatory apparatus during life, or as to the prognosis, not only with reference to the mental disorder, but as to the prospects of the duration of life, or whether the time spent in this direction might not more profitably be otherwise employed; and further, to ascertain whether the results obtained tally with those of previous workers.