THE COMMITMENT, DETENTION, CARE AND TREATMENT OF THE INSANE IN AMERICA.*

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It was once said of Francis Bacon, Lord Verulam, that he rose above the horizon of knowledge high enough to take a wide view of the whole field without going so high as to lose sight of any of its details. Such a view of human knowledge in general is one that would be most appropriate to, and indeed greatly facilitated by, this occasion of a grand International Columbian Exposition, designed to furnish both object lessons and detailed information upon almost every subject of human interest.

But *non omnes omnia*: and in view of the necessary limitation of human faculties there has to be infinite division of labor in the various departments of human research and investigation. Nearly all these departments of knowledge concern in a greater or less degree the interests of civilization and the comfort and welfare of mankind; but that in which we are at present actively engaged yields to none in the difficulty and abstruseness of its studies or the momentous issues to society of the labors and resources expended upon it.

If the poet said "The proper study of mankind is man," it must be admitted that this marvellous human organism has this in common with the external world of nature, that it yields up the mysteries of its working only to the most patient and unremitting toil, if, indeed, in some departments it yields them up at all: for it must not be forgotten that the crucial questions of our specialty lie in that borderland of psychology and physiology as to which Prof. Tyndall, in his famous Belfast address, said that "the passage from physics to the phenomena of consciousness is unthinkable."

It is not necessary, however, that I should point out in this presence the many signs of definite results gained or likely to be

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gained by the studies of recent years in this department. The specific topics assigned me on this occasion are the Commitment, Detention, Care and Treatment of the Insane.

COMMITMENT.

Two facts are now almost universally recognized in our profession, if not universally acted upon by the public, as is certainly desirable.

First, that insanity is always a disorder or disease of the human organism; *second*, that it is a disease that very speedily, if not taken at the onset, "takes a set" in the human system, or, as we say, becomes *chronic* and difficult, if not impossible, to cure.

The general conviction of insanity as a disease is shown in the modern tendency to change the old name, lunatic asylums, to that of hospitals for the insane by legislative enactment. No longer are they looked upon merely as places of custody and restraint of liberty for fear of the harm their inmates may do when at large, but as institutions for treatment and cure of disease with the application of medical science and under the direction of the best medical skill and judgment to be had. With this hospital conception of our institutions, recognized by law, their privileges should be accessible to all the unfortunate victims of this disease as their right on the shortest possible notice without let or hindrance arising from compulsory compliance with irksome, unnecessary and sometimes humiliating legal requirements. Immediate treatment is of higher obligation than any mere documentary and elaborate forms of law. The natural reluctance of the patient to admit his insanity and the dread of publicity with a sense of shame or quasi disgrace on the part of friends and family are all sufficient causes of delay in a case without adding to them a series of legal proceedings which, even to an ordinary outsider, bear too much the stamp of a criminal prosecution, and in the ordinary patient only serve to exacerbate his disease. Too much of our legislation seems to be based on the assumption of improper motives on the part of friends and relatives, as if it were to be expected that cruelty and inhumanity, instead of being the rare exception, should be the normal rule and state of things in civilized society. But a system of statutes founded on this supposition would be an insult not only to the community in general, but especially to the medical profession. Self-interest,

if no higher consideration, would make both family and physician alike chary of depriving a person of his liberty. No superintendent could have any motive to connive at an improper commitment, and even assuming the possibility of a corrupt official at the head of an institution, any conspiracy would have to involve many others both inside and outside of the institution.

As to this matter of improper commitment, Lord Shaftesbury, before the special commission of parliament on lunacy laws in 1877, who at that time had been permanent chairman of the British Lunacy Commission thirty-two years, held the following language: "I am ready enough to believe that when temptation gets hold of a man's heart he is capable of doing anything. But, I am happy to say, Providence throws so many difficulties in the way of these conspiracies that I believe conspiracies in ninety-nine cases out of a hundred to be altogether impossible. The number of certificates that have passed through our office since 1859 amounts to more than one hundred and eighty-five thousand, and of all those certificates I do not think so many as half a dozen have been found defective. I am quite certain that out of the one hundred and eighty-five thousand there was not one who was not shut up upon good *prima facie* evidence that he ought to be under care and treatment." And I am sure that all lunacy commissioners and practical alienists on this side of the Atlantic could bear similar testimony to that furnished by the experience of European countries. But on this subject undoubtedly there is urgent need of greater uniformity in legislation. And as to the mode in which this uniformity is to be brought about Pliny Earle wrote in the *AMERICAN JOURNAL OF INSANITY* for July, 1868: "The most that can be done is to affirm and reiterate some general principle that commends itself to intelligent approbation and to leave it to make its way among men of sense and influence, as all good general principles will, until it becomes the common sense of the community." Dr. Stephen Smith also in a paper before the National Conference of Charities* has made an able plea for unification of State laws and has shown how much can be accomplished for this cause by "affirmation and reiteration." Commenting upon the commitment of the insane by the examination and decision of physicians, which method obtains in the States of New York, New Hampshire, Georgia, Texas, Connecticut, Vermont, Pennsylv-

* See *AMERICAN JOURNAL OF INSANITY*, October, 1892.

vania, Rhode Island, Tennessee and the District of Columbia, Dr. Smith says: "In the commitment of the insane on the decision of medical men alone we have the highest development of this proceeding yet placed on the statute book. The true nature of insanity is fully recognized and the insane are removed from the category of criminals, and placed among that class of sick persons requiring only medical care and treatment." In some States (Mississippi, Texas, Wyoming and others) a public patient is committed on the verdict of a jury of laymen, no medical examination being required. This, to say the least, is a semi-barbarous method and involves the cruelty of making sick persons objects of curiosity and ridicule among public spectators. In Illinois, Kansas and Minnesota commitment is on the verdict of a mixed jury of laymen and physicians. The law requires that at least one physician shall be on the jury. This is only a shade less barbarous.

Dr. W. W. Godding says on this subject, "In considering the question of the existence of insanity the presence of a jury is not only not required but is often an embarrassment which defeats the ends of justice and causes harm and suffering to the insane. In aiding the court to form a correct opinion a jury could not be of service in any case where commitment is recommended by qualified physicians for the care and treatment of the insane."

In 1889 the jury law of commitment of Illinois had been in operation twenty-two years. From data obtained by Dr. Chapin* in that year it appeared that the average number of persons annually declared insane in that State was 1,500, and that the whole expense attending the proceeding in each case did not fall far below \$20. On this basis, the services of 9,000 jurymen are annually required to guard in this manner the personal liberty of the citizens of Illinois at an expenditure of \$30,000. The whole number of jurymen summoned since the passage of the law may be estimated approximately at 234,000 at a total cost to the State of over \$700,000.

In the State of New York a sworn certificate of two physicians is required. Such physicians must be of reputable character, graduates of incorporated medical colleges, permanent residents of the State, in actual practice at least three years, and not con-

* President's Address, Association of Medical Superintendents, JOURNAL OF INSANITY, July, 1889.

nected with the hospital to which the patient is to be committed. These qualifications must be certified to by a judge of a court of record, and the names of all such qualified examiners must be on file with the State Commission in Lunacy. There must be a personal examination of the patient by the physicians, and the certificate must bear date of not more than ten days prior to commitment. The certificate must finally be approved by a judge of a court of record of the county or district in which the patient resides, who may at his discretion institute further inquiry or take proofs on calling a jury under the common law.

This process, which has been largely adopted in its essential features in recent lunacy legislation elsewhere, perhaps interposes as little hindrance or delay as any legal process can to the prompt and speedy commitment of the insane person to the care and treatment which he immediately needs. There is a vastly greater number of persons utterly lost to society and deprived of the capabilities of ordinary life by the shameful neglect and hindrance of those who should know better in the first and early stage of this disease than by all the mistakes or the undetected evil intentions of improper commitment that were ever known. If it had ever been possible to convince the public of this truth so as by law to prevent that fatal procrastination with which many wait until more violent symptoms have set in, and if the vast mass of chronic insanity which now crowds our institutions had been put under that treatment within three months of the attack, it is safe to say at least that our present plant for the insane would hardly have needed enlargement. The saving of human lives and human minds to the community would have been enormous.

DETENTION.

The question of detention is, of course, simply a medical question of the continuance of the care and treatment. In nearly every case we have ever known of a discharge on a writ of habeas corpus the judicial certificate of sanity, whether arrived at by the court's personal observation or by witnesses of miscellaneous character before it, was such as might have replaced the medical certificate required by law at the time of the patient's commitment. The subsequent history of such cases has seldom been calculated to add confidence in such decisions. With State Commissions in Lunacy, State Boards of Charities, local Boards of Managers, and

other supervisory bodies acting as a check upon medical officers, it is not likely, indeed it is impossible, that the just claims of patients to be restored to liberty could be unrecognized. In fact the tendency is now-a-days, in view of the crowded condition of our institutions, to err, not on the side of caution, but rather to discharge patients from custody before their mental health has been fully re-established.

Here, of course, it will be pertinent to consider the functions of such Boards as the British and American Commissioners in Lunacy. It is evident that the office of such Boards should be in the main simply supervisory. It is difficult to overestimate the benefit that may accrue to the service from the exercise of a proper central supervision. But the too industrious exercise of detailed and minute executive powers would be bound to give rise to much friction and practical difficulties. The scope of medical judgment should be left as wide as possible, while the necessities of the mechanical plant and maintenance may perhaps derive vigor and completeness from outside direction. On this subject Lord Shaftesbury (before quoted), before the same parliamentary commission, delivered his opinion as follows: "If you want to increase the visitations of the asylums, I would increase the visitation by the Visitors [in America, Managers] and by the House Committee. They have very great advantages because they know the character of every patient, and they know the character of the superintendent, and they can judge far better than any strangers can. Then, above all things, they have the power in their hands. We, in visiting asylums, have no power at all. We have only to examine and report. And it is very undesirable that we should have further power. It would only cause a great deal of bad blood and opposition, and I am sure that the success we have had with the County Asylums [in America, State Asylums] has been entirely because we have done everything by persuasion, by the force of experience and constant observation, and we have never exercised any authority. We never had any to exercise, and it would be most unadvisable to give us authority." If the superintendent is to be merely a medical clerk, subject to some remote central authority, the grade of such officers must suffer in the appointment of men whose ambition would scarcely be satisfied with such meagre opportunity for exercise of individual ability, skill and judgment in the conduct of a hospital. It would have a tendency to cramp

rather than develop. A stunted uniformity is not the law of progress. What Dr. Godding has called "the day-book and ledger plan" of caring for the insane can never promote the growth of an enlightened system of public charities, though it may answer the ends of a centralized bureaucracy under an imperial government. This kind of thing almost always degenerates into a dull perfunctory round of duties, such as Dickens mercilessly caricatures under the symbol of red tape, in which nobody is supposed to know anything except what lies in his own immediate line.

It is particularly for this reason also that we must deprecate politics in asylum management as the greatest evil of the day in the administration of State charitable institutions. In the political world the emoluments of office have usually been regarded as of more importance than the responsibilities and work of the office itself. In the rivalry of political parties it is extremely difficult to restore the moral standard of a true proportion between the honors and emoluments of office and the conscientious discharge of the work and duties expected of it.

In this matter of politics in charitable institutions, I regret to have to say that this State of Illinois has furnished a palmary example of the mischief. The notion that medical officers of hospitals for the insane are the pensioners of a party and not the servants of the whole people seems to die hard. It may be true that in this State the course of the Republican party during the long period of its dominance has afforded some excuse for such a course so far as one wrong may be said to justify another, but so far only. Within recent years the superintendent of one of the hospitals for the insane in this State was driven out of office with little or no pretense of concealment of the fact that the ground of his dismissal was his lukewarmness in partisanship, and, but for the fear of disregarding obligations imposed by considerations of tact and good taste at this time, one might instance more recent examples. We expose ourselves constantly to the ridicule of the entire civilized world outside of our own country in seeming to entertain the idea that a man's political views have anything to do with his professional competency. It is the view that the salaries of these officers are not primarily the reasonable compensation for honest and faithful discharge of their professional duties, but the reward of their activity in an entirely different field that allows

people to view with approval or indifference such changes entirely without regard to the merits either of those who are turned out or those who are put in. The pernicious effect of such a policy is so plain that we should feel that we were insulting the intelligence of our hearers by arguing the question. Men whose aspirations are for professional eminence and usefulness will hesitate about accepting positions in which such qualities count for nothing. Even if competent men are secured, they are sure, in a State in which parties are pretty evenly balanced, under such a system to be turned out before they have acquired the experience that will enable them to do their best work. The inevitable tendency under such conditions is to the filling of the offices by men whose only object is to make money out of them and who, knowing that the time is short, will "make hay while the sun shines."*

It is largely on the same lines that we may speak here of the Boards of Managers or Trustees of our State Hospitals. The kind of men desirable for such positions are such as we would call men of affairs with sufficient knowledge of what the public requires, and especially the quality of benevolence and sympathy with common humanity. On no account should the offices be salaried. But it is not difficult to find men in every community willing to give their honorary services as their contribution to the cause of charity. Moreover it is a vast benefit to the various localities of the State where these institutions are situated to develop as widely as possible the local spirit of unselfishness and practical benevolence and to enlist the interest and pride of many localities in the honor of the State in the support of its numerous charities. The local Managers too are able to gain a more intimate knowledge of the detailed affairs of such an institution, standing between the superintendent and the public, and are able to give such information to outside inquirers in regard to internal conditions as an occasional visiting officer from a distance could not render. It is evident that the more sordid politician can have no use for such a place and position or no claim upon the Governor of the State to appoint him to it. To constitute Boards of Managers in such a manner would only be a stepping-stone to the fatal policy of abolishing such local trusteeship altogether and establishing in its

* See "Are Asylum Physicians Party Pensioners?" *AMERICAN JOURNAL OF INSANITY*, April, 1898.

place a sort of official oligarchy at the seat of government to administer the charitable system of the State on a plan too much assimilated to that of its penal system.

Under this same general division of the subject, let me refer to the enlightened policy of New York in the inclusion of medical appointments at State Hospitals in the Civil Service system by requiring competitive and non-competitive examinations as a condition *sine quâ non* to preferment. Although the latter plan may not be always satisfactory in results, it being difficult or impossible to test by examination the moral and all-around fitness of a candidate for appointment, yet great improvement is likely to follow from the recent adoption of a medical interne system under a scheme recently suggested by the New York State Commission in Lunacy and promulgated by the Civil Service Commission. Under this arrangement a medical superintendent may appoint "physicians who are graduates of not more than two years' standing, of a legally chartered medical college, such as is recognized by the University of the State of New York, such appointees to be known and designated as Medical Internes, the number of such medical internes not to exceed two in any one hospital."

It is perhaps unfortunate from the scientific point of view—science having nothing to do with State boundaries—that candidates for the medical service in the State of New York should be required to show a residence of at least one year in the State. It would seem that the *bona fide* intention of the candidate to reside in the State should be sufficient. The present restriction practically excludes from medical service in the State of New York, in a department of work in which it is desirable to procure the highest talent, all residents of other States, no matter how extraordinary their qualifications.

By a recent act of the legislature all the insane in the State of New York are made the wards of the State and the dependent class are all provided for in the hospitals which are arranged for all classes of cases both chronic and acute. The policy of asylums for chronic cases exclusively is now abandoned and all her institutions are now what have been called "mixed asylums." After half a century of endeavor, New York has all but succeeded in making provision for all her dependent insane. In the kind of construction followed under this new law, which limits the *per capita* cost for new buildings to five hundred and fifty dollars,

including furniture, the State of New York has realized the force of Dr. Godding's dictum, picturesquely expressed in an address before the Conference of Charities a few years ago: "There is to be less laying of corner-stones with appropriate ceremonies, but more ordinary brick-work; building to anticipate rather than follow the needs of the insane, and so, with no flourish of trumpets, but silently keeping step in the march of human brotherhood round the world." But there is some danger that in the vast mass of chronic insanity acute or recent cases may be neglected. The next step should be improved provision for the recoverable insane. The best efforts of the medical and nursing staff should be concentrated in the *hospital* block upon hopeful cases. The rude touchstone of expense should not for a moment be considered as a test of the desirability of such provision, but, on the contrary, nothing should be omitted, whether in construction or equipment, that makes for the recovery of our patients in the incipency of their disease. Such a service should embrace all the adaptable features of the modern general hospital and have placed at its disposal the picked nurses of the institution. It should have facilities for classification sufficiently minute to provide, if necessary, for the isolation of individual cases. It might also contain an observation ward into which all new cases, with few exceptions, could be first admitted. Preferably such a hospital block should be situated near the main building within easy access of the medical officers, so as to insure frequent visitation throughout the day. Given such enlightened provision, one might easily conceive cases of insanity admitted to its wards and going on to rapid recovery without subjecting them to a contact with the great mass of chronic insanity, which so often has such a depressing effect upon recent cases. I understand that this idea is now being carried out on a scale of magnificence unparalleled in this country in the new building now in course of erection at Waverly near Boston, to take the place of the old McLean Hospital at Somerville. The first State institution to thus provide for its public insane will probably be that to be erected at Massillon, Ohio.

In this connection one might mention the out-patient department for mental cases, in conjunction with the Pennsylvania Hospital for the Insane. This service was begun in October, 1885, in the building known as the out-patient department of the Pennsylvania Hospital at Eighth and Spruce streets, Philadelphia. It was

suggested to Dr. Chapin by the fact that there were frequent applications for admission to the department for the insane of patients presenting an early physical impairment and nervous prostration culminating in insanity. They were mostly young men and women engaged in mills or in stores. It seemed that many of these persons, with proper attention and advice, could have escaped the attack of insanity. It was believed that in a city with a population of one million there were many cases of incipient insanity, if they could only be reached, that might be relieved without treatment in a hospital for the insane. In every dense population there are, of course, many such cases. There is also a necessity for a place where information about the commitment of the insane and about the insane may be furnished. This service has been rendered by the four assistant physicians of the Pennsylvania Hospital for the Insane, serving three months alternately, on two afternoons of every week. The number of new cases of the class for whom the service is designed that have come to this out-patient department has averaged about thirty yearly and the number of visits made by each patient six. Soon after the service was established a similar one was begun in several places in the city of Philadelphia. When the proposition to establish this out-patient department was first discussed it was expected that a large number would apply, as it seemed it might meet a much needed want. This expectation seems scarcely to have been realized by the experience of eight years, but it must be borne in mind as an incident of the establishment of new dispensary services elsewhere that the popularity of a new department increases slowly. Every year a number of patients have been cured and saved a journey to the hospital for the insane. It is found to be a constant embarrassment, however, that the persons applying are poor and have no money to spend on good food, medicines, rest, change of scene, etc. On the whole, the Board of Managers of this enterprise feel encouraged to continue what is believed to be a good work, as the more thought that is given to it seems to lead to some new field of promise for unfortunate, hard overworked persons who are poor and apt to succumb to mental strain.

I take pleasure in entering somewhat into detail on this subject, not so much in order to claim priority for outside dispensary work for the Pennsylvania Hospital for the Insane, but because it seems to be little known, and a recent article on the subject refers to,

as something new, work in England of a similar kind that was undertaken subsequently to the dispensary service of Philadelphia. Alas! it happens too frequently in New York City that when her physicians sweep the horizon of recent achievement they find it convenient to wear a green patch over the eye that rests on Philadelphia.

I may refer here also to the desirability of a system of paroles or leave of absence as a means of testing the patient's mental poise before final discharge. Very often patients do very well under the discipline and routine of a hospital, but may relapse when again subjected to the conditions at home under which the attack arose. This plan saves the expense and annoyance of a re-commitment, besides having a restraining influence upon the patient. There is no statutory provisions for a furlough in the State of New York.

The draft of a bill for an act to revise the law relating to the commitment and detention of the insane in Illinois, which bill is the result of an exhaustive study of the lunacy acts of all the States and Territories, and in its present form has received the endorsement of both the judiciary committees of the 37th General Assembly, wisely provides for furloughs as follows: "Authority is also vested in the Trustees to release patients on parole for any term not exceeding three months, and if not returned to the institution within that period, a new order of commitment from the county judge shall be necessary in order to the readmission of any such paroled patient to the institution." By the terms of this section, the authority to discharge may be delegated by the Trustees by a formal vote, entered of record, to the Superintendent, under such regulations as they may see fit to adopt. A similar law in operation in the Province of Ontario has proved of inestimable advantage to the insane.

Boarding out.—Is it adapted to this country? On the whole, I believe the experience of Massachusetts has been favorable, although the difficulties of proper supervision must be vast. It has been rather forcibly objected that the rights of another generation are sacred, and that "it is an outrage to shadow the susceptible years of childhood with a lunatic sitting on the hearthstone," but the experience of a quieter and less restless civilization than ours, such as that of Scotland, may furnish a different experience on this subject.

Correspondence of Patients.—Correspondence of patients has always been a *quæstio vexata* with us in New York. The maximum of freedom is allowed consistent with the welfare of the patient and of society. In New York the following rule of the State Commission in Lunacy obtains:

“ORDERED:

1. That each insane patient be permitted to write to some relative or friend once in two weeks, and oftener if necessary, in the discretion of the medical superintendent. In the case of patients unable for any cause to write, the medical superintendent must direct some proper person to write for such patients at suitable intervals, if they so desire. All letter must be forwarded at once, unless they are obscene, profane, illegible or too incoherent to be understood, and the postage must be furnished by the institution, if relatives or friends are unable to provide the same.

2. All letters detained because of obscenity, profanity, or for other reasons, must be forwarded at once to the office of the State Commission in Lunacy, and reasons for the detention must be briefly stated in each case by endorsement upon the envelope.

3. All letters addressed to the Governor, Attorney-General, Judges of Courts of Record, District Attorneys or the State Commissioners in Lunacy, must be forwarded at once, without examination.”

In practice this rule has been found to act fairly well except where patients, availing themselves of the privileges under Section 3, send letters to unauthorized correspondents as enclosures within an envelope whose sanctity of seal is respected because addressed to one of the public officers therein enumerated. Every institution has its patients bent upon making mischief, some of whom may always be relied upon to bear this Section in mind. In connection with this matter, and along with the rule above cited laid down by the State Commission in Lunacy, we quote their remarks in their third annual report: “All who are engaged in the care and treatment of the insane, know how often it happens that the language of insane persons, particularly women, who, when sane, are most exemplary in speech and conduct, becomes, as

a result of their disease, vulgar, profane and even obscene; and that these unfortunate tendencies are quite as liable to manifest themselves in the writings of such patients as in their oral expressions; hence, to permit them to freely expose their morbid mental aberrations to whomsoever they may elect, would be a cruel, if not a brutal, wrong to the patients themselves as well as to their friends. In fact, all who are practically familiar with the subject, are aware of the importance of protecting such patients from their own insane follies, by detaining letters of the kind referred to. It would not be difficult to imagine the sense of humiliation, shame and disgrace which a naturally modest and refined man or woman, on recovering from an attack of insanity, would experience upon knowledge of the fact that, while in a state of mental irresponsibility, he or she had been allowed to thus expose and parade his or her mental vagaries to the outside world, through letters to chance acquaintances or perhaps to entire strangers.

Then, too, the relations of the insane—parents, wives, husbands, brothers and sisters—ought to be spared the annoyance and chagrin which the enactment of such a law would impose upon them.

Moreover, instances have been known where poisonous drugs, and even dangerous weapons, have been surreptitiously transmitted to patients by the mistaken kindness of friends, although it may be stated that this probably has rarely occurred, except in the cases of persons confined upon 'criminal orders.' It also frequently occurs that in efforts to escape, persons of means who are visited by insanity, address communications, or would do so if permitted, to all sorts of people, inviting them for a moneyed consideration to aid them to escape, and thus innumerable law suits and difficulties have arisen. It is clear, therefore, that some regulations upon the subject should be provided, whether by statute or by the order of some executive body, may be a question."*

* [NOTE.—Since this paper was read, Assistant Attorney-General Thomas, of the Post Office Department, has delivered an opinion on this subject to the New York State Commission in Lunacy, under date February 8, 1894, as follows: "As per request made by Assistant Attorney-General Whitney I have to enclose herewith a copy of the ruling referred to in the newspaper clipping presented by you, covering the disposition of mail matter addressed to prisoners confined in county jails and awaiting trial upon indictment.

The specific case passed upon, wherein the question of delivery of mail matter to insane persons was considered, has reference to a person certified to be *non compos* by several physicians and confined in a county asylum, but whose status as a sane person had not been passed upon by a court and jury.

As a general rule, it may be stated that if a person has been adjudged insane by a court of competent jurisdiction, by which a conservator or manager of his business or a

CARE AND TREATMENT.

Under the head of care, we may say that the most notable advance of recent years in our specialty has been the establishment in many of our institutions of training schools for nurses and attendants, and the employment therein of those who have had the benefit of this special course of instruction. Wherever honestly tried, the results have practically exceeded the most sanguine anticipation. Although this subject properly belongs to another section of this Congress, and has also been treated in a separate paper by Dr. Burr, it may be proper to refer to Dr. Cowles' paper at the Seventeenth General Conference of Charities at Baltimore in 1890, which shows the far-reaching benefits of the system among the general community and the practical aid it is to the medical profession. Of course, it is not a matter of mere by-play and amusement, and it is most important to cultivate the spirit of earnestness and thoroughness in this kind of work and not to be satisfied with the mere tinsel of graduating exercises and other superficialities.

Too much cannot be said of the modern method of caring for the helpless insane on the congregate plan in large dormitories, day rooms and service rooms especially adapted for the management of this otherwise troublesome class of cases. In the first place, much has been gained by removing such patients from the general wards, where they were an eyesore and offense to their less demented fellows, and, in so far, a hindrance to recovery among the recoverable insane who were forced into an association with them. Now, with suitable structural arrangements, and a special corps of nurses to wait upon such patients hand and foot night and day, it is astonishing how much has been accomplished to create habits of order and cleanliness, and how much the general welfare of the whole hospital has been promoted. To those members of the Congress who are interested in the care of this class of patients, I may

guardian of his person has been appointed, all mail matter addressed to such person should be delivered to such conservator, manager, or guardian or according to the latter's direction. In case a person be adjudged insane or an imbecile by a court, and he be confined in an asylum by order of a court and there be no conservator, or manager of his business, or guardian of his person lawfully appointed, then mail matter addressed to such person may be delivered to the keepers of the asylum.

The jurisdiction of the Post Office Department as a carrier over such mail matter may be said to cease when such delivery is effected. Of course, it must be recognized that the authorities of such institutions are required to exercise a proper discretion in the matter of delivering mail to inmates, and in preventing the transmission of letters intended for delivery by such inmates to outside parties, especially so, when the interests or recovery of patients might be endangered or the safe administration of the affairs of the institution interfered with."]

say that in the Anthropological Building of the World's Fair may be found a model of such a group of infirmary buildings erected at Utica, N. Y., under the State Care Act, and opened in the fall of 1892. The model was made accurately to the scale of one-quarter of an inch to the foot by a patient of the institution.

The word "treatment" almost invariably suggests to the lay mind the idea of drugging. It is hard to dislodge the calomel and jalap conception of treating disease by the introduction of nauseous compounds into the *corpus vile* of the hapless patient. It is a relic of the same mediæval mysticism that gave point to the caustic satire of Molière's medical comedies and enabled Sganarelle to expel his "peccant humors" and that, in recent times, has put much gold into the pockets of certain shrewd practitioners, however little of the precious metal may have found its way underneath the skin of the habitual drunkard. *Mais nous avons changé tout cela.* So great an authority as Dr. Clifford Allbutt said two years ago,* in discussing the proposed hospitals for the treatment of the insane, suggested by the London County Council, "The fact is, gentlemen, this desire to reinstate treatment by medicine is a retrograde tendency. Modern therapeutics are marked, not by the multiplication of medicines, but by a gradual restriction of their field." And to those general practitioners whose cry is for more physic for the insane, he would put the awkward query, why they so constantly fail to cure their insane patients outside of an asylum, and how it happens that even those of them who have seen much of insanity are the first to impress upon people the futility of such outside treatment and the need of early removal to an institution for the insane.

True, great advance has been made in the line of sedative and hypnotic remedies as the result of painstaking research, but, using the word "treatment" in its most comprehensive sense, the most marked progress has been made in securing for the patient the environment, physical, mental and moral, proper to his restoration. No longer the victim of drastic experiment in pharmacodynamics, greater attention is now paid to his diet and personal hygiene. He is better "groomed" if one may use the expression, than ever before. Conspicuous and pre-eminent among these modern methods of treatment is the provision of systematic and diversified occupa-

*The Proposed Hospitals for the Treatment of the Insane, *Journal of Mental Science*, October, 1891.

tion. The idea is probably as old as the disease itself. Fifty years ago, Dr. Brigham, the first superintendent of the Utica State Hospital, a man far in advance of his age, had his shops in considerable variety, and his contemporary, that great man lately deceased, Pliny Earle, also promulgated sound views on this subject. So long ago as 1867,* he ridiculed the idea of a mollycod-dling optionalism in the application of this potent agency for the patient's cure, and the deference of the physician, supposed to be rational, to the judgment of the patient known to be irrational. Then, as now, there were patients who at a certain stage of their disorder could be cured by labor and apparently by nothing else—patients who, in the absence of suitable occupation, became apathetic and incurable and often dragged out their lives listless and imbecile by reason of the neglect to provide this kind of treatment. The query suggested itself to Dr. Earle then, "Why is it that the only medicament which, as it is believed, will effect a cure, is not prescribed and administered?" And this same question is to-day being propounded to progressive Managers and Superintendents all along the line. The answer may perhaps be found in the niggardliness of State legislatures to provide proper workshops for this kind of treatment, but, more frequently, I believe, the explanation lies in the timidity of superintendents to urge, if not coerce, those patients whose objection lies in the often heard excuse, "I did not come here to work. If I can work here, I can work at home and be paid for my labor." Neither proposition is necessarily true, coming from the lips of an insane patient. As a matter of fact, much work can be done by patients, under proper supervision, in a well organized hospital, that would be impossible of performance outside, and labor, like virtue, is its own reward.

I would here dwell upon the advisability of finding, and obtaining sanction for the use of, a market for the surplus product of patients' labor, and thus enable them to contribute to their own support while being maintained at public expense. Any hospital with a mass of able-bodied patients at its command can soon accumulate a surplus of mats, brooms, brushes, willow-ware, and the like. The strong and fearless arm of philanthropy should protect institutions against a bullying at the hands of ignorant selfishness when organized labor interferes with the proper treatment of afflicted humanity.

* See JOURNAL OF INSANITY, October, 1867.

Opportunity may also be taken here to refer more particularly to the great value of printing and book-binding as avenues of useful and congenial labor for nimble-fingered women. This occupation meets very nicely the requirements in furnishing mental as well as physical stimulus to the insane. Hospitals for the insane might be permitted to do not only all their own printing, but also much of the printing required by the State elsewhere and now done at public expense. They might, perhaps, print and bind Transactions of Congresses such as this. If I may be pardoned for referring again to the Utica State Hospital, I might state that the institution has a printing office measuring 26 feet by 69 feet 6, in which as many as ten women patients have been employed in typesetting during the present year. This office has already outgrown its quarters. Nothing in the way of occupation has furnished more satisfactory results than this department, and I am convinced that much saving could be accomplished to the State and incalculable benefit provided for its patients by establishing a printing office and book-bindery in every large institution for the insane throughout the country, provided always that such facilities as I have indicated be extended either by the State or private encouragement. In thus extending the usefulness of shops, it would not be necessary to "breast and buffet the breakers of public opinion." Public opinion never arrays itself against the sick and the oppressed. It would only be necessary to point out the way. Public opinion would take up the cry, and such cruel demagogism as would antagonize the movement would meet with public execration. Then, the ghost once laid, there would be no excuse anywhere for failure to have recourse to restorative labor in every asylum in the land, and it would no longer be necessary for superintendents of hospitals to "annoint their consciences with the balsamic oil of belief that of two evils they choose the less."* The State of Michigan, generally in the forefront in progressive movements, has decreed by act of the legislature that her superintendents *shall* provide employment for patients. Here is a provision that the State of Illinois might well introduce into the draft of her new lunacy bill.

When we reflect upon the effects soon discernible in the nervous system in men who retire from business late in life, often resulting in fatal collapse, it is entirely consonant that persons who have been accustomed to more or less steady occupation all their

* Pliny Earle, loc. cit.

lives should not be completely cut off and sequestered from it, so long as they have bodily vigor sufficient to be called into play. There can be no doubt that such exercise, both physical and mental, in due proportion, exerts a wholesome influence upon those parts of the organism which are disordered and tends to the restoration of healthful functions.

In short, for the public mind to form a clear conception of what is best among all these points of treatment or hygienic management, it requires that the public mind should be more fully enlightened as to the nature of the disease of insanity itself, until it shall no longer be looked upon as a supernatural visitation or some strange and unaccountable happening for which confinement and restraint are the only remedy, but as a disease which has its causes either in the hereditary diathesis of the individual or the accidents, abuses or the sanitary sins of life, and must be dealt with on the common sense principles of restitution and repair when the evil has not passed the boundaries of a salvable vitality. Such a presentation of the subject *ad populum* has hitherto been a great desideratum which, it seems to me, has been amply supplied by the Secretary of the Board of State Commissioners of Public Charities of the State of Illinois, the distinguished Vice-President of this Congress, in the second chapter of their twelfth biennial report, published within the last month, and which chapter, I here take occasion to say, is well worthy of being printed as a tract for general circulation for the better information of the public on this department of organized charity.