PROBATIONARY LEAVE OF ABSENCE.

BY HENRY LANDOR, M. D.,
Superintendent London Asylum, London, Ontario.

In the discussion, at the Auburn meeting of the Association, on a case of recovery related by Dr. Barstow, Dr. Baldwin of the Staunton Asylum, Virginia, said that the late Dr. Stribling made large use of the system of furloughing patients, which, in his hands, answered admirably, and led to the discharge of patients. He quoted two cases.

Dr. Bucknill, on being appealed to, said the system of allowing patients out on leave had worked exceedingly well, especially with convalescents. He said, in answer to a question whether there were no cases in which violent demonstrations took place, that there were, but that he would not keep a patient in an Asylum forever because he might sometimes be violent.

I stated that by our rules we were at liberty to discharge, having previously granted leave of absence for a definite period in order to try the patient's behavior. We take a bond from the relatives that they will use reasonable supervision during the time of probation, and from time to time communicate the condition to the Superintendent. I might have added that this system has been in operation in England for twenty-five years, and practiced by me there, so long since, and by other physicians of asylums, with the best results. My surprise is, that it seemed new to the Association, and that it had never been extensively used in America.

Dr. Kirkbride raised a formidable list of objections to the system, chiefly founded on an unfortunate case of

a man who walked to the sea to drown himself. He said that if a patient committed suicide when out of his control, he wished rather to be previously released from responsibility than to be in a position where his control is merely nominal. He said that arson, suicide, homicide, might be committed by such patients; that half cured patients, when returned to their friends, go about the country and create an unsound public opinion regarding asylums.

I replied that patients with the propensities named were not fit selections for trial of the system, but that those beginning to improve, or half cured, and more likely to improve rapidly when freed from asylum surroundings, were selected by me for trial. I presume that no Medical Superintendent, not even of an asylum like Dr. Kirkbride's, which is, if not the best, one of the very best in the world, will deny that asylum residence is exceedingly irksome to many convalescing patients, and that to them a change is beneficial, and often hastens their recovery. If patients so tried give an unwholesome public opinion, I know no instances of it, and I fancy that remark applies more to those asylums which depend on payment by patients than those supported by legislative grants. The latter are more indifferent to unjust opinion, for public inspection always refutes incorrect statements; nor need the superintendent care for such groundless censure. When I have made up my mind what is best for the patient and for me to adopt, I act upon my opinion, and if evil ensue, I feel myself no more responsible for the result than a statesman would on failure of the acts of his best judgment. I have done my best, and never trouble myself about results.

Dr. Waddell said he had found patients, when returned to their friends, recover more rapidly than in an asylum.

Dr. Kirkbride persisted in his objections, and was supported by Dr. Grissom, of Raleigh, North Carolina. Dr. Smith, of Missouri, finished the debate by stating that the subject was of sufficient importance to demand an expression of opinion by the Association. He argued the matter in what seemed an impartial manner, if he had not concluded by saying that "the Association would, by an overwhelming majority, assert that paroling patients would be unsafe and dangerous, and inconsistent with the progress of psychological medicine." Now, as by far the greater number of the members of the Association freely admitted that they had no personal experience of this system, but that they were influenced by men of the eminence of Dr. Kirkbride and others, as I freely admit they should be in inexperienced matters—(I am as great an admirer of Dr. Kirkbride as any member of the Association, but I do not yield an opinion founded on experience to another man, of even recognized eminence, if he has not had experience on the same matter)—I am convinced that the knowledge shown by the Association was very limited; and in order to increase it and support my statements, I have obtained, through the kindness of Dr. Lett, and to his very great trouble, the table appended of all cases of "probation" granted by this asylum since its opening. More than one hundred cases are given; successes and failures, with remarks, are given with equal candor. It will be seen on analysis that no evil has ever arisen; no mischief has been done by the "probationary;" no suicides, no homicides have ever occurred, yet it will be seen that many patients are said to be suicidal and homicidal by the paper of admission. But it is known that many patients are said to be dangerous to themselves and to others for the purpose of obtaining admission, when the facts do not bear out the statement. In

my report of 1874, I related seventy-seven cases of alleged suicides, where careful inquiry produced no facts in support of suicidal attempts. I have marked in the table appended those said to be suicidal, but not found so by us, and those we found suicidal. I have not been deterred from granting probation, even to the suicidals, when we, the physicians of the asylum, consider it safe to do so. If English asylums would give a tabular exposition of their experience of this system, I am sure that the large-minded men of our noble Association will have sufficient grounds of experience to alter their views of a plan never tried by themselves, and that at least they will be willing to give it a candid trial and will be governed by the results.

The Province Asylum, at Toronto, has a larger experience of probation than the London. It might be able to give tabular information over an extended period of years, which would be very useful. If, also, the English asylums, especially the private, where it is more extensively practiced than in the County asylums, would give us their experience, I feel confident that the system embodied as it is in the English Act of Parliament, and in use for a quarter of a century, would afford most satisfactory results.

HISTORY OF PROBATIONS.—ASYLUM FOR THE INSANE, LONDON.

No.	Sex.	Register No.	No. of days on Probation.	Asyl'm Residence.			Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
				Y	M	D				
1	Female.	244	23	0	3	1	32	Acute Mania.	Discharg'd	Three previous attacks.
2	Male.	239	121	0	6	3	18	Acute Mania.	Discharg'd	One previous attack.
3	Male.	243	62	0	4	1	38	Acute Mania, with desire to wander.	Discharg'd	Being harmless, friends allowed to take him home for a short visit.
4	Male.	205	—	—	—	—	24	Acute Mania.	Returned.	Is now a partner with his brother in foundry. Permitted to go home for a short visit.
5	Male.	270	65	13	1	11	27	Unknown.	Discharg'd	Allowed to pay visit to friends.
6	Female.	142	—	—	—	—	35	Mania.	Returned.	Eloped; when found remained on probation.
7	Male.	393	188	0	10	8	35	Melancholia.	Discharg'd	Readmitted after lapse of five years, having conducted his business in the interval.
8	Female.	164	—	—	—	—	46	Epileptic Mania.	Returned.	Two years after discharge had a relapse.
9	Male.	381	38	0	7	15	53	Mania; Suicidal and dangerous.	Discharg'd	Had two previous attacks.
10	Male.	430	53	0	5	14	50	Melancholia.	Discharg'd	Obliged to be brought back before probation expired. Same as No. 23.
11	Male.	445	41	0	4	17	24	Mania; Suicidal and dangerous.	Discharg'd	Many previous attacks.
12	Female.	449	38	0	4	23	24	Melancholia.	Discharg'd	One previous attack.
13	Male.	465	74	0	5	21	23	Mania.	Discharg'd	sent to Toronto Asylum.
14	Female.	426	—	—	—	—	17	Nymphomania.	Returned.	One previous attack.
15	Female.	442	—	—	—	—	35	Mania.	Relapsed.	Readmitted after interval of two and one-half years.
16	Male.	443	43	0	7	27	43	Acute Mania.	Returned.	
17	Female.	418	37	0	10	6	28	Melancholia; Suicidal and dangerous.	Discharg'd	
18	Male.	401	49	1	1	3	27	Mania; Inclined to wander.	Discharg'd	
19	Female.	393	36	1	1	7	36	Mania; Suicidal and dangerous.	Discharg'd	

HISTORY OF PROBATIONS.—CONTINUED.

No.	Sex.	Register No.	No. of days on Probation.	Asyl'm Resi- dence.		Age on Admis- sion.	Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
				F.	M.	D.				
20	Female.	396	41	1	2	12	Mania; Suicidal and dangerous.	Discharg'd Cured.		Attempted Suicide. Readmitted after a year's interval. Same as No. 54. Recovered sufficiently to be taken care of outside. Same as No. 14.
21	Female.	468	54	0	10	13	Acute Mania.	Discharg'd Cured.		
22	Male.	498	72	0	8	14	Melancholia; Suicidal.	Discharg'd Cured.		
23	Female.	426	180	1	5	1	Nymphomania.	Discharg'd Improved.		Eloped; when found remained on probation. Husband took her out on probation, with instructions which he neglected to follow, consequently she was discharged. After wards readmitted. Same as No. 35.
24	Male.	485	33	0	11	11	Melancholia; Suicidal.	Discharg'd Cured.		
25	Female.	489	16	0	7	20	Puerperal Mania.	Discharg'd Improved.		
26	Male.	529	30	0	5	10	Acute Mania.	Discharg'd Cured.		Has a sister in the Asylum. Very fretful to get home, so was allowed out on probation as further Asylum residence was deemed injurious. Two previous attacks. Readmitted after 24 ms. Same as No. 43.
27	Female.	202	36	3	2	0	Mania; Suicidal	Discharg'd Improved.		
28	Female.	206	48	2	11	18	Mania; Suicidal and dangerous.	Discharg'd Cured.		
29	Female.	556	57	0	5	26	Religious Mania.	Discharg'd Improved.		Mother supposed to have died insane. Was case of hysteria occurring before puberty. Readmitted after 6 ms. Now in Asylum. Said to be epileptic. Never known to have had a fit in Asylum. Readmitted after a year. Same as No. 42. Same as No. 25.
30	Female.	564	—	—	—	—	Religious Mania.	Returned. Unimpr'd		
31	Female.	565	28	0	5	8	Acute Mania.	Discharg'd Cured.		
32	Male.	602	38	0	2	4	Religious Mania.	Discharg'd Cured.		
33	Female.	566	35	0	5	11	Puerperal Mania.	Discharg'd Cured.		
34	Female.	556	37	0	5	4	Melancholia; Suicidal and dangerous.	Discharg'd Cured.		
35	Female.	573	109	0	9	11	Puerperal Mania.	Discharg'd Improved.		

36 Female.	207	160	3	9 27 30	Mania.	Discharg'd Improved.	Several previous attacks.
37 Female.	525	141	1	4 5 40	Puerperal Mania.	Discharg'd Cured.	Two previous attacks.
38 Male.	611	151	0	8 6 18	Melancholia.	Discharg'd Cured.	Readmitted after interval of six months.
39 Female.	609	59	0	6 4 39	Melancholia.	Discharg'd Cured.	
40 Female.	508	172	1	10 11 53	Melancholia; Inclined to wander.	Discharg'd Cured.	
41 Female.	553	231	1	0 1 40	Puerperal Melancholia.	Discharg'd Cured.	Same as No. 34.
42 Female.	642	145	0	8 11 25	Mania; Suicidal and dangerous.	Discharg'd Cured.	Same as No. 29.
43 Female.	613	134	0	10 11 43	Mania; Suicidal and dangerous.	Discharg'd Cured.	Has a sister in the Asylum.
44 Female.	604	131	1	0 17 28	Melancholia.	Discharg'd Cured.	
45 Male.	625	171	0	11 25	Mania; Dangerous.	Discharg'd Cured.	
46 Male.	569	167	1	5 24	Acute Mania.	Discharg'd Cured.	
47 Female.	623	—	—	— 18	Acute Mania.	Returned. Relapsed.	
48 Male.	541	163	1	8 22 25	Acute Mania.	Discharg'd Cured.	A previous attack, 16 yrs. before admission.
49 Male.	632	125	0	9 11 36	Mania; Suicidal and dangerous.	Discharg'd Cured.	Supposed cause of relapse, poverty, bad food.
50 Male.	438	—	—	— 37	Acute Mania; Homicidal.	Returned. Relapsed.	Formerly in Toronto Asylum.
51 Female.	641	123	0	8 16 24	Puerperal Mania.	Discharg'd Cured.	Supposed cause of relapse, insufficient food
52 Male.	513	119	1	10 17 37	Mania; Inclined to wander.	Discharg'd Improved.	cured, and has now been well two years.
53 Male.	674	115	0	5 18 23	Acute Mania; Dangerous.	Discharg'd Cured.	Readmitted after an interval of 6 months.
54 Male.	643	—	—	— 35	Melancholia; Suicidal.	Returned. Relapsed.	Had a previous attack seven years before.
55 Female.	670	107	0	6 5 27	Religious Mania.	Discharg'd Cured.	Same as No. 22. Mother insane, father ec-
56 Female.	364	92	2	9 24 30	Melancholia; Inclined to wander.	Discharg'd Improved.	centric, sister now in Asylum.
57 Female.	663	—	—	— 65	Mania.	Returned. Relapsed.	Same as No. 72.
58 Male.	579	138	1	6 27 20	Melancholia.	Discharg'd Cured.	
59 Male.	537	114	1	9 7 45	Mania.	Discharg'd Improved.	Readmitted after an interval of 1½ years.
60 Female.	369	81	2	10 20 22	Religious Mania.	Discharg'd Cured.	
61 Female.	699	70	0	4 20 35	Melancholia; Suicidal.	Discharg'd Improved.	Readmitted in three months.
62 Female.	684	28	0	4 18 19	Acute Mania.	Discharg'd Cured.	Two previous attacks. Readmitted after a
63 Female.	173	109	7	7 18 43	Melancholia.	Discharg'd Improved.	lapse of nine months. Same as No. 81.
64 Male.	584	89	1	3 22 48	Melancholia; Suicidal and dangerous.	Discharg'd Improved.	
65 Female.	518	144	2	8 30 38	Mania.	Discharg'd Cured.	Had several previous attacks.

HISTORY OF PROBATIONS.—CONTINUED.

No.	Sex.	Register No.	No. of days on Probation.	Asyl'm Residence.			Age on Admission.	Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
				Y	M	D					
66	Male.	702	168	0	9	0	58	Mania; Dangerous.	Discharg'd	Cured.	Readmitted after interval of 18 months, during which time he managed his own affairs. Subsequently discharged.
67	Female.	719	180	0	9	5	48	Melancholia; Suicidal.	Discharg'd	Cured.	Father said to have died in an asylum, Eng.
68	Male.	687	167	1	0	10	40	Mania; Suicidal and Homicidal.	Discharg'd	Cured.	Brother was insane, but recovered.
69	Male.	708	39	0	6	23	35	Melancholia; Suicidal.	Discharg'd	Cured.	Her mother has been an inmate of this Asylum for many years.
70	Female.	741	58	0	4	18	19	Mania.	Discharg'd	Cured.	
71	Male.	400	185	3	4	20	38	Religious Mania.	Discharg'd	Cured.	Same as No. 57.
72	Female.	662	38	1	1	4	65	Mania.	Discharg'd	Cured.	Now in Asylum.
73	Female.	416	—	—	—	—	39	Religious Mania; Homicidal.	Returned.	Relapsed.	Merely sent home on a visit.
74	Male.	220	—	—	—	—	20	Acute Mania; Dangerous.	Returned.	Relapsed.	
75	Female.	774	54	0	5	15	19	Melancholia.	Discharg'd	Cured.	
76	Female.	763	31	0	6	7	22	Melancholia; Inclined to wander.	Discharg'd	Cured.	
77	Male.	760	45	0	7	21	45	Acute Mania.	Discharg'd	Cured.	
78	Male.	754	172	1	1	0	45	Religious Mania.	Discharg'd	Cured.	Once in Asyl'm in Dublin, twice Canada, now well and working at his trade shoemaking.
79	Male.	786	77	0	7	28	0	Mania; Dangerous.	Discharg'd	Cured.	Eloped; remained on probation when found.
80	Male.	767	40	0	9	0	34	Mania.	Discharg'd	Cured.	Had been in this Asylum before.
81	Female.	801	72	0	6	10	21	Mania.	Discharg'd	Cured.	A number of relatives on maternal side, including mother, said to have been insane.
82	Female.	811	15	0	8	7	24	Mania; Homicidal.	Discharg'd	Cured.	Same as No. 62. Readmitted after 7 months.
83	Female.	813	6	0	2	28	36	Melancholia.	Discharg'd	Cured.	Two previous attacks. Uncle insane.

84 Male.	800	165	0 11 16	55	Mania; Dangerous.	Discharg'd Cured.	One previous attack.
85 Male.	877	20	0 0 27	28	Homicidal Mania.	Discharg'd Cured.	A real case of delirium after typhoid fever.
86 Female.	763	205	1 4 8	59	Mania.	Discharg'd Cured.	One previous attack.
87 Male.	391	—	—	26	Mania.	Returned.	Home on a visit.
88 Male.	585	185	8 5 3	50	Mania.	Discharg'd Cured.	
89 Male.	770	189	1 6 3	33	Religious Mania.	Discharg'd Cured.	One previous attack.
90 Male.	715	120	1 9 19	60	Religious Mania.	Discharg'd Improved.	3 previous attacks, each after confinement.
91 Female.	885	99	0 8 0	39	Melancholia; Puerperal.	Discharg'd Cured.	Father at present a patient in this Asylum.
92 Male.	826	122	0 10 26	37	Suicidal Melancholia.	Discharg'd Cured.	
93 Male.	894	228	0 10 26	60	Religious Mania.	Discharg'd Cured.	
94 Female.	851	194	1 0 21	7	Mania; Dangerous.	Discharg'd Cured.	1 previous attack. Mother said to be insane.
95 Female.	906	29	0 8 4	26	Melancholia; Suicidal.	Returned. Unimp'vd.	Afterwards discharged cured.
96 Female.	871	106	0 9 23	35	Mania; Suicidal and dangerous.	Discharg'd Cured.	One previous attack. Said to be epileptic; also her brother.
97 Female.	739	74	1 8 18	20	Melancholia.	Discharg'd Cured.	Home on a visit. Mother said to be insane.
98 Female.	825	—	—	45	Mania.	Returned.	
99 Male.	910	77	0 6 4	35	Acute Mania.	Discharg'd Cured.	One previous attack. No. 101 is her daughter
100 Female.	907	99	0 7 20	56	Melancholia; Religious.	Discharg'd Cured.	Tried to commit suicide in the Asylum. No.
101 Female.	908	85	0 7 19	21	Melancholia; Suicidal.	Discharg'd Cured.	100 is her mother. Uncle on paternal side insane and in this Asylum.
102 Male.	920	126	0 6 13	20	Acute Mania.	Discharg'd Cured.	He, as well as mother, uncle and sister, said to be epileptic. Now clerk on G. T. Railw'y
103 Male.	759	110	1 9 12	23	Acute Mania.	Discharg'd Cured.	
104 Male.	928	99	0 6 19	21	Mania; Dangerous.	Discharg'd Cured.	Father said to have been insane.
105 Female.	936	90	0 5 28	34	Puerperal Mania.	Discharg'd Cured.	
106 Male.	914	64	0 7 16	25	Acute Mania.	Discharg'd Cured.	
107 Female.	735	92	2 3 21	88	Mania.	Discharg'd Cured.	A previous attack 12 years before.
108 Female.	833	97	1 5 25	48	Religious Mania.	Discharg'd Improved.	Several previous attacks.
109 Female.	930	—	—	21	Melancholia; Suicidal.	Discharg'd Cured.	Still on probation. Reports favor discharge.
110 Male.	989	—	—	46	—	—	man. Monthly reports favorable.
111 Male.	1006	—	—	45	Melancholia; Suicidal and dangerous	—	Still on probation. Reports favorable. His brother hung himself.

HISTORY OF PROBATIONS.—CONTINUED.

No.	Sex.	Register No.	No. of days on Probation.	Asyl'm Resi- dence.		Age on Admission	Reported Condition when Admitted.	Result.	Mental Condition.	REMARKS.
				Y	M/D					
112	Female.	978	—	—	—	18	Mania; Inclined to wander.	—	—	Still on probation. Reported not quite so well, but again improved.
113	Female.	934	—	—	—	28	Acute Mania.	—	—	Still on probation. Reports favorable. Had several previous attacks.
114	Male.	1011	—	—	—	36	Acute Mania.	—	—	Still on probation. No reports yet. Eloped, but at request of friends, being much improved, was allowed to remain on probation. Several previous attacks.

RECAPITULATION.

Relapsed.	No. Cases Returned.			No. Cases Discharged.		No. cases still on Probation.	Total No. Cases on Probation.
	Unimproved.	Other Causes.	Improved.	Cured.	Improved.		
7	2	6	15	78	15	6	114

CERTIFICATE.

Under 18th Section of "An Act to make further provisions as to the Custody of Insane Persons ;" 36th Victoria.

I, John Jones, being the father of Samuel Jones, an inmate of the London Asylum for the Insane, admitted by Warrant, or otherwise, June 1st, 1871, request the Medical Superintendent to allow him to return to my home on probation ; undertaking on my part to keep oversight of the said Samuel Jones, while he remains at my home, for the period of six months from the date of commencement of such term of probation. I agree also to send to the Medical Superintendent a monthly account of his condition, mental and physical, during such period, and in case of my neglect to do so, to forfeit the right for his readmission to the said Asylum for the Insane.

Dated at London, Ontario, this 10th day of May, 1876.

JOHN JONES, Johnsonville, Ont.

Witnessed by { ABRAHAM TOMPKINS,
 { WILLIAM JENKINS.

It will be seen from the recapitulation of the table that fifteen were returned to the asylum out of the total of one hundred and fourteen. This must be regarded as a very small proportion, and it shows that the selection of cases for probation was carefully made. The fifteen discharged, after the termination of the probationary period, improved, but not cured, can not be said to be failures, for it is probable that there would not have been fifteen improved had they all been retained in the asylum. But seventy-eight were reported well at the end of the time of probation. It does not admit of more than a guess as to how many of these would have recovered if detained in the asylum. I am sure that a considerable number suffered from the disciplinary rules of a large asylum, and I think I put it very moderately when I assert that at least five per cent. would have turned out incurable. I am strongly

of the opinion that results which can be put at that rate justify the system of probation previous to discharge.

As to the twenty-four reported on the admission papers as suicidal, they come on the list of those who were said to be suicidal for the purpose of obtaining admission, because no facts that any of them had ever made an attempt at self-destruction could be ascertained from the relatives or the attending doctors. It was an unsupported opinion altogether, and while under asylum care they never tried or thought of self-destruction. Since discharge they have not done it. We know that four were suicidal, but, notwithstanding that, I hold the opinion that it is not justifiable to detain a patient in an asylum after he has lost the propensity, and is in excellent health, because he has made an attempt at suicide, and may, when he falls into ill health, make another. Such a patient is cured when he leaves an asylum, and it often is in his own hands, by following the course of life pointed out to him, to avert any recurrence of his former desire. It would be as wrong to detain a recurrent maniac whose intervals may be years, as such a man. In cases like these recovered suicidals, what mode of discharge so proper as that which compels the relative to inform the physician of any change of health during a period of six months?

I think I have established the position I took at the Auburn meeting, and shown that when selections of cases are judiciously made, the system of probation prior to discharge is satisfactory. I have also shown, that in one hundred and fourteen cases, extending over more than five years, no evil has resulted, either to the patients or to the asylum, or to its officers, and I am justified in asserting that I have used proper consideration of the cases so treated, and I am not open to the imputation of recklessness in using this system.

I hope, in conclusion, that Dr. Smith, of Missouri, will be able to propose a resolution to the Association, after a few years, that the plan of probationary discharge is safe and satisfactory, and in accordance with the progress of psychological medicine, as it has already been shown to be in England, and as all plans that tend to greater liberty of the insane will prove to be. I hope that a resolution of this nature will pass the Association by an overwhelming majority.