Correspondence

BOARDING OUT THE INSANE IN MASSACHUSETTS.

LETTER FROM DR. MOULTON.

TO THE EDITOR OF THE AMERICAN JOURNAL OF INSANITY:

Since sending my last communication to the JOURNAL the annual report of the Massachusetts Board of Lunacy and Charity has been issued. The Board recommends "that all pauper insane persons now in city or town almshouses, or boarded in families by the Overseers of the Poor, be transferred as rapidly as circumstances will permit to the State institutions for the care of the insane, and to the care, custody and control of the Commonwealth." A provision follows for the support of such patients at a rate to the cities and towns less than the average cost to them under the present undesirable arrangements.

As there were 939 insane persons in almshouses on September 30, 1897, a majority of whom might be cared for in families, it is hoped this recommendation of the Board will be acted upon favorably. Then there would be material available for a *real* boarding-out system.

Very respectfully,

A. R. MOULTON.

LETTER FROM MR. F. B. SANBORN.

TO THE EDITOR OF THE AMERICAN JOURNAL OF INSANITY:

I can hardly say I was surprised at Dr. Moulton's comment on Sir Arthur Mitchell's admirable criticism of the half-hearted way in which the Lunacy Board of Massachusetts has administered and described the boarding-out system for the past ten years. He says "it was most unfair and misleading." By a singular coincidence, it was exactly in those terms that Sir Arthur and Mr. Spence, of the Scotch Board, mentioned to me Dr. Moulton's report of their system (published in 1892) when I visited Scotland for the second time, in 1893, to see that system for myself. I should have been more surprised if Dr. Moulton had accepted Sir Arthur's remarks in the spirit in which that experienced friend of the insane made them. But it does startle me a little to read Dr. M.'s explanation of the Massachusetts situation since 1888—so much is it at variance with facts easily accessible to him, even at the distance of Philadelphia. His long article in the Boston Medical and Surgical Journal, where Sir Arthur's paper appeared, and to which Dr. M. refers

your readers, is more "misleading" (to quote his own term), because more in detail, and neither of them shows the exact state of the case. In brief, he says that the number of State patients has so fallen off, and the city and town authorities are so bent on sending their patients to almshouses, that his successor, Dr. Woodbury, has been unable to find patients for boarding-out.

Now, in the reports of the Board whose officer Dr. Moulton was during 1890 and 1891, the number of the Massachusetts insane in almshouses and unsupervised families was given as 967, July 1, 1889, and 850 in 1890; and by the latest report the number, July 1, 1897, was less than 1,060. As the whole number of the city and town insane poor at that date is given as 5,003, while in 1889 it was but 3,492, it is evident that a much larger proportion of them were in almshouses at the first date than now, and that no very large number can have been withdrawn by the overseers of the poor and (as Dr. Moulton expresses himself) "landed in a wretched almshouse"—since in eight years the number outside the hospitals has increased but 100, or at the rate of 12 a year, while in the hospitals they have increased from 2,764 to 4,250, or 184 each year. During this period the town insane boarded in families under State supervision have increased from 50 in '89 to 69 in '97; while the State cases have fallen from 46 to 31.

Let us now look at the actual figures of boarding out from August, '85, to February, '98. Up to August 4, 1888, when the Lunacy Board, in whom Dr. M. "never saw evidence of enmity to the boarding-out system," put a stop to all boarding for months, I had personally placed in families 180 insane persons, or at the rate of 60 a year; up to the present date (February 21, 1898) only 450 have been so placed. Since I was stopped from continuing the work only 270 have been boarded out in $8\frac{1}{2}$ years, at the rate of only 32 a year. And of those, about 170 were placed by Dr. Moulton in the two and two-thirds years that he held office as my successor. During the $6\frac{1}{2}$ years since he resigned Dr. Woodbury, his successor, has boarded out but 100 persons (nominally 104), and those by years as follows: In '91-2, 47, 35 of whom were town patients; in '92-3, 20, 12 of them town patients; in '93-4, 14 (8 town patients); in '94-5, 11, unclassified; in '95-6, 8 (4 town patients); in '96-7, 4, of whom 2 were town patients. His yearly average has therefore been 16, against my 60 and Dr. Moulton's 64; and even that small average fell to 4 last year. If that is not growing "small by degrees and beautifully less," what would be?

Yet the stock to choose such patients from was constantly growing greater. In my three years the average of chronic patients committed in the whole State was 982; in Dr. Moulton's three years it was 1,183; in Dr. Woodbury's six years it has been 1,390. These figures may not be exact, but they were reported by Dr. Moulton and Dr. Woodbury, and as they proceed on the same basis from year to year, they are good for purposes of comparison; and they indicate that while I placed out one in 16 of the available patients, and Dr. Moulton one in 18, Dr. Wood-

bury has placed out only one in 43. This does not show that "Dr. Woodbury has labored hard to board out patients," unless there were "real enemies in the Board of Lunacy" against the system, which Dr. Moulton (from Philadelphia) denies to have been the fact. The figures given by him as remaining at the end of each year simply show that, while the number placed out since 1891 has been small and decreasing, the system has worked so well that those previously sent out remained in families.

In his Boston article Dr. Moulton makes two statements (the first cited with approval from Dr. Hildreth) which hardly look well when placed side by side. "Experience has shown that convalescent cases receive the most benefit from boarding out." "Patients whose disorder is acute are not legally permissible for boarding out." As "convalescent" usually means "recovering from an acute attack," it is hard to see how convalescents can be "chronic," except in those very few cases where recovery occurs after two years' treatment; in fact, among the 180 patients whom I placed out, not six could have been termed "convalescent"; and I doubt if the proportion has since been increased. If Dr. Woodbury or Dr. Hildreth will give exact figures we should soon see which class benefited most; but certainly the law, which I drew, only authorized (in 1885) the boarding of "insane persons of the chronic and quiet class" and (in 1886) "insane persons discharged without recovery" from hospitals and asylums. This same law of '86 made it impossible for overseers of the poor to withdraw their patients from hospitals without the consent of the hospital, and it is still in force. Those who have been thus withdrawn were mostly discharged because they were considered incurable and because their places were needed in the constant overcrowding of our establishments for recent cases. Instead of being sent "to wretched almshouses" they either went to the care of their friends or (generally) to fairly good local asylums, most of which are better places for them than the State hospitals were 30 years ago.

I am glad that Dr. Moulton sees an unfitness in almshouses for good boarding-out patients; it was not always thus. The Board which appointed him had just before caused the removal to an almshouse ward of nearly forty patients who had been living comfortably in families; there they sat idle for months, and must have been seen by him in his monthly visits, yet I never heard that he took any pains to remove them. Five more patients were living, when he took office, in the best boarding place for that class I ever saw; he joined in the (illegal) attempt of his Board to send these women back to the almshouse; and when Miss Cooke refused to consent to that, as she had done before, and her county judge put three of them under her legal guardianship, Dr. Moulton reported to the enemies of boarding-out in his Board (there *were* such then, to my certain knowledge), "that said persons are each and all restrained of their liberty by reason of alleged insanity by said Cooke." The fact was, and Dr. Moulton knew it well, that they *were* insane, were perfectly well treated, and would not leave Miss Cooke's kindly care to go to any

hospital, much less to an almshouse. Yet he joined with the persecutors of this good woman, and consented to the meanness of depriving her of the petty stipend the State had agreed to pay, because she would not be a party to their illegal removal to an almshouse. And when she applied for the customary license to keep a private asylum (which was granted her years afterwards), I do not find that Dr. Moulton tried to remove the hostility of the Board, whose self-love she had wounded by her fidelity to her patients. He also joined with them in their advocacy of the costly and otherwise objectionable chronic asylum at Medfield.

Concord, Feb. 22, 1898.

F. B. SANBORN.

RUSH MONUMENT COMMITTEE.

SYKESVILLE, March 25, 1898.

TO THE EDITOR :

The following subscriptions to the Rush Monument Fund have been received from members of the American Medico-Psychological Association since the appointment of the Committee of the Association, May, 1897 :

1897.

July 1.—From Dr. G. Alder Blumer, Utica, N. Y. . . \$5 00
 Sep. 13.—From Dr. D. R. Burrell, Canandaigua, N. Y. . . 5 00

1898.

Mar. 11.—From Dr. Gershom H. Hill, Independence, Ia. 10 00
 " From Dr. F. C. Hoyt, Clarinda, Ia. . . . 5 00
 " From Dr. C. S. Applegate, Clarinda, Ia. . . 2 00
 " From Dr. Anna Burnett, Clarinda, Ia. . . . 2 00
 " From Dr. A. T. Gundry, Clarinda, Ia. . . . 1 00
 " From Dr. H. A. Gilman, Mt. Pleasant, Ia. . . 5 00

\$35 00

GEORGE H. ROHÉ,

Chairman Committee.

LETTER FROM DR. WOODBURY.

TO THE EDITOR OF THE JOURNAL OF INSANITY:

Extracts from an address by Mr. F. B. Sanborn before the Legislative Committee of Massachusetts concerning the care given the insane, their increase in numbers, the recoveries resulting, and the increase in insane paupers, with the merits and demerits of these subjects from the speaker's standpoint, have appeared in several public prints, and to any one not fully cognizant of the conditions in the State are misleading.

His assumption that the increase of insane, or, as he neatly puts it, of the *visible insane*, since 1868, is largely due to "the aggregation of the insane in masses," which has not only failed to check their increase