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Address.

HOW THE STATE PROVIDES FOR ITS MENTALLY ILL.*

By L. VERNON BRIGGS, M.D., BOSTON,

Secretary, Massachusetts State Board of Insanity.

THE earliest mention of the care of the mentally ill in this State which I have seen is a quotation from the will of Thomas Hancock, who died in 1764. This, and quotations from Charles Dickens, who visited America in 1842, are made use of in a most interesting paper on the "State Care of Boston's Insane," by Dr. Henry P. Frost, the present able superintendent of the Boston State Hospital. Thomas Hancock in his will (which is dated March 5, 1763) says:

"I give unto the Town of Boston the sum of six hundred pounds, lawful money, towards erecting and finishing a convenient House for the reception and more comfortable keeping of such unhappy persons as it shall please God, in His providence, to deprive of their reason, in any part of this Province; such as are inhabitants of Boston always to have the preference. This sum I order shall be paid into the hands of the Town Treasurer for the time being, viz: One-half thereof in three months after said House shall be begun, and the other half

thereof when the same shall be finished and fit for said purpose. And in case said House shall not be built and finished in three years after my decease, I then declare this legacy to be void; or if I should in my lifetime erect it, this bequest then to be void."

Thomas Hancock was an uncle of John Hancock, afterwards the first Governor of Massachusetts. It was Thomas Hancock who built the house which was inherited by his nephew, Governor John Hancock, which became the Governor's Mansion, next to the State House on Beacon Hill.

The above legacy, given to the City of Boston by Mr. Hancock, was declined because the Selectmen did not consider that there were enough mentally ill persons in the Province for whom to erect such a house, and it was not for 75 years, or in 1839, that there was opened, for the reception of patients, the Boston Lunatic Hospital, built because of the over-crowded condition of the Worcester Lunatic Asylum (now the Worcester State Hospital), which was opened in 1833.

Prior to that time, McLean Hospital (then in Somerville) received patients. This hospital was opened for the reception of patients in 1818. Taunton Hospital was opened for the reception of patients in 1854; Northampton State Hospital in 1858; Grafton State Hospital (formerly Worcester State Asylum) in 1877; Danvers State Hospital in 1878; Westborough State Hospital in 1886; Foxborough State Hospital in 1893; Medfield State Hospital in 1896; Monson State Hospital in 1898, and the Gardner State

* Delivered at the Department of Clinical Research in Preventive Medicine, Evans Memorial, Boston, March 28, 1916.

Colony in 1902. The Mental Wards at the State Infirmary were opened in 1866, and the Bridgewater State Hospital (for the criminal insane) was opened in 1886. The first school for the feeble-minded was opened at Waltham in 1848, and a second school at Wrentham in 1907.

According to a census taken in 1865, there were approximately 2,104 so-called insane and feeble-minded in a total population of 1,267,031, or 1 to 602. Today, with an estimated population of 3,693,310, we have 18,604 so-called insane, feeble-minded, epileptics and alcoholics in institutions under the care of the State Board of Insanity, or 1 to 198.

The mentally ill in this and most of the other States of the Union are today under State supervision. In Massachusetts the average annual expenditure for their care and treatment, for a five-year period, including both maintenance and expenditures for special purposes, is \$4,068,455.00, the largest single item in the State's budget.

It therefore behooves every citizen, for reasons of economy, as well as humanity, to know how this important branch of the State's work is being carried on. We have in Massachusetts 10 State Hospitals for the mentally ill, two schools for the feeble-minded and a school for the epileptics; also 27 private hospitals or sanitariums.

Each of the State Hospitals is designed to cover a certain district, and it will not be necessary to send the mentally afflicted patients where they cannot be visited frequently by their families and friends, when the State properly provides for all its wards.

These institutions are under the control of a central Board of Insanity, of which the present speaker has the honor to be the Secretary. For many years this Board consisted of five unpaid members, whose powers were mainly recommendatory or advisory. They met monthly, the actual work being done by a paid Executive Secretary. In 1914, the Board was reorganized by act of Legislature, following investigation by the Commission on Economy and Efficiency, in which it was proved that there was really no central authority upon whom to fix responsibility.

The new Board, as at present organized, consists of three paid members, giving full time, one of whom must be a specialist in mental diseases. The Board now has mandatory powers and greatly increased responsibility, and consequently its opportunities for usefulness have been greatly increased.

Among the things which this Board has accomplished during its short term of office, which I will mention briefly, are:

The issuing of Bulletins monthly, informing the different State Hospitals and the public what is being done in the hospitals and by this Board.

Raising the standards of requirements for physicians on the staffs of the State hospitals.

Stimulating the establishment of out-patient departments for the mentally ill.

Stimulating the discharge of patients who could be taken care of as well outside the institutions as in.

Re-classifying the patients in the institutions, segregating the inebriates, the epileptics, the feeble-minded and the delinquents into groups by themselves.

Investigating the mental condition of prisoners at the Bridgewater State Hospital and at the State Prison, to ascertain which of the prisoners are really responsible for the crimes which they have committed, and which are not.

Classifying the medical officers of the State institutions according to salaries paid, thus making the positions in the different hospitals uniform.

Encouraging the opening up of the hospitals to the friends and relatives of patients, and to visitors.

Purchasing the land for a new Metropolitan State Hospital, and also for a new school for the feeble-minded in the western part of the State, and making plans for the new Metropolitan State Hospital.

Formulating rules and regulations for the government of the hospitals.

Making plans for a uniform curriculum, and raising the standards of the training schools for nurses in all the hospitals.

Controlling the use and abuse of drugs and alcohol in the State institutions.

Increasing the scientific work, which also has reduced the number of accidents and injuries, and done much toward ascertaining the cause of mental disease.

Establishing fire drills in all the hospitals, and requiring monthly reports of the same.

Changing some of the asylums into State hospitals.

Formulating many other progressive measures, which there has not yet been time to work out or establish.

Today there is an over-crowding in our State hospitals of 807, and no relief is in sight for the next two years. The Legislature of Massachusetts has not appropriated any money for additional beds in the past two years. There is a bill before the Legislature now asking an appropriation of a million dollars for the erection of the new Metropolitan State Hospital, to be built on land which this Board purchased last year. There are committed patients today belonging in the Metropolitan District to the number of 6,000. Of this large number, only 1,609, or 26% are taken care of in the Metropolitan District. The others belonging in this district are sent to different hospitals, where in many instances their families cannot visit them. This also leads to an over-crowding in these hospitals, most of which would otherwise be able to take

care of the mentally ill of their own districts without additional buildings.

It is planned that the Boston State Hospital shall accommodate 2,000 patients. There are plans for 2,000 more at the Metropolitan State Hospital, and the architects' plans for buildings for the same are now before the Legislature. It is hoped that the Legislature will appropriate the money to commence work on this new institution this year.

Coming down to just how Massachusetts takes care of its mentally ill: There are three ways in which patients may be admitted to our State hospitals.

1. The people in the community who feel that they need hospital care because they are conscious of some mental disturbance, and who are perfectly capable of deciding where they will go, may go voluntarily to the hospitals, and are classed as "Voluntary" patients. Four years ago we had 359 voluntary admissions in our State hospitals; during the past year we have had 963. These patients come to us usually in the very early stages of their trouble and receive treatment which, in a majority of cases, enables them to leave the hospital without commitment and without actually losing their reason. This increase shows the greater confidence the public has had in our institutions in the past few years.

2. The next class of cases is termed "Temporary Care" cases, which, under Chapter 307, of the Acts of 1910, and Chapter 174 of the Acts of 1915, may be sent to any of the State hospitals for an observation period to determine if there is some obscure mental disturbance due to disease, accident or injury, drugs or alcohol, or a psychic disturbance. In the Boston district these cases go to the Psychopathic Hospital, which has special facilities for temporary care and for acute cases. Last year, 1,529 such cases were received at the Psychopathic Hospital. These patients may be sent by any physician, preferably the family physician, or by the police, without commitment. The class of patients who are usually received from the police are those who are found on the street, in hotels or in boarding houses, who suddenly become confused, apprehensive or, in some cases, violent, and who, prior to the enactment of this law, were taken by the police to the station house, where, if the officers felt there was some mental trouble or delirium, an order was made for their removal to the Tombs. Here they were locked up, sometimes in cells without even a mattress, and examined by two physicians who the next day appeared before the Judge (if the Court happened to be sitting). Otherwise the patient might have to remain in the cell in the Tombs over Saturday and Sunday (and a holiday occasionally) before receiving expert medical care. It was a crime to take these people and shut them up in cells. It is now against the law, and the police, who have always felt

opposed to these brutal methods, now take these persons directly to the Psychopathic Hospital, where they are received, bathed and put to bed, nursed and given proper medical care and treatment, as are cases in general hospitals. This new law applies all over the State, and these 10-day "Temporary Care" cases may be taken into any State Hospital under the same conditions.

3. The third class of admissions are those whose family physicians, or other physicians who may be called, find that the patients are so disturbed mentally that there is no question but that they should be committed to a hospital, for a time at least. These cases have each to be examined by two physicians, who appear promptly before the judge of the court, and the latter gives an order to some court officer to take the patient to the hospital to which he has legally committed him.

The State Board of Insanity now has a bill in the Legislature asking that a law be passed which will result in the State Hospitals sending trained nurses and attendants for these patients, instead of having them taken to the hospitals by the police or court officers. This is no reflection on the manner in which most of these patients are handled by the police, but the principle is wrong: that a person having mental disease should be handled by officers of the law, while, if he is suffering from any other disease, ambulances and nurses are sent for him and he is treated as an ill person and not as a criminal. New York has such a law, as well as Rhode Island and North Carolina, and it is hoped that Massachusetts will soon be ready to care for her mentally ill people as she does for all other cases of illness.

Nine of our State hospitals have training schools for nurses. It has been difficult to get enough nurses of the right sort to take the training, and many of our institutions have to depend largely upon trained or untrained attendants, both men and women. With the introduction and standardizing of a new curriculum for nurses, it is hoped that the qualifications demanded will be so high that this training course will attract a class of women of ability, who shall become experts in their work. We hope soon to have in each State hospital a three-year course, including nine months in a general hospital, and also including instruction in therapeutic occupation, hydrotherapy, etc., as well as much special instruction in the care and treatment of the insane. In addition, it is proposed to have a post-graduate course at the Psychopathic Hospital, which we trust will be largely attended by nurses from our own and other high grade training schools who desire to fit themselves for supervisory and teaching positions in the various State Hospitals.

The present Board is also encouraging the employment of female nurses in place of male attendants on all of the wards of the State hos-

pitals, both male and female. Where this has been done, improvement has followed, both in the condition of patients and the condition of the wards. Several of our State hospitals have started this work and many hospitals in this country now have only women nurses in charge of the male wards. Even in Oklahoma, according to the last report of the Oklahoma State Hospital at Norman, "women nurses have been employed in male wards in this hospital for the last four years. In not a single instance in these years has a male patient struck his nurse. Men rarely are so disturbed that they will not yield to the gentleness of women. The presence and ministrations of women nurses in male wards have been observed as possessing even clinical merit, as several classes of psychoses seem to respond more quickly to nursing by women than by men."

The out-patient service of the State hospitals has been stimulated by this Board, so that now the State hospitals have reached out into the community to give relief to the early case and prevent the progress of mental disease and to obviate the necessity of hospital residence. This out-patient service has grown month by month, and now out-patient clinics are established in the following cities:

Worcester, Spencer, Taunton, Fall River, New Bedford, Northampton, Springfield, Greenfield, Pittsfield, Boston, Danvers, Lawrence, Gloucester, Haverhill, Lynn, Salem, Newburyport, Malden, Westboro, Gardner, Fitchburg, Winchendon, Monson, Brockton, and Grafton. The Massachusetts School for the Feeble-Minded has also reached out into the community and has clinics in conjunction with these State Hospital clinics at Worcester, New Bedford, Fall River, Taunton, Haverhill and Springfield.

The last three months' report shows that 82 patients came or were sent to these clinics by physicians, 11.15% of whom were never in a State Hospital and are, therefore, the early cases in which preventive measures are so valuable.

There is no reason why clinics should not be established in every city or town of any considerable size where, as is now the case in the present clinics, people in the community who feel they need help on account of some mental disturbance can go, or where the city or the country physician, who has had no special training in mental disease, may send or take his patient for consultation, without charge; where the charity worker or town officer, or other public official may take or send children or adults for examination; where the school committee or school teacher or nurse may take pupils who are backward and whose retardation cannot be explained; and where the friends or members of the families of the patients in the hospitals, who are unable to go to the hospitals to see their friends or relatives, may come and see the physician who is directly in charge of that particu-

lar member of their family or of their friends and talk with that physician and get the latest reports concerning the ones in whom they are interested. This has been a great satisfaction to those who are unable to go to the hospitals, and of value to the hospitals, in that much can be learned of the family history and the normal tendencies of the patient from the members of the family visiting the clinic, thus helping the treatment.

At each of these clinics, beside the physicians, there is a social worker, who obtains histories of the families and records what their previous surroundings and normal conditions were, and in many cases facts which led up to the mental illness, which could be obtained in no other way. This social service is being developed as fast as the Legislature will give the money for its development, and the Board has urged the appointment of a Director of Social Work to help the hospitals organize and amplify this work.

In regard to treatment: There is a general impression that nothing is done in the way of treatment for the mentally ill in our State institutions, and that patients receive only board and lodging. This is, in some cases, true, and is due to several factors:

First, we may say, lack of funds to properly extend medical and surgical aid to these people.

Second, lack of funds to employ physicians skilled in the treatment of mental disease, and to retain them after we have been successful in securing them. In no branch of the profession has there been such a field as this for untrained and unskilled physicians.

This present Board of Insanity has set about to raise the standard of the medical men who hereafter shall come in contact with the State's mentally ill, and all physicians who have not had previous experience in the care and treatment of mental disease are obliged to take a special course at the Psychopathic Hospital. That the poor man, as well as the rich, may enter into this field of medicine, the Board has arranged with the Psychopathic Hospital to give this course free of charge to all candidates for State hospital positions, and during the course they receive board and room free.

The young men who are now coming into the service should be of great help to the superintendents, whose training and experience merit the best of assistants, and with good tools better work is sure to be done, as, for instance, the work which is now being done by the Board's Special Investigator of Brain Syphilis. This physician visits all the hospitals, and is introducing modern treatment in brain syphilis, including many cases of general paralysis, which until recently was supposed to be an incurable disease. Some most encouraging results have been obtained, but it is too early to publish statistics. The Board has increased the work of the Pathological Department, appointing additional physicians skilled in the study of dis-

ease, and the results of this work are most encouraging.

The giving up of restraint in the hospitals has increased the use of the continuous bath, so that now excited patients, instead of being restrained mechanically, as was formerly the custom, are allowed to get in and out of the tubs of water, and to lie in the bath, where they soon feel the beneficial effects of the water. They often ask to be allowed to lie in these tubs, and frequently patients remain in the baths for many hours of the day or night.

Occupation is more and more a feature in a therapeutic and curative way, and teachers are being employed to instruct many patients in arts and crafts and industrial work, so that, instead of sitting on benches and around the dormitories and wards day after day, doing nothing, they are interested in some occupation, which will also interest their neighbors, and instead of becoming quarrelsome and getting tired and cross with nothing to do, today in the ward where the patients are occupied—in knitting, basketry, bead-work, lace-making, pottery-work, or playing games—the whole atmosphere of the ward is changed from one of depression to one of more or less cheerfulness. These teachers are also instructing the nurses, and the Board has in mind the purpose of this instruction, which is that the nurses shall become teachers and helpers to the patients, rather than keepers and overseers.

This Board found epileptics, insane, alcoholics, feeble-minded and defective delinquents associating more or less in the same hospitals, and some of these classes in the same wards. It found feeble-minded and defective girls as young as 15 or 16 years of age in wards with the insane adults. One of the first things we did was to plan a re-classification of patients, and we have now accomplished the removal of virtually all the epileptics to two hospitals, with the idea of giving them special treatment as soon as the money can be obtained.

We have also removed from the hospitals to one ward of one hospital all the women inebriates. This is the first classification of women alcoholics, and the first segregation of them that has ever been made by the State of Massachusetts.

The Board found that many of the relatives and friends of the patients could not see the patients in whom they were interested, because the visiting days were not convenient, without loss of time and possibly loss of position if they made frequent visits. They may now visit the State Hospital every day in the week, and may see their relatives and friends when it is not a sacrifice to do so. This hospitality will do much, we trust, to disarm ignorant public criticism. We want the public to know our institutions and the effort they are making to do intelligent, humane, scientific work for this much-neglected class of the State's wards. Not until we have

public sympathy can we expect the Legislature to grant us the necessary appropriations to carry on this work efficiently.

The paroling and allowing patients' visits has been encouraged and is increasing. Under our laws a superintendent may allow a patient to go out of the hospital on six months' leave of absence for trial, to be returned at any time within the six months if it is found that he is not ready to take up his life in the community. No one should ask that this privilege be granted unless the superintendent feels confident that it is for the best good of the patient. It too often happens that the friends desire the patient out of the hospital before the time comes when it is best that he should go. On the other hand, it is only too common to find sons and daughters anxious to shift the care of harmless, senile parents upon the State, who might much better be cared for in their homes.

Accommodations are being prepared in one of the hospitals to take care of that class of patients which has been sent to us, called "defective delinquents." These wards of the State ought not to be associated with the mentally ill, but are so defective from birth that they are not tolerated in the community, and if discharged into the community are returned again and again. They must be taken care of by the State, and should be provided for in groups by themselves, where they will not come into contact with the really mentally ill persons, and where the mentally ill will not have to come in contact with them.

The Board also is planning to remove the feeble-minded from the State hospitals, and is now picking out a great many of these cases from certain wards of the hospitals and placing them by themselves in a closer and better classification.

As soon as the new Metropolitan State Hospital is built, or there is room for more patients in the extensions of any of the other State hospitals, the Board will remove many cases from the Bridgewater State Hospital (for the criminal insane) who can be taken care of in our State hospitals. There are many patients in this hospital who are not really criminals. Nearly 25% are feeble-minded, and many are defective delinquents and should always be looked after. On investigation, the Board found 16 cases there who were never criminals, and who had no criminal record. Some of these patients had been taken to Bridgewater from other institutions to help in the work, until they got enough criminally insane there to perform the necessary ward duties. These were apparently forgotten until the present State Board of Insanity was appointed and made its investigation.

This Board has extended its work, at the request of the Prison Commission, to the inmates of the State Prison, and has had examinations made of 300 prisoners. The result shows that

22% of these men cannot be held responsible for the crimes which they have committed. They are feeble-minded, even to the point, in some cases, of being imbeciles, and to turn them again loose into the community to associate with the depraved class that lead them into trouble, is a crime for which Massachusetts ought not to assume the responsibility.

The present Board is encouraging more out-of-door life and more open wards. There are in some of our State hospitals wards and buildings which are not locked, neither the doors nor the windows—and the patients come and go as they please. There should be more of this. A majority of the people now confined in our State hospitals should be allowed the freedom of the grounds without the slightest fear of their running away or doing harm to themselves or others. Only about 8% are really violent and dangerous. Our superintendents, who have appreciated this fact, are today encouraging out-of-door sports and games and work.

One of the results is the formation of baseball nines in the different hospitals, and now there is an interchange of games between the nines of some of the hospitals. The nine of one hospital visits another hospital and plays one afternoon, and later on the latter nine returns the visit and plays the first hospital's nine. This interchange between teams is going to be more frequent, and brings much interest to the patients who can watch these games. At one of the last games of the autumn, 50 patients of the Medfield State Hospital were allowed to accompany the baseball nine to Taunton the afternoon that Medfield played Taunton. This, and the privilege of attending the dances in the evening, and private theatricals and moving picture shows, are great incentives to patients to get hold of themselves, to control themselves, and to coöperate with the physicians in the work of getting them back into the community.

Original Articles.

HALLUX RIGIDUS.

BY CHARLES F. PAINTER, M.D., F.A.C.S., BOSTON.

In a paper recently published by the writer, upon Hallux Valgus, reference was made to the possible influence of anatomic variations of the bones of the tarsus upon the causation of that deformity. My belief that such might be the case was derived from studies that were made some years ago concerning the matter. There are a number of anatomic variations in the bones of the tarsus, as has been pointed out by the late Prof. Thomas Dwight of the anatomical department of Harvard. At the Harvard Medical School there are now a large number of radiograms of dissected feet, prepared under Dr.

Dwight's direction. They were practically all adults and sufficient data was available in reference to them for the purposes of this discussion.

The theory which had been suggested to me from the clinical observation of a number of cases of hallux rigidus was this: anatomical variations in the size or conformation of the bones of the tarsus seems the only reasonable explanation for the fact that the great toes of certain individuals gradually acquire incapacity for dorsiflexion when these individuals have experienced no traumatism and are not the subject of any arthritic diathesis. Furthermore, in practically every instance, these patients are so shod that the metatarso-phalangeal joints of the first toes are situated immediately beneath the points of juncture of the vamps with the uppers. Sometimes in the same patient this will be true on one foot, whereas the other will show no tendency to rigidity of the toe and at this joint the juncture of the vamp and the upper will not be related, as they are on the side of the rigid toe. Inasmuch as hallux rigidus is caused by an hypertrophy of the bone on the dorsum of the distal end of the first metatarsal, it would seem that under the conditions present when the seam of a shoe presses continuously against this point while the foot is in action, and the "break" in the shoe, which necessarily comes opposite the point of flexure of the foot, will increase this pressure, the factors needful to produce such an hypertrophy as that which characterizes hallux rigidus are all present.

Long before these patients have any idea of the beginning rigidity of their great toe joints they often have had the skin rub off on the top of this joint while "breaking" in new shoes, and they are obliged to exercise great care in getting their feet fitted to shoes. More often than not this difficulty will occur with only one foot. Sometimes, I presume, where the patient feels that he can afford it and these difficulties arise in purchasing ready made shoes, he resorts to the custom-made shoe and, if he does so sufficiently early, possibly saves himself from any noticeable rigidity.

If, as I shall try to show, the anatomic variations in the lengths of the various tarsal bones are the cause of hallux rigidus, the question naturally arises, why do these not occur more often in women in whom these same variations must occur. I think the answer to this must be that the stock out of which men's shoes are made is so much heavier than that from which women's shoes are made that it offers more chance for traumatism. In addition to this, men use their feet more and harder than women, as a rule.

In looking over the series of radiograms which Prof. Dwight has taken of the bones of the feet, which I was permitted to see through the courtesy of the anatomical department at Harvard, there was seen by actual measurement to be variations in the comparative lengths of the bones of the feet, possessed of the same total length, amounting in