

## 'Sir Thomas Barlow and "After-Care"'

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Dr. H. DEVINE said that this work was really very valuable, because so very recent. One saw the coincidence of two important facts—namely, that in cases where one had a positive Wassermann reaction one was able to discover spirochetes in the brain. This seemed to prove the syphilitic origin of general paralysis absolutely.

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It is not surprising, therefore, to find Sir Thomas taking

the chair at a meeting of that most worthy of all charities—the After-Care Association. The good work of this Association, as would be expected, appealed to him, and he was not backward in giving his support and approbation.

He said that in the development of modern charities one comes to realise that in all large charitable associations and schemes the State, and municipality, and old endowed charities can do a great deal, but they cannot do everything, and it seemed to him that the more these social problems are studied, so far from favouring what some people are talking about—namely, putting everything on the State, which was a mischievous and shallow proposal—thoughtful people who have to face these problems see that an enormous amount of real charity must inevitably be done by enlightened voluntary effort, not acting sporadically by itself, but joining itself, so to speak, to the State, municipal, and old endowed methods, and supplementing their efforts. Of these there was not one, Sir Thomas ventured to think, that deserved more careful consideration than the After-Care Association, an institution which is the only one of its kind in the United Kingdom.

It seemed to him that the condition of the insane had not been fairly visualised by the average charitable person, who often ejaculated some words of sympathy, but as a rule seemed to want to get the insane person out of sight as quickly as possible, and who did not reflect enough upon what happened to these poor people when they leave the asylums. It was important to try to disabuse the minds of many charitable people of the strong prejudice that sooner or later these unfortunate people will relapse, and that it was throwing money away to spend anything on them, beyond preserving them from penury. So far from this being the case, we know that by properly thought-out means we can do a great deal, when the acute stages proper for asylum treatment are over, by changes of scenes and surroundings, and suggestions of new lines of activity outside.

Sir Thomas put the case none too strongly, for it is deplorable to feel the general reluctance there is to giving work and encouragement to those whose misfortune it is to have broken down mentally and subsequently recovered. In most cases the world was hard and unkind to them before; it is doubly the case when faced for the second time.

Some excuse can be made for the charitably disposed standing on one side during the time the patients are under care and treatment, (though they little know how they could help in the patients' recovery by a little attention to the loved ones at home); in fact there is little or no call for their efforts, and their interference might be harmful. But when the poor people are again thrown on the world the case is different, and their lot should appeal acutely to those who combine affluence and altruistic instincts.

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## Part II.—Reviews.

### *The Sixty-seventh Report of the Commissioners in Lunacy for England and Wales, 1912.*

As in previous years, we purpose giving first a digest of the statistical information contained in this report, which is never an easy task, for the Commissioners cannot be charged with verbosity or a redundancy of language.

Regarding the certified insane persons under care during 1912, the total number was 138,377, an increase of 2,716, which was 275 above that of the annual average for the decennium, 257 above that for the quinquennium, and a 2.0 per cent. increase as compared with 1911, which is practically the average during the past ten years. With the exception of the Metropolitan licensed houses, and the naval and military hospitals, there was an increase in the figures for all classes of asylums and hospitals.

The private patients numbered 11,353 (males 4,852, females 6,501), an increase of 217, or nearly 2 per cent. over the preceding year. In 1883, less than one-tenth of this class were in public asylums; the proportion is now one-third.

The pauper patients numbered 125,841 (males 58,508, females 67,333). This number is 2,441 in excess of that of last year, or 236 in excess of the mean annual increase for the last ten years.

(The average annual increase for London since 1890—including those private patients who pay the pauper rates—is 523.)

The report gives the details of the distribution in proportion *per cent.* of both classes of patients during the past thirty years in the various kinds of asylums, hospitals, etc.

Since 1883, the proportion of private patients has increased in the county and borough asylums from 8.5 *per cent.* to 33.1 *per cent.*, the pauper increase for the same period being from 63.2 *per cent.* to 79.3 *per cent.* This is important, when it is borne in mind that there is generally a want of pauper accommodation. There are now some 3,760 private patients in public asylums; some, of course, pay either the bare pauper rate, or a small sum over for county expenses; but, no doubt, a large number occupy accommodation which otherwise would be available for pauper patients, either direct admissions or patients boarded out from congested areas. In this connection, it would be of interest to know the vacancies in registered hospitals and private institutions. We have no doubt but that the profit made by public asylums on private patients is well spent, yet in rate-supported institutions the pauper class should have first consideration.

The *proportion of pauper males and females*, 464.9 : 535.1, is much higher for the male sex than in the private class.

The *criminal patients* numbered 1,183 (males 903, females 280). The number housed in public asylums continues to increase, being 21.0 *per cent.* as against 20 *per cent.* during 1911. The Commissioners cordially support the contention of our Association that this is an evil that should be remedied. They welcome, as we do, the opening of the second State Criminal Asylum at Rampton, and trust that soon the county and borough asylums will be relieved of this class of patient. (The number of patients admitted to Rampton during 1912 was 88 males and 40 females—ultimate accommodation 800.) In a paper on "Criminal Types in a County Asylum" (April number, 1913), Dr. Lord points out that quite a number of criminals are admitted from the parishes who ought to be subsequently transferred to a State asylum for criminals.

Following upon this are the *statistics of the total distribution of the pauper insane in the various counties and boroughs*, which show many interesting changes, chiefly of local importance.

The *ratios of pauper insane to the population in the various counties* again form interesting reading. A map of England and Wales is given, which graphically depicts the comparative distribution to the population as ascertained by the census of 1911. From this map we gather the following information:

*Counties with less than 2.5 per 1,000 of the population:* Northumberland, Durham, West Riding, Derby, Denbigh, and Flint.

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Another map shows for each county the increase or decrease (per 10,000 of the mean population) of the pauper insane (both sexes) during the ten years 1901 to 1911. This reveals more accurately the real amount of prevalent insanity in different parts of the country. A study of this map shows that the areas with a decrease or no change in the

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*Dr. Robinson  
Return to Dr. Ford  
Quickly*

AND C. DON  
BATHSLOW CASE, 1914  
APR 1914  
DEVINE

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