

Dr. HENRY R. STEDMAN read a paper on
THE MANAGEMENT OF CONVALESCENCE AND
THE AFTER-CARE OF THE INSANE (See page 785).

DISCUSSION.

Dr. E. D. FISHER said that he had listened with pleasure to this conservative paper, particularly the ideas about the early dismissal of the patients in suitable cases, and the retention of other cases. He thought the mistake was frequently made of allowing the patients to leave too soon. Where the delusions had disappeared, or where they were recognized as delusions by the patients themselves, and where there was the dread of the disgrace attendant upon being in such an institution, it was advisable to have them return to their homes. In answer to the question, "What shall we do with these patients after their dismissal?" he would divide the patients into two classes—those of the better class of patients, and the pauper insane. He was certainly heartily in favor of the idea of having some convalescent home for the former, and of some union between patients where they could return from time to time and be placed under the care of the physicians. This would often prevent a second attack after their dismissal. When a patient returned to a pauper asylum it was a pretty sure indication that he would remain there permanently. All could see the necessity for some such measure as that proposed, and he heartily endorsed the suggestion.

Dr. F. X. DERCUM, of Philadelphia, said that this paper opened up a very important phase in the care of the insane. He was heartily in accord with the suggestion that institutions be established intermediate between the ordinary asylum and the outside world.

Dr. M. ALLEN STARR said that it was very difficult to decide just when patients should be taken out of asylums. He had sent some to water-cure asylums in order to make a break between asylum and home care. The families of these people were also very difficult to manage, for they sat around the patient, as though he were a curio and was going to explode. Travelling was detrimental. An intermediate institution, he thought, would be very good.

Dr. P. C. KNAPP, of Boston, heartily endorsed the

views brought forward by Dr. Stedman. It was not uncommon to see, in the out-patient departments of general hospitals, patients who had formerly been in an insane asylum, but who, being unable at first to endure the trials of daily life, again manifested symptoms of nervous and mental disease, which they might have escaped had they had proper care in the period immediately following their discharge.

Dr. C. L. DANA said that this question, upon which they all seemed so well agreed, was an economic rather than a strictly medical one. He suggested the appointment of a committee of three to investigate and report to the Association upon some feasible plan for establishing a form of treatment, which could then be recommended as a measure for adoption by the State. He thought this would be a practical advance in the desired direction.

The PRESIDENT then appointed Dr. H. R. Stedman, of Boston, Dr. F. X. Dercum, of Philadelphia, and Dr. C. L. Dana, of New York, to serve on this committee.

He said that as regards this idea of caring for the pauper insane, he was heartily in favor of it. In private practice, when a patient had been in hospital for a considerable time, and a change seemed desirable, he was accustomed to send the patient to the country in the charge of a competent person. The influence of a wholesome sane mind over an insane one was a great advantage. There were many delusions from which a patient could not be freed. Some can, however, be affected by constant association with a sane person. Within the last five or six years he had tried this plan of treatment with entire satisfaction. It should be carried well into the period of convalescence,

Dr. STEDMAN in closing the discussion said that the matter of primary and chief importance was the formation of protective associations for the discharged insane patients, which should, for a time, provide for their supervision and assistance in the ways indicated. This was the first step, and such work prosecuted with vigor would, he thought, yield practical results. He was not prepared to advocate separate convalescent establishments for this class. Suitable quarters in private dwellings could be found by such societies for the special cases needing further oversight. He felt extremely gratified with the prompt and practical response which the Association had made to his appeal.