

*The Essex County Asylum.*

Dr. Campbell states:—"During the past twelve months, fifty-four of the patients who were in poor circumstances, on leaving the asylum received assistance from the Benevolent Fund, established for the relief of the destitute insane, on their discharge; and I beg respectfully again to press on the attention of the public the necessity of a more liberal support to a charity, the benefits of which cannot be estimated in removing one of the most common occasions of relapses, namely, the difficulty which such persons, when first liberated, frequently have in procuring employment, and the anxiety and hardships to which this difficulty must subject them, and which must operate with more than usual severity in the then delicately balanced state of their nervous system."

There appears to be, and there can be no question that, in a considerable number of pauper patients convalescing from disease in an asylum, the cure is confirmed and relapse prevented, by pecuniary help afforded on the first exit from the asylum; but, as we have seen, the manner in which this help is given, differs in different asylums. We shall not attempt to determine which of the two is preferable; whether it is better for the visitors to put in force the powers of the statute, and thus to tax property at large in the county for the purpose; or whether it is better to establish a voluntary fund, and in this manner to tax only the liberal and benevolent. As a rule, perhaps it is better not to resort to individual benevolence to raise funds for any purpose provided for by the laws of the land. The fact of its having been so provided for may be taken to intimate that the benefit contemplated is a general one, and, as there are so many worthy objects of charity which are not so provided for, it would seem undesirable to run the risk of diverting contributions from them for an object for which all the real property of the land is taxable.

*Report of the Royal Edinburgh Asylum for the Insane.*

Dr. Skae's report is enriched by the description of a few interesting cases, drawn with much vigour. In one of these, a case of suicidal impulse, associated with persistent watchfulness which defied narcotics, after describing the ingenious attempts to evade the vigilance of the attendants and procure some means of self-destruction, Dr. Skae says that the patient became tranquil and slept at night when mechanical restraint was imposed by means of the "polka." What is the polka? "When she saw there was no chance of effecting her purpose she slept quietly. Again and again

she was tried without it, but she never slept when she thus had the slightest opportunity of obeying her morbid impulse. This was one of the few cases where restraint not only gave additional safety but was positively beneficial."

In the table of causes of disease in patients admitted it is worthy of remark that only eighteen out of three hundred cases are attributed to intemperance, and Dr. Skae comments upon the diminishing frequency of this cause in his admissions; this year it being less than 7 per cent., whereas ten years ago it was the assigned cause in 20 to 25 per cent. of the cases admitted. It is to be hoped that the reason of this difference is the diminished frequency of intemperance as a cause. Dr. Skae's remarks on the benefit of extending the protection of the asylum, for a sufficient period, to convalescent patients, are so important, that we shall quote them at length. Unfortunately the public asylums are usually so crowded with patients that convalescent patients have little chance of being retained in them for the time that is necessary to consolidate their cure.

"After a residence of ten or twelve months, the prospects of recovery diminish very rapidly; while, on the other hand, of the cases removed after a very short residence, a considerable number relapse. One female, who was convalescent from an attack of puerperal mania, was twice removed prematurely by her husband, and twice brought back by him, having relapsed almost immediately on returning home to the associations connected with the first invasion of her malady. On both occasions she threatened to kill her husband. The great importance, in a vast number of cases, of change of scene, to avoid such associations when a recovered patient is removed, cannot be over-estimated. In connection with the risks of early removals in cases of recovery or convalescence, I think it right here to record my conviction, contrary to a common prejudice, that prolonged detention of a convalescent patient in an asylum may tend to bring back the disease, I have never seen any case to justify such an opinion. On the contrary, I think the exercise of self-control, self-denial, and patience, by a prudent delay, are generally most beneficial, and tend greatly to confirm the cure. I have had many occasions to regret, most deeply, the too early removal of convalescent patients. I do not remember one instance in which I had any reason to regret the prolonged residence of a convalescent case. On the contrary, I have in several instances been afterwards thanked by the patients themselves for having recommended their detention; and in several other cases I have been told by the patients afterwards that they were sent away too soon, and that they continued to labour under their morbid impulses and delusions for some time after they had left my care, and had succeeded in concealing them from every one but themselves."