

mitted or unduly detained under the existing administration of the law and the system as carried out. The same may be said with regard to provincial private asylums. These are licensed for the reception of patients generally to medical men of experience by the justices of the peace of the county in which they are situated, in quarter or general sessions assembled, and only after the most careful scrutiny as to their management and administration, and after reading every official report made in the course of the previous year by the Commissioners in Lunacy and visiting justices specially appointed for their supervision. Every admission, discharge, and death has to be reported within a given time to both visitors and Commissioners. The Commissioners in Lunacy make at least two statutory visits each year; the visiting justices, accompanied by their medical visitor and legal adviser, at least four; the result of each inspection being duly recorded in official books kept for the purpose. The Lord Chancellor's Visitors also visit and inspect the patients under their supervision at least twice a year.

The question of the manner of admission to asylums or hospitals for the insane, as already remarked, is one attended with considerable difficulty, owing, in a great measure, to the state of public opinion generally with regard to persons who labour under unsoundness of mind. If it were possible to educate the public to a knowledge of the fact that insanity is the manifestation of a physical disease, functional or organic, of the nervous centres, as much as cough is of the breathing apparatus, an important step would be gained.

The clause in the Scotch Lunacy Act by which any person, whether previously under care or not, may, with the consent of the Commissioners in Lunacy, place himself under care in an asylum, hospital, or institution as a voluntary patient, is often taken advantage of in Scotland, and it is found practically very useful and beneficial in operation. Contrasted with this, in the South it is often found that in order to avoid putting a patient under medical certificates friends will resort to almost any means of cure instead of legitimate and skilled means, and only when his disease has become confirmed and incurable do they apply to the physician who has devoted his life to the study of such ailments.

I am, Sir, yours obediently,

JAMES ADAM, M.D.

West Malling Place, Kent, April 29th, 1884.

## "REVACCINATION."

To the Editor of THE LANCET.

SIR,—Referring to your recent leading article on the above subject, Dr. Julius Pollock writes (*vide* THE LANCET, May 3rd):—"There are probably many persons who, after a primary vaccination, are impervious to the vaccine virus, and upon whom no amount of revaccination would produce any result." Now, as my experience of some thousands of adult revaccinations leads me to an opposite conclusion, I trust you will allow me to add a few remarks on the same subject. In support of this I have drawn up the following table of the last consecutive 1000 revaccinations performed on recruits with calf lymph or humanised lymph, the operation having been repeated a second time in most cases of failure:—

### Number of Revaccinations 1000.

Perfect vesicle or vesicles, first time ...	789
Modified vesicle or vesicles, first time ...	57
Perfect vesicle or vesicles, second time ...	45
Modified vesicle or vesicles, second time ...	9
Failures due to recent successful revaccinations, with good marks of same ...	38
Failures due to insusceptibility or otherwise...	62

Total ... .. 1000

All recruits on joining the army have to be revaccinated unless they bear distinct marks of small-pox, and it would clearly, therefore, be incorrect to include the first list of "failures," as no other result could have been expected; so there is only evidence of supposed insusceptibility to revaccination in about 7 per cent. of this 1000. According to their own statements, however, some of these recruits had been successfully revaccinated in their boyhood. I have always thought that the published averages of failures in revaccination are too high, and that the word "insusceptibility" is much too readily made use of, such failures being

more probably due, as you suggest, to accidental causes; and from my past large experience, I cannot but believe that insusceptibility to primary revaccination is quite exceptional, and with regard to vaccination in infancy more than doubtful.

In conclusion, let me repeat your own words, for I fully agree with them (*vide* THE LANCET, April 26th):—"Revaccination that does not succeed is useless, and worse than useless—it deludes the patient into a false sense of security."

I am, Sir, your obedient servant,

A. B. N. MYERS,

Caterham Barracks, May 7th, 1884. Surgeon-Major Scots Guards.

To the Editor of THE LANCET.

SIR,—Permit me to correct the statement contained in the last three lines of my letter on "Revaccination" in your last issue, since writing which I have by very careful rubbing-in succeeded in producing a successful vaccination on myself. Proving that a thorough primary vaccination in 1848, an attack of variola in 1868, many consecutive failures in 1872, and a very successful revaccination in 1881 are not sufficient, in my case, at least, to protect against a determined attempt to cultivate vaccine, and that insensibility to vaccination, if not always wholly exceptional, tends in some cases to wear out rapidly.

I am, Sir, Yours obediently,

East Rudham, May 13th, 1884.

ALAN REEVE MANBY.

## HOMES FOR MENTAL CONVALESCENTS.

To the Editor of THE LANCET.

SIR,—May I venture to call attention in the columns of THE LANCET to the want of convalescent homes to supplement the recovery of patients discharged from asylums for the insane? Homes of this description, both in the country and at the seaside, abound, in which persons convalescing from physical maladies can be received, and in which their recovery may be confirmed; but for mental convalescents who have been ill often in body as well as in mind, there are no such resorts generally available. Individual institutions (as I believe Bethlem Hospital) may, in a few cases, possess homes for the exclusive benefit of their own patients. The advantage of these resorts is, of course, very restricted and limited. There is not, as far as I am aware, any public convalescent home specially intended for the benefit of men and women who, after discharge from asylums for the insane, still require a brief interval of fostering care, of rest and change, before returning to the duties of life. Ordinary homes decline, as a rule, sometimes by their expressed rules, to receive inmates from asylums for the insane. Nor should this be a subject of surprise or complaint. When in certain exceptional instances asylum convalescents have been received into ordinary homes, it has been of special favour, a favour, moreover, which could not be frequently solicited. But such rare opportunities of recruiting their physical and mental health are surely insufficient for the many invalids who, on their discharge from asylums, still require some additional care to complete recovery, and, what in many cases is of equal importance, assistance in obtaining employment.

It is computed that of pauper lunatics alone in asylums, workhouses, &c., there are more than 60,000. Of these the greater number are women. For the poor and friendless female convalescent, on her first discharge from the asylum, "after-care" is often urgently necessary. For the widow who has broken down physically and mentally in the struggle to get daily bread, for the overdriven housewife harassed into mental derangement, for the overwrought teacher, for the needlewoman whose mind has given way under stress of ceaseless toil, for the overworked domestic drudge—for these and many others who after mental derangement have become almost convalescent, a short stay in a well-ordered home would be simply invaluable.

The arrangements of the home, under a sensible, kindly matron, should be of a simple character. Very many such homes exist for the benefit of those recovering from bodily ailments. Are not similar refuges required for the benefit of numbers who, having been invalided both in mind and body, need in a new scene a little additional kindly care to supplement the successful treatment which they have experienced within asylum wards? I believe I may say that the Earl of Shaftesbury, than whom no one is more conver-