

## DISCUSSION ON GENERAL PARALYSIS.

The adjourned discussion on general paralysis was then resumed (*vide* p. 271), at the conclusion of which the meeting terminated.

## DIVISIONAL CLINICAL MEETING.

**Cheshire County Mental Hospital, Parkside, Macclesfield.**

A Clinical Meeting was held at this hospital, by kind invitation of Dr. H. Dove Cormac, Medical Superintendent, on March 21, 1929.

Eight members and two non-members were present.

Dr. DOVE CORMAC read a paper entitled "Light Therapy in Mental Hospitals" (to be published in July) and an interesting discussion followed, in which most of those present took part.

The visitors were entertained to lunch.

**Hollymoor Mental Hospital, Birmingham.**

A Clinical Meeting of the Birmingham area was held, by the courtesy of Dr. T. C. Graves, at this hospital on March 26, 1929.

Present: Thirteen members. Dr. T. C. Graves presided.

Dr. H. E. BROWN read a paper, showing the actual cases, bearing on the association of sensory disturbances of the scalp and involvements of the accessory sinuses, etc., of the nose.

In all cases there was muscular headache, practically defined by the limits of the attachment of the temporal muscle on the side affected, and apparently due to spasm of that muscle.

Active surgical treatment had led to the disappearance of the headache.

Afterwards Dr. F. A. PICKWORTH showed a number of lantern-slides illustrating sinusitis, and later in the laboratory gave an excellent demonstration of the actual specimens.

A very interesting and extremely stimulating afternoon was spent.

## EDUCATIONAL NOTES.

*The Royal College of Physicians, Edinburgh.*—The Morison Lectures will be delivered by Dr. R. Dods Brown, F.R.C.P., on June 3, 5, and 7, 1929, at 5 p.m. Subject: "Some Observations on the Treatment of Mental Diseases."

The Morison Lecturer proposes to discuss the subject as follows: Some historical notes on treatment. Methods of treatment recently introduced, including those of general paralysis, latent syphilis, dementia præcox, etc. Heliotherapy, actino-therapy, occupational therapy.

*University of London.*—Advanced Lectures in Psychology. A Course of Two Lectures on the Psychology of Dementia will be given at University College, Gower Street, W.C. 1, by Prof. E. D. Wiersma, Professor of Psychiatry in the University of Groningen, at 5.30 p.m. on May 29 and 30, 1929. The lectures will be delivered in English, and illustrated with lantern-slides. Admission free, without ticket.

## THE MENTAL AFTER-CARE ASSOCIATION.

## ANNUAL MEETING.

The Mental After-Care Association held its Annual Meeting on Tuesday, March 19, 1929, at Bridewell Royal Hospital, New Bridge Street, London, E.C. 4, by kind permission of the Governors. The President, Col. Sir Charles Wakefield, Bart., C.B.E., presided.

In opening the proceedings he said: I have pleasure in once more presiding at the annual meeting of this excellent cause. We are glad to have many of our

well-trying friends with us, and I particularly extend a welcome to Mr. Hawkins, the son of the founder. (Applause.) The Mental After-Care Association necessarily does good by stealth. It is, in fact, extremely unfortunate that we are to some extent precluded from giving the general public "chapter and verse" for our work. We must, however, cheerfully accept the situation. It is fitting, therefore, that we should from time to time remind the generous public that we are privileged to render very valuable assistance to many thousands of most deserving people. Our work takes its place as essentially a part of the curative process in mental illness. Cases vary widely. Sometimes there is the need for small material help: clothing, tools or equipment have to be found. More frequently, however, our task is the more delicate one of endeavouring to put new heart into men and women who are, it may be, timid, and who shrink from putting themselves to the test. We stand as a bulwark between those who have benefited by medical treatment and the outside world; we are able to afford them a breathing space, during which they are encouraged to face the world in a normal way. The call for our intervention is steadily growing. Last year we dealt with nearly three times as many cases as came to us only a few years before.

Our efforts are not now limited to after-care. We have found that it is possible for us to give useful help in the early stages of mental trouble. During the past year, out of over 2,000 cases helped, nearly a hundred were taken by us in the early stages, and successfully treated without having to enter an institution. I consider this a most valuable feature of our activities, and it gives us an additional claim for recognition and support.

We have been very fortunate in receiving the personal help of the Prince of Wales, whose instinctive sympathy with such efforts as these endears him to all Britons. The Prince spoke in support of our work at the Mansion House a year or two ago, and his advocacy won for us many new friends. (Applause.) I should like to use this opportunity in order to renew our appeal through our present subscribers, and through the kindness of the Press. We should welcome any personal inquiries. Our funds are administered carefully, and we try to carry out our mission in a spirit of understanding and sympathy. Miss Vickers and her helpers have considerable experience in dealing with many difficulties. They have frequently had the happiness of success in cases where a wrong method of approach might have led to tragedy. To bring sunshine once more into a darkened mind is one of the triumphs of medical science. It is our privilege to act as pilots in the final stages of this frequently most difficult task. It is a duty of which we are proud, and the cause is one for which I am glad once again to appeal to public generosity. (Cheers.)

Dr. R. PERCY SMITH, Chairman of the Council, submitted the Annual Report for the year ending 1928, which is as follows:

This Association is now approaching its Jubilee, and is happy to be able to look back on a record of ever-increasing work and usefulness. The progress for the last seven years speaks eloquently as to this, for in 1921 the cases dealt with amounted only to 874, whereas those of the past year total over 2,000, which is the highest figure we have yet attained.

The Council is ever desirous of enlarging the scope of its activities by associating itself with more and more areas, until its ideal is reached of establishing active after-care work in connection with every mental hospital throughout the British Isles.

Every year we approach a little nearer to this great objective. Already we work in direct co-operation with ninety-four mental hospitals, which represent more than half the mental hospitals in England and Wales, and in the past year we have broken new ground by dealing with cases from British Columbia and Bulawayo.

We may make the proud claim that every area in which we have established our work has gladly retained our services and constantly "asked for more."

Nor do we desire to limit our activities to the care of recovered and recovering patients. This Council is very sensible of the great national and humanitarian work that is urgently needed in preventive and early treatment of incipient cases of mental breakdown among the poorer classes. For those there is, at present, almost no provision throughout the country. It is one of our aims to receive such early cases into suitable cottage homes, where, with rest, change of environment, and the care of a sympathetic and understanding matron, they will have the best

chance of recovery without having to pass through the observation ward of an infirmary or being sent as certified patients to a mental hospital. Already a proportion of our work comes under this heading, ninety-seven cases being received for early care in the past year. Cases of this type are constantly referred to us from those general hospitals with out-patients' departments for early nervous and minor mental disorders, and from other sources.

In addition to the provision of "homes" for after-care and early care cases, we follow up recovered and recovering patients; visit their own homes, at the request of the medical superintendents, with a view to reporting on their suitability to receive cases "on trial" or discharged, and keep a friendly eye on patients when they are sent back to their own homes "on trial" or discharged from mental hospitals.

The existence of a friendly person who understands the patient's point of view, and who can explain it to the well-meaning but often extremely unwise and ignorant relatives and friends, helps to tide the patient over a most critical period and prevents an incalculable amount of human suffering.

In the last few years we have had many requests to help patients with small means, but for whom there is no suitable accommodation at the price which they are able to pay. This is work which we are always happy to undertake, and numerous cases from registered mental hospitals, from the private wards of mental hospitals, nursing homes and other sources have passed through our hands.

Some persons may hesitate to help us because they consider that after-care work should be, and ultimately will be, done by the local authority; but the very essence and object of our work is to prevent patients having to pass into the care of local authorities. That our work can best be done by a voluntary body such as the Mental After-Care Association was emphasized by the Royal Commission on Mental Disorder, who say in their Report: "After-care is a service which, in our judgment, can well be performed by voluntary agencies; and while the closest touch should be maintained with the mental hospitals, it should not be an integral part of the official machinery."

In the course of our work we frequently come into contact with voluntary bodies interested in various aspects of social service, such as various branches of the Charity Organization Society and the Voluntary Associations, British Legion, Soldiers' and Sailors' Help Society, Church Army and various police court missionaries, the Royal Medical Benevolent Society, Metropolitan Association for the Blind, Jewish Association for the Protection of Girls and Women.

We are especially desirous of promoting co-operation and co-ordination with other bodies dealing with every branch of mental hygiene.

It is hoped that the new Local Government Act and the Mental Treatment Bill which is to be drafted shortly will lead to considerable improvements in the facilities for dealing with those suffering from mental disorders. It is urgently to be desired, and this Council will use every means in its power to ensure that there shall be an extension of both the after-care and early care services. At present the only official grants are those made to patients "on trial" by the Mental Hospitals Committees. The work of early and after-care has, at present, no direct recognition from the Ministry of Health, and no mention is made of it in the existing Lunacy Act—an omission that it must be our aim to have rectified.

The Royal Commission on Lunacy and Mental Disorder, referring to this, made the following recommendation: "A considerable extension of after-care work is urgently needed, especially in the provinces. We recommend that local authorities should be empowered, as is proposed in the Mental Treatment Bill, to provide for the after-care of patients directly or through voluntary agencies."

Further, it will be recalled that the National Council for Mental Hygiene, in its annual report for 1926, published the following clauses on the subject of after care:

"We submit:

"(a) That there should be one entirely distinct and separate organization for dealing with after-care work for patients convalescing from mental disorder.

"(b) That the organization should be controlled from one centre, to which all information would be sent, and where records would be kept and be available for private information.

"(c) That the existing Mental After-Care Association, having regard to its long experience of this work, would most usefully fulfil the objects we have in view.

"(d) That this Association should be developed on its present voluntary basis with branches and voluntary workers throughout the country, and that its statutory support and employment by County and Borough Authorities (as recommended by the Royal Commission) should be promoted.

"(e) That all information obtained by the Central Association for Mental Welfare and all voluntary associations affiliated to it in regard to convalescing mental patients should be referred to the Mental After-Care Association, and that the voluntary workers of these bodies should be invited to co-operate in regard to after-care directly with the Mental After-Care Association when dealing with cases other than mental defectives from mental hospitals."

We have, therefore, the assurance of the support of these two important and expert bodies in furthering aims which we believe to be of the utmost value to the community.

Then follows a long list of grateful acknowledgments of donations and help in all directions, description of the work of local branches, etc.

He moved the adoption of the Report.

Mr. S. J. FRASER MACLEOD, K.C., seconded the motion. From small and unpretentious beginnings, he said, the Association had steadily and systematically done its work. With the Royal Patronage of the Prince of Wales, who took the greatest interest in the work, with the assistance of the energetic, sympathetic and generous President, Sir Charles Wakefield—(cheers)—and with the aid of its officers, its admirable secretary and the energetic staff, they might hope that in the near future the work of the Association would be extended throughout the length and breadth of the country. The character of the work was such that they must all feel it was deserving of their assistance and support, and induce their friends to subscribe to its funds, and, by propaganda and every other legitimate means, increase the resources. (Applause.)

Sir MAURICE CRAIG, C.B.E. (the Treasurer), in presenting the accounts, said that the balance of expenditure over income was only £130, as against £708 in the previous year. The donations were £600 more than last year, and they had £174 more from the Queen Adelaide Fund, the Council of which had given them as much as £928. Payments from friends of the patients were this year £468 more than in any previous year. On the other hand, the subscriptions had fallen by £96. They totalled £490, and the donations £2,000. Investments produced £503. The total revenue was £8,831. The average expenditure on the 2,090 cases was £3 19s. 7d. per case, as against £3 17s. 8d. in 1927 and 1926. The ratio of administrative expenses was, he believed, lower than that of any other charitable institution, *viz.* 7.18%. There was no association in which more was done for the amount of money. (Applause.) They had no overhead charges. There was no other Association doing such work as theirs.

A. O. GOODRICH, Esq., J.P., L.C.C., in seconding the adoption of the accounts, said he was a business man, and he wished that he could carry on his business with working expenses of only 7%. He believed that an insurance company without any agents, and doing its business by post, could not do its business under 10% expenses. In London they had chargeable to the London County Council something like 20,000 patients, and eleven large mental hospitals. The Association was a great blessing to them, and had never refused its help. That was a grand thing. The Association looked after a discharged patient until they found him a job. He had never come across a better staff than they had at the Mental After-Care Association. (Cheers.) The staff volunteered to run the "Help Yourself" scheme, got up by the Stock Exchange. They sold nearly two thousand magazines at 2s. 6d. each, the result being that the Association received £150, the proceeds of the sale. They could not have done that unless they had their heart and soul in the work they were doing. (Cheers.)

Sir ROBERT ARMSTRONG-JONES proposed the re-election of officers. He found, he said, that that was the forty-fifth year since the Association had met under the auspices of the Bethlem Royal Hospital. It was founded in the house of Sir John Bucknell, the father of Mr. Justice Bucknell. It was a happy coincidence that the President of the Association and the President of the Bethlem Royal Hospital were on that occasion united in the same distinguished personality—that of Sir Charles Wakefield. (Cheers.) Among his predecessors was the great Lord Shaftesbury. None of them had surpassed the present President in tender solicitude for the mentally ill. The certified insane were not decreasing in number,

and the need of the Association increased year by year. The prospects of a person leaving a mental hospital after a mental breakdown were cheerless, and often pitiful. Unless a person got help from such an Association as theirs he might succumb, and perhaps become permanently incapacitated. It was an unexpected and very serious shock to the family life.

The Rev. F. H. A. HAWKINS seconded the motion, which was carried.

Dr. J. R. LORD, C.B.E., said that although he rarely attended After-Care meetings—feeling that the movement was in good hands, and having complete confidence in the late Dr. Henry Rayner and his successor, Dr. R. Percy Smith—he had nevertheless taken a keen interest in the after-care movement, and the After-Care Association had always had his loyal support and admiration.

Horton Mental Hospital was one of the first, if not the first, to take full advantage of the Association's offer to make environmental reports in regard to every case to be allowed out on trial or discharged. This had been done for Horton by the Association in every case (with one or two exceptions) since the beginning of 1925. Included were Section 79 and some private patient discharges. What he wanted to stress was that the work had been done exceedingly well. Guided by such information the period of trial was much more likely to be successful and the chances of relapse on trial or on complete recovery much lessened.

This work alone would, in his opinion, justify the existence of the Association—so much importance did he attach to it.

Of equal importance was the environmental report made by the Hospital Visitors and other social workers on the admission of patients, a movement commenced at Horton in 1922, but the line of inquiry and the information required were essentially different. For both, the workers needed special training.

In the case of the hospital visitor the case was looked at from the point of view of diagnosis and treatment, and in the case of the after-care visitor the point of view of inquiry was the patient facing the world again.

His views on this matter and on how after-care work could be best undertaken had been clearly stated in his address on June 9, 1926, to the Surrey Voluntary Association for Mental and Physical Welfare, which he would read:

“It should be noted that she does not, as a rule, undertake ‘after-care’ work. This is done by the workers of the After-Care Association, and it is very advisable that it should continue so, as it is a job for which special training and knowledge is required.

“After-care is best centralized in an organization which can direct the operations throughout the land and keep in touch with employers over a wide area, and also maintain convalescent institutions, rest-houses or hostels, which are absolutely necessary in dealing with cases not quite fit to be given entire freedom. Such a central association can follow up cases, however widely they scatter on complete discharge. Local branches or after-care societies can materially aid the parent association in this work.”

He was glad to say that the National Council of Mental Hygiene had afterwards endorsed these views, as was seen by the Report.

The next matter was that he had a long experience of the Association's Homes, and had never once heard a complaint about them. Patients had universally expressed their gratitude for all that had been done for them. This was a remarkable fact, and showed that these homes must be exceedingly well managed.

A third matter was the publicity given in the Report regarding what the late Sir Frederick Mott called “pre-care” in mental cases. He hoped that this side of the Association's work would develop, as it would help to solve a great difficulty which the National Council for Mental Hygiene felt existed. That Council had recently urged the establishment of hostels for patients suffering from incipient mental disorders and “nerve” conditions while undergoing treatment at the psychiatric out-patient departments of general hospitals. The proposed hostels would be costly, and the co-operation of the After-Care Association was desirous in the interests of economy.

He begged to propose a vote of thanks to the Governors of Bridewell for the use of the Hospital on that day. It was appropriate that they should meet there, for was it not the home of the Elliott Charity, which provided after-care for those broken down by attendance on the mentally afflicted? (Applause.) He had also to propose a vote of thanks to Sir Charles Wakefield, a great humanitarian, for presiding and for providing tea. (Loud applause.)