FURTHER RECOLLECTIONS OF A PSYCHIATRIST.

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The, to writer, unexpected interest manifested in many ways by numerous readers of his previous article,¹ and requests for more, seem to warrant a continuation which will bring them up to date. In so doing I must record more in detail some personal history which, for lack of space, was omitted, but is, from my point of view, essential.

Arthur Christopher Benson says: "I have lately come to perceive that the one thing which gives value to any piece of art, whether it be book, or picture, or music, is that subtle and evasive thing which is called personality. . . . It may be asked why I should obtrude my point of view in print; why I should not keep my precious experience to myself; what the value of it is to other people? Well, the answer to that is that it helps our sense of balance and proportion to know how *other people* are looking at life, what they expect from it, and what they do not find. I have myself an intense curiosity about other people's point of view, what they do when alone, and what they think about. Edward Fitzgerald said he wished we had more biographies of *obscure persons*.

"I have grown to believe that the one thing worth aiming at is simplicity of heart and life; that one's relations with others should be direct and not diplomatic; that power leaves a bitter taste in the mouth; that meanness and hardness and coldness are the unforgivable sins; that conventionality is the mother of dreariness; that pleasure exists not in virtue of material conditions, but in the joyful heart; that the world is a very interesting and beautiful place; that congenial labor is the secret of happiness; and many other things which seem, as I write them down, to be dull and trite commonplaces, are for me the bright jewels which I have found beside the way."²

¹ American Journal of Insanity, Vol. LXXII, No. 3, Jan., 1916, p. 465.

² From a College Widow.

My paternal grandfather was a deist, a Knight Templar, well versed in dialectics and history, of marked individuality, able to argue on every side of a question, and an interesting and efficient speaker. Living next door, I saw him every day going to or coming from school. He made a companion of me, and, even from my childhood, made me feel as if I was on an intellectual level with him.

My maternal grandmother, when widowed, made her home with us until her death, which occurred while I was at Phillips Academy, Andover. It was my duty, and pleasure as well, to carry up her daily supply of wood, and render such other attentions as a boy could give. But my special duty—sometimes hard—was to read a chapter from the Bible morning and evening, and an extra reading on Sunday afternoons when, from "Sunday sickness," I was allowed to refrain from church. On rare occasions—not as often as wished—when very tired, I would select the 117th Psalm, of two verses only. I just loved that psalm.

My parents, as well as most of our neighbors, were excessively puritanic; cards were looked upon as the Devil's Bible, and dancing as a downward path to hell. On seeing a schoolmate (Emma P.) dancing at a May festival in the City Hall, I recall my wonder that she did not drop dead. Theater-going was practically moral suicide, and as for a circus—well! I recall Deacon Jones and my father escorting me down back streets, and sneaking into the big tent, carefully looking about to note if any member of the church was spying on us! Nothing hideous happened, and we managed to eat supper with our usual alacrity. But in spite of this rigid theological bondage, we were often cheerful and occasionally gay.

As my kind father was a very busy man, he left my "bringing up" wholly to my mother. Having a lovely voice—not inherited by me, alas!—she sang in the choir, and every evening would sing for me, thus fostering my later intense love of music. At the age of six she took me to the public library and asked the librarian to select suitable and interesting books for me. He was very kind, but often I wished he would practice interest more than suitability. Sometimes I smuggled prohibited books into the house, but found them harmless. French novels were considered beyond the pale, and I never read one till I went to Butler Hospital, where,

after reading a long appreciation in the *Westminster Review*, I took up "The Three Musketeers," and sat up nearly all night reading it. To Dr. Sawyer's comments next day on my wan looks, I only replied I had not slept well, which was absolutely true. As a result of reading this book I read over seventy volumes of the histories and memoirs of that stirring period. But such style as I possess is largely due to the beautiful English of the King James Version, and I have never been able to appreciate or like the late revisions.

My mother never whipped me but once, and as a prelude assured me I had been aching for this for some time, but I could not recall any preliminary suffering, either mental or physical, which seemed to me to necessitate castigation. My father once tried to whip me, but his technique reminded me (later on) of the boy who asked his father to whip him in the style of the Italian system of penmanship—upward strokes heavy and downward light.

But my home was very comfortable, my young life was very happy, and ever since my homes have been the sweetest places on earth. Among my recreations were skating, swimming (could swim a mile without resting), boating, cricket, and reading. This very quiet life ended when I went to Andover at 14.

I left Butler Hospital in August, 1871, and after a rest in the country, made a long trip to the West, scouting around for a place to settle. I made frequent stops—at Buffalo, where I was a guest of Dr. Julius Miner and had the pleasure of meeting his assistant, Dr. Brush; Cleveland, Detroit, Cincinnati, Louisville, St. Louis, Omaha, and various other cities and towns. At that time medical societies were rare, physicians did not seem to me to cooperate or associate as now, and I found no situation which seemed desirable. The level country and the absence of hills were not attractive, and I determined to settle in Massachusetts, where I could be near my friends. If I had to starve, the process seemed less painful in good old New England.

After careful investigation I decided to try my fortunes in Cambridge, where I located on November 12, 1871. I secured a combination sleeping and sitting room, with use of a back parlor for office calls, and hung out my sign. I had saved enough from my salary at Butler to run me for a while and faced the future calmly and cheerfully. On January 1, 1872, I married a young

lady whom I had known for many years, our parents being intimate friends and neighbors. As I look back on this step in the light of prolonged experience of the uncertainties and difficulties often attending medical practice, I am amazed at my courage. But had I been able to foresee, and considered my action solely on the ground of utility, I could not have been more fortunate. My wife was and always has been my greatest comfort and support—my best asset. To her I owe practically all I am and have acquired. Always sympathetic, devoted to my interests, a careful and thrifty manager of the household, she made even the dark days which are sure to come in the early career of a doctor endurable and even brightened.

In April we secured a house in a central location just off from what is now Massachusetts Avenue. To my unbounded surprise, the wife of a deceased patient at Butler, grateful for my attentions to him, called on us soon after we were settled and gave us a check for \$200, and later sent her husband's desk and chair. Certainly a good omen.

In thus entering on my professional career I had formulated a guide for conduct which was partly the result of personal experience and in part the effect of scholastic and medical instruction. I had read many times the Hippocratic Oath, as well as the code of ethics of the American Medical Association, and had vowed to live up to them to the extent of my ability. I had met some doctors who were unethical, and had discovered that their financial methods did not compensate for the loss of character and reputation. The influence of my teachers—high-minded gentlemen—and my four years under Drs. Miner and Sawyer now proved invaluable.

At this time Cambridge had a population of about 50,000 people—and enough doctors. I, however, received a cordial greeting from the latter, many of whom—especially the elder—also offered their advice and assistance, and not only sent me an occasional patient, but also—a few of them—gave me an opportunity to relieve when they took a vacation. This gave me some prestige and, what was also important, the privilege of collecting fees for what I did. As there was no pathologist in Cambridge—specialists were then almost unknown—for several years I made most of the autopsies, until my friend, Dr. Alfred Holt, abandoned

general practice to devote himself wholly to this line of work. He was the first medical examiner appointed, and always secured me to take notes and furnish reports of all his work, which brought me some very acceptable fees. He also gave me the run of his very large and valuable library, which contained much besides medical works.

My generous welcome confirmed my determination to adhere to a certain line of conduct, which can be best outlined here. In the first place, at Butler I had treated numerous alcoholic and opium habitués, and some of these had acquired their disease from careless or thoughtless doctors, becoming mental and moral as well as physical wrecks. Dr. Morrill Wyman, who introduced thoracentesis, once said to me, "Opium is the lazy doctor's substitute for rational treatment." Hence, in my ten years of general practice I never gave alcohol in any form to any patient under the age of 65, unless in very small quantities and mixed with some other drug which would conceal its odor and taste. Using opium in any form very seldom, I never gave more than an ounce mixture, containing eight doses. In both cases the bottle was marked "not to be refilled without new prescription." There are not, and never have been, any alcoholic or drug fiends on my conscience.

I had seen so much deceit and lying in the commitment of patients to the Butler Hospital that I adhered strictly to the invariable rule *never to deceive a patient*. Not that one must always tell all the truth, for often this might react very unfavorably, but that what one does tell a patient should be absolutely true. This is even more beneficial in children, who have too often heard a doctor say: "Now let me have some of that nice medicine!"

Another rule was to avoid newspaper and other forms of advertising. Some doctors—a very few—seemed to get their names many times a year in the papers; as treating Mr. A.; operating on Mr. B., and so on. One physician used to say whenever one met him: "I have had three obstetric cases to-day." He did have a large practice in this line, but did not talk about it so much when, on his late entry (this was his usual custom) at a meeting of our local society, making his usual statement, I said: "You must have cases throughout two counties, Suffolk and Middlesex, as I have figured it from our birth reports that you have had several hundred cases more than happened in Cambridge, and our thirty

or more members have all had a few cases." The doctor laughed, and replied: "Well, I guess I have seemed like Baron Munchausen."

Again, I resolved to limit myself as largely as possible to family practice, calculating that on an average income of \$40, 50 families would give a reasonable living. Our rates then—adopted by the Cambridge Society for Medical Improvement—were: Day visits, \$2; night visits, \$3 to \$5; ordinary office calls, \$1; obstetric cases, \$20, including four after visits; and surgery, as much as we could get. Dr. Allen retired soon after I came, and turned over to me about 25 families, including a famous photographer, who had a practical monopoly of celebrities, largely theatrical. This led to my getting some business in Boston from actors, who at this period formed quite a colony on or near Bowdoin Square. As a side issue, it gave me more passes to theatres than I could use.

Each year I had one big event. For example, when a threatened epidemic of smallpox occurred in 1873, I was given two of our five wards to vaccinate school children and anyone else who would permit it. As the older, well-established men did not care to attend such cases, many were turned over to me. Prices were doubled during the six weeks the scare prevailed, and I made enough to pay all my expenses for that year. While I did not get rich, neither did I starve. As I had more or less leisure, I devoted some time to general literature and music, for I soon discovered that I could benefit my clients by telling stories or quotations, etc. I became secretary, treasurer and librarian of a large amateur orchestra, composed of our best men, and we held a rehearsal on Saturday evenings from October to May. Further, my wife and I managed to hear all the famous actors and musicians who visited Boston, including Edwin Booth, Ristori, Rubenstein, Wieniawski, and others. If a doctor, in addition to technical requirements, can carry into the sick-room something about the outside world—real or imaginary—he can do much good, provided he knows when to talk and when to refrain.

In 1871, and for several years after, every doctor wore a single-breasted black frock coat and suit, and a black silk hat, throughout the year. One could thus pick out a doctor at once, being limited only by the range of one's visual powers. Those of us who had

not attained the lucrative position of our elders patronized "Slocomb, the Hatter. Your old hat and three dollars," getting two hats a year; and very good hats they were, not distinguishable, except by experts, from the \$10 tiles affected by the élite. Nowadays one can wear any old cap and suit, if he has an auto, and escape criticism. But not then—not then. House rent was our greatest expense, as a doctor had to live in a good locality, and no general practitioner then dreamed of the present custom of an office more or less remote from his dwelling. Food, fuel, lights, clothing—all were high, but we managed to live, and can look back to those early days with pleasure as well as profit.

In those days it was much easier to get into a hospital for the insane than to get out. The commitment was a very simple affair, requiring only one doctor's certificate. My experience at Butler eventually brought me quite a fair business, including occasional medico-legal cases. Here again my personal experience of the deceptions practiced by relatives of patients and, I am sorry to say, some doctors, showed conclusively that, as far as my own influence went, absolute truth, and that only, should be used. May an example or two be permitted?

The father of one of my best families became a victim of melancholia. One of the kindest and best of men, he thought he was hopelessly lost; had always led a bad life; was of no use; was afraid to live, and still more afraid to die. He contemplated and threatened suicide, and made several attempts which were aborted by his dread of pain. As often occurs in such cases, even now, his wife and children endeavored to conceal this disorder, until finally, worn out by their efforts, they sent for me. I told Mr. A. that he was a sick man, his disease affecting chiefly his brain, and that for his own sake, as well as the health and safety of his family, it was imperative that he must go to a hospital. He demurred vigorously, and, in fact, said he would not go. He was then told that the next morning a policeman, in plain clothes, would come for him and take him to Worcester. If he showed no resistance he would not be restrained in any manner, but go he must.

I accompanied him to the train, as decided. He made no fight, as I had feared, but as I took my leave he said: "Doctor, I had thought you were my friend, but now I consider you a rascal. If

ever I get away from the hospital I will kill you if possible." Again I explained to him the need and kind of treatment he would receive at the hospital, and gave him some "helpful suggestions." About a year later, one noon, I saw him coming up my walk. I had not known he had been discharged, but prepared for the worst. I rushed to the door, planning to get so close to him he would have—I hoped—no chance to use knife or pistol. To my unbounded surprise, but great gratification, he greeted me with a cordial smile, held out his right hand, and said: "I have just come alone from Worcester, and have come to see and thank you, before going home. I felt very bitter towards you for a few weeks, but when I saw other men brought to the hospital by deceit and lies, I began to reflect. I remembered what you had explained to me, and above all your saying I owed it to myself and family to try to get well, and that I could get well. As long as I live I shall be grateful." This man lived for many years, attended to his business, and had no other attack.

The wife of a prominent citizen had gradually developed a system of delusions of persecution, centering around continuous and insidious attempts to poison her. She imagined that all her provisions were tampered with, and she was afraid to eat anything without submitting all dishes to thorough investigation and various precautions, many of which were absurd and inadequate, in order to remove all noxious or poisonous conditions. Later on she began to refuse admittance to her house of any one except her husband, chaining and locking doors and windows. So much time and watching was devoted to this that she gradually ceased to care for her household. Fortunately she had no children. Soon she made things so uncomfortable that her servants left her, and her husband was obliged to get his meals at a restaurant. He had called on several physicians to examine his wife, with a view to commitment, but not one of them could contrive to get into the house, even when accompanied by the husband, who was finally suspected of being in the plot against his wife.

Finally, having heard of my hospital experience, he called on me and asked if I could help him. Money was no object, but only relief from unbearable conditions. I, therefore, called at the house, alone, rang the bell, and, when Mrs. — opened the door a little, inserted my foot to prevent its closure, and said: "I am

deeply interested in the pure food question, inasmuch as there have been many complaints from various quarters of adulterations, etc., which are pernicious and dangerous to the community. I am a physician and am studying this question largely in its medical aspect." Mrs. — immediately opened the door and said: "You are just the man I want to see. My life is in constant peril. My food is tampered with and now I can only eat boiled eggs. I am expecting every day they will manage to insert poisons through the shells, and then what can I do?" Mrs. — was coherent, perfectly conscious, and had no hallucinations or deterioration. She presented what we now call a paranoic condition, and was to be regarded as dangerous, as it was only a question of time when she would abandon her self-isolation for active premeditated efforts at self-defense, which might and probably would involve manslaughter. A commitment paper was signed, Mrs. — was duly informed and was removed to a hospital, where she remained the rest of her life. Here what I said was absolutely true, but I did not feel it my duty to tell patient *all* the truth. On removing her from her home, however, I told her she had a mental disorder, and was, therefore, a sick woman, and she must go to a hospital, as she could not be cared for at home properly or safely. I also gave her some advice and helpful suggestions.

The grateful husband did not hesitate to inform his large circle of friends of my success, and this led to my receipt of many consultations and investigations along this line, and also to some medico-legal work. In addition, I had furnished data to a legal friend, William H. Martin, which enabled him to win a suit for damages from the Union R. R. Co. This led to the company appointing him as their legal adviser. He accepted the position only when authorized by the company to settle all suits in accord with justice, honor, and impartiality; and out of court whenever possible. He also insisted that I should, in every case of claim against the company, be his medical adviser. The company agreed. I was authorized to buy any medical books needed, and to charge up all my expenses in the preliminary investigations, and to receive in addition the regular fee (\$25) for each day in court. In very difficult cases I also was allowed to employ experts. This plan worked well, not only for Martin and myself,

but as well for the company. During the six years this compact existed only three cases went to court, and these were lost by the claimants. There were no legal quibbles, no cross-examination, no chicanery; simply a heart-to-heart talk between all involved, and a determination on the part of the company to exhibit justice tempered with sympathy. This method reduced its accident expense account very materially, and also gained it great prestige and increased receipts.

In those days the ridiculous and inappropriate "hypothetical question" had been in vogue for a few years only, and even then proved to be an abhorrent and unscientific method. I protested against it without success. Again, some "experts" could be found to testify on any side of a case, and this inflicted a stigma on those upright, honest, efficient specialists whose sole aim was to "tell the truth, the whole truth, and nothing but the truth," and who, therefore, before the case went to court, informed the legal counsel of every detail pro and con.

In one case I had informed my patient and his lawyer, Mr. H., that he had no chance for a favorable verdict, in view of one special feature. "If you ask a certain question I shall answer it in the negative. If you don't ask it, it will be asked in the cross-examination. Why don't you settle the case, as the defendant has offered you liberal terms?" My advice was refused. When I was on the stand Mr. H. asked this question. In accord with my ethical code, I could do no more and no less than tell the truth. I can see now the experts on the other side—one of them Dr. Henry O. Marcy, the well-known surgeon—lean forward to catch my answer. It was "No." This, of course, wrecked the case, as I had warned Mr. H. In the final pleas the counsel for the defendant, ex-Governor Gaston, said: "I have often disapproved and sometimes despised the evidently biased testimony given by some experts, who will try to make black appear white if they are well paid. But to-day we have seen an honest medical witness, who was not swerved from his sworn duty by any consideration." He uttered more words of commendation, and ended his very brief plea. After the court adjourned he sought me out and said: "I want to shake hands with you, and convey my respect and best wishes."

On another case—an attempt at murder of one of my regular patients—the counsel for defense endeavored to embarrass me by pounding the rail and shouting, and finally yelling at me. Being “by the grace of God a man of peace,” I paid no attention to his unjustifiable manner at first, but finally said to him: “I shall refuse to answer any more of your questions until you can couch them with ordinary decency. I am here to tell the truth, and intend to do so.” I then turned to the judge and demanded and received his protection. The defendant was sentenced to seven years in the state prison.

Just a few more allusions to my Cambridge career. After the smallpox scare I was, with one doctor from each ward, appointed an “advisory health officer,” to clean up the city and promote all necessary sanitation. When the dispensary was organized I had for two years the department for outside patients in my ward, receiving therefor the salary of \$200 per annum! I then took my turn in the central service without pay. For several years I was secretary and treasurer of the Cambridge Society for Medical Improvement. I also wrote editorials and special articles for the *Chronicle*, a weekly paper owned by one of my patients, Lynn Boyd Porter, a very bright and witty man. On one occasion he took a vacation, and asked me to run the editorial department. I was a Democrat and he a Republican. On leaving, he soon came back, rang the bell vigorously, and said: “For Heaven’s sake, don’t change the politics of the paper.” And I did not. For two years I acted as assistant to the musical critic of the Boston *Sunday Times*, thus having tickets for all that was best in music. Many of my effusions were quoted by journals all over the country, and twice in English papers. On the two hundred and fiftieth anniversary of the settlement of Cambridge, I helped organize a special orchestra for the ceremonies, which lasted from 10 a. m. to 10 p. m. In the afternoon several hundred school children sang at Sander’s Theater, in honor of Longfellow, Holmes and others, and the Superintendent of Music in the schools asked me to play the accompaniments, much to my surprise. In addition to a fine letter of appreciation, he sent me a copy, in his own hand, of one of his compositions for this event. I still have this music in one of my scrap books.

As said before, all this outside occupation not only did not interfere with my family practice, but helped me in gaining a large outlook, a more extensive point of view, and even a larger and more lucrative clientele. Meanwhile I kept in touch with Dr. Sawyer by correspondence and visits. In my tenth year I began to feel the strain of my strenuous life, and my thoughts often reverted to my psychiatric experiences, which seemed more and more attractive, both in retrospect and anticipation. In 1879 I had received the offer of a position at the Poughkeepsie State Hospital, which I declined because I could not have my wife and son with me. The next year I had a similar offer from Dr. Godding, a personal friend, Government Hospital, Washington, which I also declined. In August, 1882, I had another offer from Dr. Godding, but I had already accepted and begun service at the Connecticut Hospital for Insane. I was recommended for this place by Dr. Earle, an intimate friend and adviser of Dr. A. M. Shew, superintendent. Curiously enough, I had never met Dr. Earle, nor did I ever meet him, but he was familiar with my record at Butler Hospital, and told Dr. Shew he thought I was the man he was looking for. After I had been here a few months Dr. Shew seemed to feel this was true, and therefore persuaded me to decline Dr. Godding's offer.

My earliest experiences here were not only illuminating but inspiring. I found Dr. Shew a very remarkable, an unusual, man, as many still living may recall. A cultured, polished character added a charm and glory to his wonderful executive ability. Considerate, courteous and kind to every one connected with the hospital, from the medical staff to the humblest employee, he won their confidence and loving regard, and almost without exception every one here endeavored to cooperate in our noble work according to his ability. As Napoleon's soldiers in Egypt embraced him to protect him when a shell burst near by, so would any or all of us have stood between him and danger.

Dr. Shew also possessed tact to the utmost degree. Always dignified, serene and cheerful, he knew well how to meet "all sorts and conditions of men." The complaints of unreasonable or poorly informed friends of patients were settled by him with a patient explanation which banished ill-will. Many who came to scoff or upbraid went away his ardent friends.

Dr. Shew, in addition to those supreme and essential qualities for a superintendent, displayed firmness and even-handed justice. He rightly held every one to a thorough and undeviating responsibility, and in turn sustained and encouraged all who endeavored to be "good and faithful servants." If reproof were needed it was given in private, mistakes which were real and not deliberate infractions being forgiven, but not condoned, and good advice was given. When an employee had to be discharged he was given the reason and encouraged to redeem himself. Never did anyone, whatever the breach of duty, hear one harsh or angry word from Dr. Shew.

As for his standing in his specialty, he was far in advance of his time—conserving what was of true value and yet pressing on towards the highest goal. A perusal of his annual reports would well repay the reader—so clear, concise, accurate and helpful.

An element of success of incalculable importance to any hospital was the fact that at this time (1882) our board of trustees was exceptionally, yes, ideally, constituted. Every member was a tower of strength, a devoted worker, a wise counsellor, a good man. All worked together as one man—no one striving, as is too often the case, to dominate all or a majority of his associates, but each and all striving to act solely for the uplifting and strengthening of the hospital.

These men supported Dr. Shew heartily, wisely, and efficiently, all being intelligent in their respective lines—men of affairs—and therefore relying on him to educate and inform them of the best and latest methods of caring for the insane. New problems were frankly discussed, and action taken only after the approval of the superintendent. Where occasional natural differences of opinion occurred, the matter was always compromised or amicably settled.

Again, every official meeting was at that time attended by every trustee, and each member displayed an interest in the medical staff—something which does not always occur. Each man made us feel—nay, to know—that he had a deep personal interest in us, a kindly regard for our welfare and comfort, and a really remarkable insight into our duties and responsibilities. At the regular quarterly meetings all the members, as a rule, remained for dinner, to which the medical staff were invited, and in the afternoon

visited the wards. These were "red-letter days" with us. Let me record their names, which even now may be familiar to some:

Hobart B. Bigelow, New Haven.	Lucius S. Fuller, Tolland.
R. S. Fellowes, New Haven.	Rev. Samuel G. Willard, Colchester.
Henry Woodward, Middletown.	Richmond M. Bullock, Putnam.
Robbins Battell, Norfolk.	Elisha B. Nye, M. D., Middletown.
James G. Gregory, Norwalk.	J. W. Alsop, M. D., Middletown.
H. Sidney Hayden, Windsor.	Ex-Gov. Benjamin Douglass, Middletown.

All these have gone to their rest, but their works live.

"Only the actions of the just
Smell sweet, and blossom in the dust."

My associates on the staff were Dr. James Olmstead, afterwards superintendent; Dr. William E. Fisher and Dr. Charles E. Stanley, the two latter still remaining. I was given charge of the New (now Middle) Hospital, which had been opened in 1881. As I look back over the long years, I realize more and more how much they helped me, and how strong are the friendly bonds which are still intact.

My house—if I may be warranted in calling mine a place where I have lived the greater part of my life—was built on the pavilion plan. A large "center" building, with a clock-tower, was flanked on either side by wings containing three wards. Male patients were housed in the north wing, and female patients in the south. These wards had 41 beds—nine in single rooms, and eight in each of the four dormitories at the ends of the wards. In addition, a small ward of ten beds was utilized for female convicts, if necessary. To-day I have under my care 253 men and 241 women—a total of 494! This might be called overcrowding!

One great feature in the wards was the large day-room, 30 feet wide, with several large windows facing the west, which gave a splendid outlook and plenty of light. The dormitories were also large and light, and the single rooms were of ample size. There were no "dark rooms" or "cells" anywhere. A few back rooms were fitted with inside window guards made of a coarse mesh wire which did not materially diminish the entrance of light.

Dr. Shew, without any blowing of trumpets, was one of the few pioneers in the diminution of the so-called mechanical restraint to a minimum, and hoped and worked for its total abolition. The total amount was reduced to one-quarter of 1 per cent, and I shall

never forget Dr. Page's astonishment at this record in 1898, when he succeeded Dr. Olmstead. His own record as a total abolisher made his commendation the more valuable. I may mention here that he was more than pleased when he found on my records that only 22 doses of paraldehyde—the only hypnotic I used—had been given during the previous 12 months.

In my second year here I suggested to Dr. Shew that in view of the fact that there were several male epileptics in my care, and as many more in the main hospital, it would be a good idea to fit one of my wards to house all of them. As usual, I found that he had been considering this matter, and the change was made. The two north dormitories were set off for this purpose, and a special night attendant was properly trained, thus enabling us to have every epileptic under skilled observation every minute of the 24 hours. Special books were provided for recording the number of seizures by day and night in each patient, with such special or formal notes as were required.

It had been the custom to give every epileptic—as a matter of routine—bromides three times a day. After a few years I abandoned their use entirely, and have never regretted it. While under bromide the seizures diminished in number and sometimes in severity, patients were more irritable and violent. Conflicts and fights with resultant bruises were frequent. Now we have only one altercation where we used to have twelve, and the entire atmosphere of the ward has changed. Our number now averages 35, but one would hardly know it. In the intervallary periods, with very, very few exceptions, the epileptics are composed, and many of them are valuable workers on the ward, and some on the farm, or in separate work-rooms. After so many years' experience I can assert with confidence that over three-fourths of our male epileptics could be properly cared for in the Colony for Epileptics at Mansfield Depot.

The best two measures for the treatment of our patients—occupation and diversion, and, where possible, a combination of the two—have always had the fullest prominence, to the extent of our means. In 1882, and for some years later, we received \$4 weekly for the support of each patient, in addition charging for clothing needed, either to friends or the town from which they were committed. Some years later selectmen ascertained that the

word "support" included *everything* necessary for maintenance. Since then no clothing has been furnished by the towns, thus greatly increasing our financial difficulties. This misfortune was aggravated by the fact that just before this *discovery* the price of support had been reduced to \$3.50. This necessitated more dependence on our farm, which had to be enlarged from time to time. The crops did not represent all the profit. As many male patients as could be interested were given occupation. The mental and physical improvement was and is too well known to require further mention, nor need I describe all the varied means of diversional occupation now in vogue. We now have a specialist who devotes her whole time to this work, and recently she gave an exhibition and sale, ranging from fancy work to cement work, and even sculpture.

Music has played a great part here from the very beginning. Choirs, orchestras, brass bands and singing classes have contributed their share, and innumerable concerts in and out of doors have been given since I came, not to mention orchestral music at dinner and supper in our large congregate dining-room. It has been my privilege to participate to some extent in this line.

During my career I have seen four superintendents come and go, and the present incumbent, Dr. C. Floyd Haviland, is just finishing his first year of service. Each had strong characteristics, each had progressive ideas, and each in his own individual way strove for the best interests of the hospital, conserving what had borne the test of time, but with minds open to and "hospitality for new ideas" and methods. My relations with all have been cordial and agreeable, and work has thus been a pleasure. Confident of my own loyalty, I have received equal loyalty, mutual confidence, and hearty cooperation.

The recent publication of the first volume of "The Institutional Care of the Insane in the United States and Canada," to be followed by three more in due season, reminds me that I am not writing history, and I therefore close. May health, happiness, prosperity and success be and abide with every one who is in any way caring for the mentally disordered.