

the chromatolysis in this case was of an unusual kind. The disintegration was very irregular throughout the cells, one cell, say, almost completely disintegrated by fine dust-like chromatolysis and its neighbours not so affected. In all there was marked nuclear displacement.

The entire brain-substance, both grey and white matter, was extensively infiltrated with leucocytes. Staining the cortex by the Gram-Weigert method, I was able to bring out a number of cocci, arranged in circles round the smaller cerebral capillaries.

I much regret I was unable to make cultures of these or have the brain bacteriologically examined in the fresh state.

This is the second case I have seen of sudden onset of maniacal frenzy with no very well marked or defined prodromal symptoms; in both there was an antecedent period of torpor or drowsiness.

The proceedings terminated with a cordial vote of thanks to Dr. Revington for his kind hospitality.

THE AFTER-CARE ASSOCIATION FOR BEFRIENDING PERSONS DISCHARGED FROM ASYLUMS FOR THE INSANE.

By ROBERT JONES, M.D.

History.—Inaugurated in 1897 in the house of the late Sir John Bucknill (Mr. Justice Bucknill's father), and started by the late and venerated Rev. Henry Hawkins, chaplain of Colney Hatch Asylum, the Association is a national one, for it helps, when it can, cases from all parts, although London alone could more than supply it with cases, as one in every ten persons discharged from the London asylums is friendless, and the friends of another one out of ten are too poor to afford help. There is, however, at the disposal of the London asylums the "Queen Adelaide Fund," which, in the discretion of the committee, may provide a money gift as a small charity to needy patients upon their discharge as *recovered*.

Help for those discharged "*not recovered*" from the asylums is acknowledged as desirable by the State, for by Statute the Lunacy Act, 1890, sec. 55, enacts that committees of asylums for the insane are empowered to make a weekly grant, equal in amount to the cost of maintenance in the asylum to patients, upon their provisional discharge on probation, *i. e.* those *who have not fully recovered*. This power is frequently exercised for a period, usually of about four weeks. This grant, however, does not apply to those who have been absolutely *discharged "recovered"* from the asylum.

(It may be explained here that there are practically three methods of discharge from lunatic asylums. (1) *Recovered*—for whom "after-care" is needed, and it is for some of these that the Queen Adelaide Fund is eligible. (2) *On probation or trial "NOT RECOVERED,"* and these may obtain the money for about four weeks referred to above. (3) *Not recovered and not on probation* nor trial, when friends request the care of those insane, and who may thus, by the Lunacy Act, 1890, sec. 79, be given to their charge.)

The Association has never been in debt, and possibly this may be a demerit; but its funds are very inadequate to support the numerous cases—all deserving—that appeal for help. It has had the direct patronage of H.R.H. Princess Christian, and the personal help and pleading of the Archbishop of Canterbury, of Cardinal Manning, the Earl of Meath, the late Lord Shaftesbury, the late Sir Andrew Clarke, Sir William Church, and more recently Sir R. Douglas Powell, also the great Dr. Hack Tuke; also for the last twenty years it has had the experienced assistance of Mr. Thornhill Roxby as organising Secretary.

It is the only Society which exists for the housing and for finding occupation for those who have been discharged from the asylums as *recovered*. Unfortunately, unless brought prominently forward, such a society makes no appeal to public benevolence, owing to unjustifiable popular prejudice against mental illness; but, in spite of being a society unlikely to achieve popularity, it has, since its establish-

ment, relieved a large number of cases. The Society was founded by practical men as the outcome of an undoubted practical want.

Objects.—The object of the After-care Association is to find suitable cottage homes in healthy country districts where convalescent patients are boarded, and where they gradually become rehabilitated to domestic life and home duties, after a compulsory residence of varying duration in asylums. The finding of these homes entails considerable enquiry and careful inspection. But the "After-care" not only find homes, but also situations suitable to the capabilities of those they help, and supply clothing where necessary, or may give money grants; but, as patients who have long remained in asylums are probably somewhat incapable of obtaining the full advantage of money when left to themselves, this form of help is only a subsidiary and occasional form of assistance.

"After-care" in other countries:

1. In several cantons of Switzerland such an institution exists.
2. In France, but only for the department of the Seine, there is such a society, and a home for patients discharged from asylums, the home being under a religious sisterhood. The good work there done is recognised by the State, which contributes towards its support.
3. In Germany the Duchy of Hesse has had such an institution for twenty-five years.
4. The American Medico-Psychological Association, and the American Neurological Society are strongly recommending such a society for America.

Reasons for supporting the Association.—It affords help to those against whom popular prejudice is unjustifiably pronounced, for there are many temperate, well-conducted women—both young and middle-aged, single and widowed—who have broken down through sheer stress of work, domestic trouble, penury, privation or poverty, and who have no friends, no relatives and no homes. Again both men and women of education and refinement, members of professions and literary vocations, governesses, teachers and many such like, from no fault of their own, have sunk from their former positions in society through advancing age, competition, disappointment and failure; and these need help. They find their way into the pauper asylums, and, unlike the sufferers from bodily illness, for whom the situation is often kept open, the uncertainty of the duration of the illness in mental cases finds the victims shut out from earning a living and with their situations filled up upon their recovery and discharge. Not only are they shut out, but, owing to acts whilst their insanity was developing, a return to their former neighbourhood and position is not only uncomfortable but often impossible. Many of these have to begin life again, and truly such people not only need, but are most appreciative of sympathy and kindness.

2. The Association is a bridge over the gulf between the asylum and the outside world. It tests their fitness for living outside and thus enables them to make a fresh start in life.

3. It prevents relapses because many—women especially—return to poor homes where deprivation and want cause them to break down again, and the Association helps to confirm good health by restoring confidence in themselves and building them up before going home.

4. Long residence in asylums has deprived many of situations and friends, and if no such homes as the "After-care" existed, the only alternative upon recovery is the workhouse—a most undesirable and hopeless place into which to launch a convalescent, for an indignity is felt by the respectable and a feeling of degradation is engendered by compulsory association with low characters, which often leads to a relapse. It is only too well known that association with the ordinary inmates of a workhouse does not improve the self-respect and self-control of honest people, least of all of "mental" convalescents.

5. The discharge of friendless cases from asylums is known to be postponed from month to month when there is no home and no friends to send them to. Therefore it is to the advantage of the public and the pocket of the ratepayer—a strong appeal nowadays—that the work of the After-care Association should be expanded.

6. A voluntary association does much more than State-aid to encourage benevolence in the affluent, and thrift, self-respect and self-control in the recipient of help.

FURTHER PROGRAMME FOR THE AFTER-CARE ASSOCIATION, IF WELL ENDOWED.

1. It could look after the family when a patient enters the asylum so as to preserve the home for the patient on discharge, thus preventing the anxiety experienced in regard to possible dependence leading to pauperism, when the home, as often is the case, is broken up.
2. By placing patients in family care, it would educate and familiarise the public with the causes and phases of insanity, and would help to engender a "hygienic conscience" in the people.
3. It would teach the public the elements of "first aid" in mental cases, and help to break down prejudice and the stigma which attaches to the mentally afflicted.
4. Such an arrangement would permit of cases being discharged earlier from mental hospitals and asylums, and would result in economy of public funds.
5. It would also do more than any amount of theoretical advice in regard to carrying out the laws of health, and would greatly supplement the teaching of "Hygiene and Temperance."

REASONS FOR ITS EXISTENCE.

1. Hospitals for bodily diseases have convalescent homes to bridge over a time of bodily exhaustion and impaired health, and there are societies for looking after the discharged criminal; but the Society affording relief for the most piteous and hopeless affliction that can affect humanity is languishing for support.
 2. The number of insane persons in England and Wales officially notified by the Commissioners in Lunacy to the Lord Chancellor, in their report issued in 1905 as a Blue-book, was 119,829, or nearly 1 in 280 of the population. Of these 109,277 were pauper lunatics, the larger proportion (59,097) being females, belonging mostly to the working classes; but in the case of many women of the middle and educated classes, for the reasons already given, a helping hand would be very greatly appreciated.
- The employment or vocation of these women is representative of most occupations. In the year (1904) there were admitted into the London County Asylums 450 domestic servants and other occupations connected with household duties. On December 31st, 1904, there were resident in the London County Asylums 16,987 patients, of whom 9824 were females. The percentage of women who recovered in 1904 was 39.48 per cent. of the admissions for the year, many of these friendless and homeless.

RECENT ADDITIONS TO THE DOWN DISTRICT ASYLUM.**VISIT OF ROYAL COMMISSION ON MAY 3RD, 1906.**

On Thursday the Royal Commission on the Care and Control of the Feeble-minded visited Down Asylum. They were received by Mr. Alex. H. Gordon, D.L., Deputy-chairman of the Committee of Management; the Right Hon. T. Andrews, D.L., Chairman of Down County Council; Sir George Plunkett O'Farrell, M.D., Inspector of Lunatics; and Dr. M. J. Nolan, Resident Medical Superintendent of the Asylum. The visit of the Commission is an exceptional compliment, and is due to the very moderate cost of the recent additions as compared with kindred institutions elsewhere. The actual figures are £85 per bed for buildings and £5 10s. for furniture—total £90 10s., as against sums ranging from £150 to £350 in England and Scotland. The Commissioners were struck by the relatively small outlay here, and so decided to see for themselves, and no doubt will duly record their impressions in their report. The recent additions have been erected mainly to receive patients of chronic feeble minds subject to periods of acute mental disturbance, during which they are transferred to the main building or to the special hospitals as may be required.—*Down Recorder*.