

other three in different parts of Spain, which combined make provision for not more than 160 patients.

This rapid sketch of the asylums of Spain would not be complete without stating that in several provinces there is a small department, or depôt, attached to general hospitals, and these are without the most necessary conditions for the treatment of their patients.

The asylums of Spain point, as do most of her institutions to her past glory and her present decadence. In this matter the fault lies not with the medical profession, the leading members of which are on a par with those of other European nations. At the present day, for instance, there are fully 300 students who receive instruction in this speciality; and the belief in the spiritual nature of insanity is passing away in Spain, as elsewhere. Meanwhile every lover of his race must heartily wish for the day when in this, as in every other sphere of action, that curse of Spain, clerical supremacy, shall be abolished, and a noble people be left free to develop those qualities which at one time made them masters of both the old and the new world.

“*After Care.*” By REV. H. HAWKINS, Chaplain of Colney Hatch Asylum.

The “*After-Care,*” that is, of poor and friendless female convalescents on leaving asylums for the insane. That out of about 59,000 pauper patients estimated to be inmates of lunatic asylums and other institutions,* there should be many, both male and female, who, on attaining convalescence, require further assistance to enable them to resume life’s duties, with fair prospect of success, would reasonably be expected.

But the case for present consideration is that of poor and friendless *female* convalescents only. Male patients under similar conditions, are, no doubt, often equally in need of “*after care.*” Their special requirements, however, will not now be discussed.

Nor will particular reference be made to the case of those female convalescents who have friends able and willing to offer them at least temporary shelter on leaving the asylum.

Those whose need is sorest, are patients—young and

* Dr. D. Hack Tuke, “*Insanity and its Prevention,*” p. 131.

middle-aged women, without relatives or friends; wives deserted by their husbands, widows, single persons in various callings, as governesses, sempstresses, shopwomen, domestic servants, employées of different kinds, who, after treatment in asylums, having sufficiently recovered to justify their discharge, have no relatives or friends to receive them, no home to return to, no situation or employment awaiting them in which they can earn their bread.

Those who are familiar with the inmates of public asylums will probably be able to call to mind cases of female convalescents whose actual dismissal, though warranted by the state of their health, is delayed—postponed from month to month, because they have no friend who can, or will, undertake their charge, on their first return to the world. Some may be literally friendless, others are estranged from their friends, or so remote from them as to be beyond reach of their assistance. The friends of others are sometimes so poorly lodged as to be unable to receive, even for a limited period, an additional inmate into their rooms. In some cases, it is to be feared, relatives would be better pleased that the convalescent should find in the asylum a *permanent* abode, than that she should leave it, and so possibly become, more or less, burthensome to themselves.

But, from whatever cause, the convalescent's discharge is, in certain cases, at least not facilitated by assistance from friends without. On the other hand, her official guardians, from motives of humanity, may see fit to decline to expose her to the probability of relapse, distressing penury, or of even worse mishap, by dismissing her unbefriended into the world; so that, continuing still a patient—though convalescent—and realising in her own sad experience the bitterness of the hope deferred which makes the heart sick, many a one may fall back from a condition of almost completed recovery into mental derangement, of which the recurrence may be far more serious than the previous attack.

It is true that the convalescent may be transferred from the asylum to the workhouse. There she would be at liberty to claim her discharge. But the question arises, would her change of abode place her in a more favourable position to start anew in life? In the workhouse it would probably be known that she had been an asylum patient. This would be to her prejudice. No special interest in her case, or trouble on her behalf, could reasonably be expected to be taken; so that, as an inmate of the house she would not find her way

to self-maintenance much easier than it had been in the asylum.

Some convalescents, though they may have relatives or acquaintances willing to receive them, yet have only such quarters to resort to as, with regard to board, lodging, companionship, and general surroundings, are ill-calculated to establish recovery. The transition from a spacious asylum ward, with its comforts and even refinements, to some close murky room in Whitechapel or Bethnal Green, would be the reverse of salutary; and the loaded atmosphere of a crowded court would not conduce towards sustaining the convalescence, which fresh country air had been largely instrumental in effecting.

Again, with respect to the subject of situations. The friends of many convalescents are themselves so poor, dwellers in neighbourhoods so squalid, that often the only place which they would be able to procure for a discharged patient would be that of a drudge of all work, of which the slang term "slavey" is hardly an exaggeration. It need scarcely be observed that such occupation would not be favourable to the preservation of recovered health. Called about hither and thither more than was Francis the drawer, by the Prince and Poins in Shakspeare's *King Henry IV.*,* "Francis! Francis! Come hither, Francis! What! stand'st thou still and hear'st such a calling?"—upstairs and downstairs from morning till night; spending lonely evenings, and finding Sunday no day of rest, is it to be wondered at if a convalescent's health often again breaks down? Scarcely less unfavourable is her situation in some low house of business, where overlong hours of work, miserable payment, and evil sanitary arrangements, are antagonistic to both mental and physical well-being.

So that it may be confidently asserted that, whether the convalescent be utterly friendless, or whether she has such friends only as are unable to render adequate assistance at the needful and critical time of her return to life's duties, her case may fairly claim more consideration and aid than, perhaps, it has hitherto received.

In what ways then can assistance be effectually rendered, so that convalescence, instead of being retarded, may be fostered and confirmed, and the recovered person again become a useful member of society?

Perhaps the initial and immediate want is that of a judi-

* Act ii., s. 4.

scious and kind-hearted Christian woman who would wholly devote herself to the work of relieving the necessities of poor and friendless female mental convalescents, on whose behalf her assistance might be required.

The cause is one which might well be undertaken, not as a bye-work (*παρέργον*) but as a life work. There would be wanted something of the devotedness of Fliedner, the founder of the Kaiserwerth institution, of whom it has been remarked, "He was a man of 'one casting' as the Germans say." There is a call for a labourer who would throw herself into the work in the spirit in which Mrs. Fry devoted herself to bettering the condition of prisoners; Agnes Jones, of Liverpool, to workhouse nursing; Sister Rosalie, of Paris, to charities of almost unlimited usefulness.

Brief reference will presently be made to the organisation of an association to carry out the objects indicated in this paper.

Let some instances be now brought forward in which valuable assistance could be rendered.

In certain cases, a patient, wholly recovered, might be quite able, and indeed might sometimes prefer, to recommence work immediately after leaving the asylum, without any intermediate period of rest. But how is she to obtain employment? She has, in addition to other difficulties, to encounter the formidable, yet quite intelligible, reluctance to employ persons who have been under treatment for mental disorders. As has been justly observed by the author of the book "My Experiences in a Lunatic Asylum," "The thread of life, and work and duty has been rudely broken, and has to be knit again under great drawbacks."*

At this juncture a friend's help might sometimes be invaluable. The authorities of asylums would, in due time, if not at first, welcome the alliance of an approved association, which would endeavour to procure suitable occupation for friendless convalescents. An interview (easily arranged)

* The following remarks by Dr. Edgar Sheppard apply with even greater force to the case of females:—

"Others come back to us because they cannot find in the outside world those favourable surroundings which alone can ensure their mental stability. The odds are desperately against any sensitive man, who is *known* to have been an inmate of a Lunatic Asylum; for all the apparatus of society henceforth bristles against contact with him, and refuses again to absorb and utilise him. An institution which could lay hold of these poor creatures—silence prejudice, allay fears, and gently reinstate them in their former spheres—would deserve and ensure the gratitude of all right-thinking and observant men."

between one of the ladies of the Association and the recovered patient, would enable the former to judge of the particular work best adapted to the capacities of the individual. Some such post might be vacant on the Society's register. If not, inquiry would be made. And greater success might attend endeavours to obtain situations for convalescents if made by persons not officially connected with the asylum.

That benevolent persons *may* be found willing to receive into their households recovered patients, immediately from the asylum, is within the writer's experience. He is acquainted with two instances in which an invitation for assistance was responded to by ladies who offered to take into their household a convalescent from an asylum. To one of these families a young friendless patient was forwarded by the authorities. She was treated with great consideration, and afterwards transferred to a more remunerative place. This transaction was effected without concealment of the young woman's previous residence in an asylum. The other offer referred to was eventually not accepted, on account of special circumstances connected with the locality of the lady's residence.

Still the fact remains, that two households were found willing to receive an asylum convalescent. It is surely not an unfair inference that, if the necessities of friendless convalescents became better known, other households would be found equally forward to do a similar work of charity.

In many cases, however, a brief interval of rest, change of scene, air and associations, immediately after leaving the asylum, would be beneficial.

If the cure effected in ordinary hospitals is often more permanent if a discharged patient has the benefit of a few weeks' sojourn in the country, or by the sea-side, before resuming life's duties, would not this advantage accrue (even *à fortiori*) in the case of mental convalescents? Country or sea-side homes are becoming recognised supplements of hospital treatment. Should not ampler facilities be provided for perfecting, under healthful conditions, the convalescence of some of the weakest of our fellow creatures recovering, it must be borne in mind, often not from *mental* ailments alone, but from *physical* disorders also?

If it should be suggested that recourse might be had to existing convalescent establishments, it may be sufficient to reply that these would, probably, decline to receive, at all events as a rule, patients from lunatic asylums. Even if the

managers did not refuse to extend the benefit of their Home to inmates of that class, the other inmates might be unwilling to consort with mental convalescents.

Another very useful feature of the "after-care" of convalescents, would be inquiry, on their behalf, after respectable persons living in healthy and cheerful situations, who would be willing, on fair terms, to receive them for a brief sojourn into their homes, and to treat them with kindness and consideration. If of two convalescents, each furnished on departure from the asylum with an equal pecuniary allowance, one passed her month's trial in an unhealthy atmosphere, ill-nourished, in the midst of depressing surroundings of dirt and dinginess, within daily view of scenes of disquiet, it may be of vice—the other in some locality where pure air, suitable food, quiet and cheerfulness promoted entire restoration, it is obvious that the issue of the two furloughs might be widely different.

Yet the difference would be just that of the case of one convalescent provided with funds which neither she herself nor her friends could beneficially administer, and that of another, who, though no better supplied with means, had a well-selected resort selected for her, in which to complete her health, on quitting the asylum.

Suitable persons might be found disposed to receive convalescents on moderate payment. Some benevolent individuals might, as an act of charity, offer them a temporary home gratuitously.

But any reasonable outlay which would contribute to the completion of recovery—a recovery perhaps, slowly and at much cost, with God's blessing, effected—would surely prove to be economical expenditure.

But these are cases for whom the arrangements of a well-ordered "Convalescent Home" might be better adapted than those of an ordinary private household. Besides, it might sometimes happen that no private preparations could be made for the immediate reception of a patient on the point of being discharged.

The subject of Convalescent Homes intended for the reception of recovered female patients from public asylums may well invite attention.*

As has been remarked, existing homes for the benefit of persons after recovery from bodily ailments would not ordi-

* A paper on "Convalescent Homes for the Insane Poor," by the writer of these remarks, was inserted in the April number of the "Journal," 1871.

narily be available for mental cases. So that if the benefits of homes are to be extended to asylums as to hospitals, these homes will have to be specially provided.

Such a home might be an ordinary roomy, comfortable house, with garden ground; the household being under the management of a sensible Christian-minded lady. Such a superintendent might be found who would give her services "all for love and nothing for reward." The administration would be frugal. There need be few expenses, beyond rent and housekeeping. No paid servants would be required, as the inmates would carry on the domestic work as one of the conditions of admission. The rules should be few and simple, regulating the hours for household worship, meals, closing the doors at night, &c.

During their sojourn, say for a month, the inmates would be expected to employ themselves usefully, but they would have full liberty to inquire after employment in service or otherwise. In this search assistance would be given them by the management. After a few weeks' stay in a well-conducted home, convalescents would often have a better chance of resuming their place in life than if they recommenced its battle directly after their discharge. A suggestion in reference to "Lunatic Asylums and Convalescent Homes" was made not long since by a correspondent of "Social Notes."

Moreover, such a home might occasionally be serviceable as a haven of refuge (a "Perfugium Miseris," as the inscription on the lighthouse proclaims Ramsgate Harbour) to persons who, having formerly been asylum patients, were in danger of relapsing into mental infirmity through stress of life's anxieties and trials. Even one day's quiet retreat, nay, even a few words of kindly counsel and of cheery encouragement from the lady of the house, might sometimes operate as a preventive of impending illness.

It would be important that the Home should be, both in structure and arrangements, as domestic and home-like and as unofficial as possible; also, that it should be quite independent of any asylum in its management, and not a mere adjunct or annex. Otherwise, it might run the risk of being considered only an asylum of another type, and of having its common life order interfered with by official regulations.

In special cases, of which one or two examples will be given, the "after care" of the recovered would have a distinct and peculiar value.

Take that of a female patient, whose insanity had been

caused by intemperance in drink. Under sanitary conditions and regimen, removed from opportunities of indulging her harmful propensities, she recovers so far as to justify her discharge. Before departure, the vital importance both to herself, and most likely to others also, of the strictest self-control, is impressed upon her. She professes, probably sincerely, to have formed stringent resolutions to practise temperance or abstinence. But, on returning to the world, she is at once beset with temptations, which too frequently prove fatal to her newly-formed determinations. The solicitations of former companions, and the old craving for drink not rarely prevail. Even if she keeps from the public-house she finds facilities for obtaining drink in shops where she purchases household necessaries. Often she lapses into former habits, and her last state becomes worse than the first.

Now, is the hope too sanguine, that if a convalescent intemperate, immediately on quitting the asylum, were to have the advantage of a friend's "after care," which would secure for her the sympathy and moral support, say of a well ordered Temperance Society, and which would, in other ways, diminish her temptations, she would be more likely to sustain unbroken the resolutions which in retreat she had formed?

Perhaps, in due time such retreats for inebriates, as that lately opened at Spelthorne, near Feltham, may be opened with special reference to cases from asylums.

There is also another class of convalescents who have an especial claim upon our "after care." In populous asylums there will generally be found foreigners, some of a better class than that of the majority of the patients; women educated for governesses, teachers, &c. Strangers in a strange land; sometimes far from friends as well as country, their position is not seldom one of painful isolation. In such cases the considerate sympathy of a kind hearted and educated friend, particularly if conversant with the stranger's own tongue and country, would be of great value.

The superintendent of one of our largest asylums refers to his difficulty in dealing with the cases of elderly or aged female convalescents. It must be admitted that, when these would be unable to maintain themselves, their case could hardly be brought within scope of the work of an association such as that attempted to be sketched in this paper. It would be manifestly impossible to make *permanent* provision for convalescents whose physical infirmities, or advanced age, incapacitated them from self-maintenance.

Not a word in these remarks will, it is hoped, be understood to imply that authorities of asylums are remiss in their obligations to convalescents. Their "after care" may, indeed, become a better recognised feature in asylum work than it has been hitherto, and a more strenuous effort made to supply an undeniable "missing link." But, after all, official care can never be so complete as to render works of private benevolence superfluous. Indeed, to some convalescents assistance ministered through private channels, would be more acceptable than if it reached them from official sources.

This further point also seems to be of some importance. The connection between the asylum and the patient terminates either at the actual time of her leaving, or at the expiration of a definite period after her discharge. Afterwards, no recourse to the asylum is permitted for assistance of any kind. No subsequent claim on its good offices exists, or could be recognised. A patient once absolutely discharged becomes, henceforward, officially unknown, except as regards his or her past history.

But the "after care" of a voluntary association would be restricted by no arbitrary limitations. As long as it was really required, it would continue (as far as possible) to be exercised; long perhaps after official oversight had ceased. Of course, all due safeguards against imposition would be adopted, but might not instances occur, when by a little seasonable aid, by assistance rendered in seeking a situation, by sympathy and judicious counsel, relapse might be warded off, and new hope and energy infused?

With respect to the requisite funds for carrying out the suggested plan of the "after care" of convalescents, three sources may be indicated.

1. The statutory allowance which Visiting Justices are empowered to grant during a limited period after discharge. This amounts to a weekly contribution, not exceeding the sum charged to the parishes, for the patient's maintenance.

2. The charitable fund sometimes maintained in asylums, out of which aid is occasionally bestowed, according to the various necessities of convalescents, on their discharge.

If such an association as that which has been the subject of the foregoing remarks, commended itself to the governing body, they, and indeed often the patients, on trial themselves, might prefer that moneys given to facilitate the renewal of life's duties, should be administered to the best

advantage of the persons chiefly interested, by the Association's agency.

3. The third source whence funds would be obtainable, is private charity. If the want referred to becomes gradually acknowledged, funds towards supplying it will not be withheld.

Moreover, it may be again remarked, that the prevention of relapse and the confirmation of convalescence are equivalent to economising expenditure in rates.

As to the *personnel* of the association. Its mainspring, as has already been intimated, would be found in some devoted pioneer in this comparatively untilled field of work. Making the cause her "mission," she would gather round herself a band of like-minded women, among whom would be distributed various departments of service, within the range of the society's operations. With these ladies should be associated a council of gentlemen, who would consent to superintend any matters of financial, professional and general business requiring attention. To them also reference might be made in cases of difficulty.

It may here be briefly noted that there exists in Belgium and England a religious community devoting itself entirely to the care of the insane.

Also that the Charity Organization Society, which is collecting information on the subject of ordinary convalescent homes, was not, recently, aware of any Home open professedly for the reception of mental convalescents.

The question in King Lear

"What can man's wisdom do,
In the restoring his bereaved sense?"

must often, in some form or other, pass through the minds of all interested in the cure, by Divine blessing, of the mentally afflicted.

Scarcely, however, less suggestive of thought are those other words,

"'Tis not enough to help the feeble up,
But to support him after."

[The foregoing valuable Paper, to the importance of which we specially call the attention of our readers, was read on the occasion of the formation of an Association to procure the "After-care of Poor and Friendless Female Convalescents on leaving Asylums for the Insane," June 5, 1879." See Notes and News." Part IV.—Eds.]