

of the organization. Much insanity depends on the artificial relationships of society. There is mental disorder apart from nervous disease; disorder of function may lead to disease of tissue; education infers the influence of conditions; habits are often the outcome of surroundings; habits of mind like muscular tricks may outgrow health and (sane) limits; if we do not admit the influence of surroundings our methods of cure are limited.

If insanity is always the definite result of primary changes in the nervous tissues, and if these changes are the common result of hereditary nervous irritability, then we are very helpless as physicians. We know that in an asylum the insanity depending on real disease of brain is very unfavourable in its type. The time may come when medication will alleviate symptoms, but I fear will do little more for such cases. If much insanity depends on disorder rather than on disease, then we may take it that our present method of treatment in asylums is satisfactory, and that restful, pleasant surroundings are more necessary than "medicine out of a bottle."!

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*After-Care of Male Patients Discharged from Asylums.* By  
H. RAYNER, M.D.\*

The after-care of the male insane, to which I venture to draw your attention, with a view to discussion, is so closely allied to the objects of this Association that I trust its consideration may be not only of interest, but even of some practical usefulness. Although at present lying beyond the limits of our sphere of action, the time may arrive when our resources shall have so far developed that the annexation of this adjacent province may be both practicable and desirable.

To some of our friends an explanation of the reasons for the limitation of this Association to the after-care of women may seem necessary, and the consideration of the needs of the men will, I think, justify the priority which has been given to the women.

The necessities of the men, in most respects identical with those of the women, differ, we shall find, in one or two special points, demanding serious attention and consideration.

The first fact that strikes one in the comparison of the needs of the two sexes is the much smaller *number* of the males

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discharged as *recovered* from asylums. In 1889 there were only 2,104 males discharged recovered from the county and borough asylums as contrasted with 2,753 females, the numbers standing roughly in the proportion of three men to four women.

The admissions to these asylums were 5,933 males and 6,559 females, or in the proportion of twelve men to thirteen women, so that the recovery rate calculated on the admissions was as 35 in men to 41·8 per cent. in women.

This difference in recovery rate is largely accounted for, as most of us know, by the form of brain disease (general paralysis) to which the male insane are specially liable.

The previous attacks of mental disorder in the *male* admissions, compared to the recoveries, are as 1,693 to 2,104, or, roughly, in the proportion of seventeen to twenty-one, the men comparing from this point of view unfavourably with the females, in whom the corresponding figures are 1,953 previous attacks to 2,753 recoveries, or as nineteen to twenty-seven.

The previous attacks here alluded to do not necessarily imply attacks treated in asylums, but probably include many treated in workhouses or elsewhere.

This more frequent history of previous attacks in the males is due, I believe, almost entirely to the excess of alcoholic cases, many such persons being discharged from asylums repeatedly. Excluding these I believe the proportion of relapses would be found to be larger among women, whose needs on this ground justify the priority of attention they have received.

Passing to the practical consideration of the subject, we find the recovered cases divided into two classes, those who have homes to go to, and those whose only resource in default of special assistance is the workhouse.

Fortunately in Middlesex and some other counties there exist charitable funds, the Queen Adelaide fund and others, which liberally assist most of those who are deserving of help.

In regard to the application of these funds I must confess that when acting as an asylum superintendent I have often wished that I could have had the aid of such an Association as this. I am assured that the usefulness of some of the grants to the patients would have been greatly enhanced thereby.

Not unfrequently the patient, strange to the world from which he has been isolated for months or years, fails to obtain the full advantages of his money where left to himself, and in

other cases is deprived of it by unscrupulous relatives or friends.

These funds, however, are generally most useful, and in a large proportion of cases avoid the necessity of returning the patient to the workhouse, which is undoubtedly the most unfavourable method of launching a convalescent into the world.

This workhouse discharge is undesirable in several ways; by the respectable the indignity is severely felt, and this feeling of degradation is not conducive to their mental health—indeed it has even produced relapses. To others who are less susceptible on this score, the return to or the new experience of workhouse pauper life is certainly not advantageous.

Workhouses have greatly improved of late years, and I do not wish in any respect to disparage them, but the association with their inmates does not tend to the improvement of the self-respect or self-control of the convalescent.

I do not fully endorse the mother who excused the comparative deficiencies of one of her two daughters by saying that she had not, like the other, had the advantage of having been in the asylum, but I do think that some of our asylum patients are benefited morally and socially as well as mentally, and that workhouse associations rapidly destroy this benefit.

Fortunately, however, the number so discharged is very small when we eliminate those who are chronic inmates of workhouses from old age, etc., and the large proportion of the intemperate class to whom the Adelaide and other funds do not extend assistance. These intemperate cases, however, do require serious consideration; at present they are "pariahs" whom the asylum charitable funds will not aid, and whom we cannot.

Males have the disadvantage of suffering much more largely from the result of intemperance than women; of the admissions we have been considering, intemperance in alcohol was ascribed as a cause, wholly or in part, in 20 per cent. of the men and in only 7 per cent. of the women. The male recoveries, as I have already pointed out, include a large number of these intemperate cases, who relapse again and again, figuring in asylum statistics as having had four, five, or even ten or twelve attacks ere death or permanent mental disorder terminates their alcoholic career.

The assistance of this class seems to me to be one of the great needs of the time; at present they are practically without efficient help, drifting from asylum, workhouse, and prison

to their final and inevitable destruction. The amount of desultory ineffective help which they receive in their chequered career if systematically applied would probably redeem a considerable proportion of them ; as it is they are the despair of the asylum physician, who is compelled by law to discharge again and again an individual who is incompetent to control himself, and who is not only destroying himself, but often the insantly predisposed family which is left as a future burthen to the country.

Some few of these are men of considerable and even great ability, whose habits have been developed by unfavourable circumstances and who suffer many martyrdoms in their struggles at self-control and their bitter repining in their earlier stages at the loss of it. One such case specially rankles in my memory, that of a civil servant, who, in a hot climate, had suddenly thrown on him duties of a most extensive and responsible character. These he discharged for a time with brilliant success by the aid of stimulants, at last breaking down utterly and becoming an inmate of a pauper asylum. He was a man of brilliant intellect and keen sensitiveness, and his feelings of degradation after his relapses were of the most acute kind. He exhausted the patience and means of his friends to help him, and gradually sank lower and lower.

The majority are of course of a lower type, who are simply weak, some of whom in their earlier stages would possibly be arrested by sufficient detention in a proper institution.

Others are of a dangerous type, who, when maddened by drink, in their relapses commit even murderous violence. Fortunately these are less numerous here than in Paris, where such cases, due especially to the use of absinthe, vermouth, and other toxic drinks are so numerous, that a special institution is being demanded for their detention and treatment.

It is not legal, and not desirable, that these drunkards should be detained for the prolonged period necessary for their cure in asylums, nor would it be just that they should be committed to prison, but assuredly there should be established houses of detention for inebriates to which such cases could be sent by legal authority when sufficiently recovered from their acute mental disorder.

This Association would do good work in promoting legislation to this end, by its influence and by the testimony it can accumulate on the female side of the question.

Various circumstances influencing the tendency to relapse in those not discharged to workhouses differently affect the two sexes. The most important of these is the condition as to

marriage, and in this the men have a distinct advantage. The man returns home, and is often able to rest, or to obtain light work for a time, whilst to the woman the return home commonly means the resumption at once of the full household work, which had been perhaps the original cause of her breakdown, and this under disadvantages enhanced by her absence from home. This is the almost inevitable and invariable difficulty for women; for men the difficulty lies in the exceptional circumstances of want of work, poverty or an ill-conducted home, and to these women are equally exposed.

Temperate, well-conducted men are commonly helped by the asylum charitable funds, or by the fact of their having been home on probation, to obtain a start in clothing and even tools, the most frequent want being employment, or where the bodily health is not fully restored, a further change and rest beyond that afforded by their homes. This, of course, demands only similar provision to that which this Association makes for women.

Of the *unmarried* who possess homes, the men have again great advantages over the women.

The women being for the most part employed in domestic positions people are very chary in admitting those who have been mentally afflicted, and who may have exhibited dangerous tendencies, into such close associations with themselves and their families. With young men this does not apply in most cases, and work can usually be found without drawback of this kind.

The occupations, however, which patients have followed have at times conduced to their mental disorder, and a continuance in the same work may induce a relapse.

Many such occupations could be named, but those involving irregular habits of sleeping, confinement in impure air, especially with want of sunlight, and exposure to toxic influences, such as lead, are most important. As examples, I can recall cases of night-watchmen in whom a change of occupation probably avoided relapse, and cases of scullery-boys working in cellars under large hotels or restaurants, by gas-light, in whom relapse might have been avoided by a change of work to more healthy conditions, and many more might be quoted.

It is often difficult to convince the individual of the harm resulting from his occupation, or if he is aware of it to induce him to give up accustomed, perhaps well paid and steady, work for that which is new and probably less assured or remunerative, nor should such a change be lightly made.

This provision of new occupation would constitute a considerable part of the work of an association for males, and would require the co-operation of the asylum medical officers in indicating when such changes were necessary.

In still other cases the homes are undesirable, from the characters of the family or from the associations or associates to which the patient would return. Numerous examples of this kind might be quoted.

The return to a home ruled by a drunken parent is obviously undesirable, and often the parents are themselves eccentric or peculiar, exercising a prejudicial influence on the patient; in other instances there are incompatibilities of temper from the same cause.

The patients have sometimes committed acts in the commencement of their insanity which have drawn the attention of the neighbourhood to them, so rendering their future residence there uncomfortable.

In others, companionships outside of the home circle have been formed which have led to irregular habits, from which they can only break free by removal from these causes of temptation.

In all these circumstances the duty of the Society would consist in finding work, and, if possible, improved influences in other localities.

These are the principal lines on which assistance to the male convalescents would be needed, and in the short time at my disposal I am only able to mention them, trusting that in the discussion by those present acquainted with the subject various examples will be adduced more forcibly illustrating them than I could do without an unwarrantable monopoly of the time and attention you have so kindly given me.

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*Protection of Medical Men by the English Lunacy Law.* By  
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Section 330 of the Lunacy Act, 1890, re-enacting section 12 of the Lunacy Acts Amendment Act, 1889, provides as follows:—

(1). "A person who before the passing of this Act\* has signed, or carried out, or done any act with a view to sign or carry out, an order purporting to be a reception order, or a

\* The Act, save as otherwise expressly therein provided, came into operation on 1st May, 1890. (Sec. 3.)