Asylum Notes.

ST. PETER STATE HOSPITAL, ST. PETER, MINN.

To the Editor of the Journal of Nervous and Mental Disease:

SIR:—I had the pleasure of hearing the address made by Dr. S. Weir Mitchell, before the American Medico-Psychological Association, in Philadelphia, and I have read with much interest the letters from prominent neurologists, accompanying the address as printed in your journal.

While I am willing to admit the abstract truth of the criticisms, made in both the address and the letters, I am compelled to say that nothing new has been brought forward: and not only that, but everything demanded in the address, has in more practical form been clamored for steadily, by hospital officers, during the past ten years. While not wishing to excuse or explain away, any of the laxness of the medical officers of hospitals for the insane, and with a full appreciation of the deadly inertia, so apt to overcome those connected with this work, I still believe that our critics have failed to recognize what must be apparent to them in their own work, and that is, that we cannot move faster than public opinion will let us. The public can appreciate the housing, clothing and feeding of the insane, but not their medical treatment; and this, strange as it may seem, I believe to be the fault of the medical profession at large, for they mould public opinion in such matters. They, as well as the public, have so long been accustomed to looking upon these institutions as asylums, in which to hide away and care for the unfortunate members of their families, whose existence was to them a mortification, and whose condition was a stigma affecting their social status, that it is, and will be a Herculean task to get the body politic to look upon hospitals for the insane in any other light, and to give as cheerfully toward the development and betterment of the medical work, as they

now do toward beautifying the grounds, and the amusement and instruction of chronic patients.

In an address before the State Conference of Charities and Corrections, in Minneapolis, in January, 1894, I made the following statement, and my experience is the warrant for its truthfulness :

“ Indeed, until within the last twenty-five years, these unfortunate people have been looked upon by the rest of the world, very much as the leper was looked upon by the Jew, as one beyond the pale of human sympathy and interest, an object of horror and dread, to be pitied in an indefinite sort of a way, but to be avoided and shunned at all times. This feeling on the part of the public has reacted upon the institutions themselves, making the habit of seclusion and the avoidance of public interest and investigation a part of their management. In fact, until quite recently, the medical men in charge of these institutions, or engaged in the care of the insane, have been looked upon very much as one would be who had gone to live in a community of lepers, and even at this day, it is quite common to hear expressions of curious sympathy and incredulous concern given to those who take up this work. As a result, the physician working in an institution for the insane, like the patients themselves, is in a measure, looked upon with dread and suspicion by the public generally, and too often by the friends of the patients themselves. He, too, has been shut out from the interest and sympathy of his fellow-men, his work ignored and misjudged by those whose only knowledge of hospitals for the insane and their work, has been gained from the picture drawn by the novelist, of the private asylums in England a hundred years ago ; and to this day, the belief is quite common that the officers of the institution are in collusion with the relatives of the patients, to keep them hidden away from the world, the victims of persecution and neglect.”

It does not seem to me that Dr. Mitchell's claim that the insane could be treated to better advantage, out of, than in, hospitals, is consistent, because, if so, the same rule would apply to general hospitals, and with more force, for the conditions necessary to the treatment of general disease, can be better supplied in a private house, than those necessary to the treatment of insanity. I know of no more abject sight than the effort to care for a case of acute insanity in a general hospital, espe-

cially if the patient is violent. Let me draw a picture of what I have seen, as Dr. Mitchell has done. A small ill ventilated room in an out-of-the-way place in a general hospital, a woman suffering from maniacal excitement following the puerperium. She is tied to the bed with sheets and sometimes robes; her hair disheveled, or matted over her face. The patient writhes and twists, screams and shouts, until the interne comes in and with his hypodermic syringe proceeds to relieve her excitement. If the first dose be not sufficient, he goes on relieving until the poor woman, saturated with opium, bromides, chloral, hyocine, sinks into a paralytic lethargy. I would ask of any one familiar with them, if such a sight is ever seen in a well-conducted hospital for the insane? I quote again from the address referred to: "While I do not doubt but that cases of insanity can be successfully treated at home, yet I believe that those cases that recover outside of an institution, would recover more quickly and fully in one. You do not hesitate to take a person suffering from bodily disease to a general hospital to be treated, and this is being more and more commonly done, because the public has come to know that the systematic care and treatment received in a hospital, where all appliances exist for such purpose, is much better and more apt to be successful than any care and treatment that can be applied in an ordinary private house. How much more is this true in the case of insanity, where the very nature of the disease interferes with the relation of the patient to those around him, and the changes in his character and conduct are based upon and influenced by beliefs concerning his relatives and friends." Besides, so far as my personal experience and observation go, our most successful cases have been those who have been sent to us after the outside practitioner has failed to do anything for them; and our first and most arduous task has been to get rid of the disastrous effects of drug saturation, so commonly present in patients treated outside of hospitals, where the necessity of keeping the patient quiet has overshadowed all remedial efforts.

There is nothing mysterious about the moral effect of the disciplinary atmosphere of a well-conducted institution! Every physician really familiar with insanity, knows that in its early stages, the most conspicuous conditions are abnormal self consciousness and loss of self-control. Nothing removes these manifestations more

quickly, than complete change of environment and the substitution of outside control for that which the patient has lost.

So far as the letters appended to the address are concerned, most of them are too vague and general in their criticisms to be answered. However, I realize that they, as well as the address, were kindly meant, even where they do show an entire want of accurate knowledge of the management of hospitals for the insane and the medical work done in them. How much better it would be for our hospitals and their future medical evolution, if our neurological and general medical friends would recognize that what we are really suffering from is, overcrowding, too little intelligent supervision, and too much uninformed criticism! Then the energy expended would do some good, and your voices and influence would enable us to throw off the chains which uninformed public opinion now hampers us with.

It is still a moot question as to whether an institution for the treatment of the insane would be better located near a large city; but so far, those so located and having the advantages supposed to accrue from the services of the several varieties of specialists, do not show a greater percentage of cures among recent cases, or more advantageous surroundings for their chronic cases.

Dr. Mitchell rightly claimed the privilege of being frank in his criticism. I have claimed the same privilege, and speak from the standpoint of and for the State hospitals. I will ask our critics in closing, if they are not to some extent afflicted with the same narrowing of vision, of which they accuse us, and beg leave to close with another quotation from the address I have twice before drawn upon: "I firmly believe that it is only as the medical work of our hospitals becomes the predominant element in them, and therefore the public comes to look upon insanity as a disease, will the dread and suspicion as well as want of confidence in our institutions and their management disappear."

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