THE PRESENT STATUS OF INSANITY IN MASSACHUSETTS.

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By the last census (1895) Massachusetts had 2,500,000 inhabitants—having almost exactly doubled its population in thirty years—an average gain of $3\frac{1}{3}$ per cent a year. But in 1865 the registered insane of the State were less than 2,500, while thirty years later they exceeded 7,500; that is, they more than trebled while the general population was doubling. In October, 1895, the number remaining on the registers, after all recoveries, deaths, and removals, was nearly 7,000, while in 1865 it was less than 2,000. In this period of thirty years half a dozen new hospitals and asylums for the insane have been built, at a minimum cost of \$6,000,000, including enlargements of existing establishments, an average outlay of \$200,000 a year, which, in these later years, has risen to more than \$250,000. The annual cost of supporting our insane can not now be less than \$1,100,000, and is every year increasing. The number of judicial commitments of the insane in a year is about 2,200, of whom more than 1,500 are first commitments; the cases of recent insanity are about half of the whole number committed; the recoveries are a little more than 400, or 30 per cent of the recent cases under treatment; the deaths are about 550. Yet in spite of this removal from the lists by death and recovery of 1,000 persons, so great is the increase of new cases that the insane gain, in net numbers, at least 200 a year. When the Medfield Asylum, which is just now being opened for a few hundred chronic patients, shall be completed, in course of this year, this gain will be larger, for all the establishments are now crowded, and long have been.

Notwithstanding this crowded condition of the State hospitals and the asylums for the chronic insane at Worcester, Tewksbury, and Bridgewater, and the Austin Farm Asylum of Boston, all these establishments have improved their scale of treatment within the nine years since the newest State Hospital (at Westboro) was opened in December, 1886. The buildings have been improved, the medical staff increased in number and efficiency, training-schools for nurses have raised the standard of care in several hospitals, and much more attention than formerly is given to pathologic work and to the study of individual cases. Especially is this true

at the Danvers and Westboro hospitals, and the Tewksbury and Bridgewater asylums. The Worcester Hospital, which has no training-school, has a skilled pathologist, and several of the hospitals have boards of consulting physicians, as well as a governing board of trustees, on each of which are two women, and usually at least one physician. The private and corporate asylums (the largest of which is the McLean Asylum, now at Belmont, in fine new buildings) have also much improved in ten years, as well as increased in number, and in the number of their patients. The city and town asylums (generally detached buildings, making part of the almshouse plant) are more numerous and in better condition than in 1886, while the care of the few insane who remain in the ordinary small almshouse is no worse than then. The number of patients in families, under the Scotch system of boarding-out, has not increased as it should have done, the matter being somewhat neglected by the State Board of Lunacy and Charity. It will at once be seen what an opportunity Massachusetts affords for the best treatment and the scientific study of insanity. Its limited area, its minute, though irregular, classification of the patients in establishments larger and smaller, so that the advantage of treatment in masses or in small groups can be fairly tested — these, with the careful registration initiated by the late Dr. Earle and myself, sixteen years ago, give facilities such as hardly exist elsewhere in America, among a population so large, for settling some of the vexed questions which no one has yet definitely answered. Our law of commitment, passed in 1879, and slightly amended since then, has freed us from that plague of some States, vexatious suits for the discharge or false imprisonment of insane patients sent to asylums under medical certification alone. Before 1878 the custom here had been to use a loose form of commitment, based mainly on medical opinion not very specifically given, and bearing chiefly on the fact of insanity existing in the case. But two decisions of the higher courts, about that time, made a legal distinction between mere insanity and such a degree or form of it as would make asylum restraint necessary; and this distinction, coupled with the requirement of a judicial decree in all commitments, was sanctioned by law in 1879. Soon after, provision was made for a small class of voluntary admissions, and for the certification of cases arising in other establishments than those for the insane; and these additions to the commitment law, together with some care in examining the certificates of physicians, and the court orders, have given Massa-

achusetts a system which allows easy admission to hospitals and, at the same time, quiets the suspicions and defeats the intrigues of those who are inclined to call commitments in question.

It would be pleasant to think and to say that these facilities for the care and study and recovery of our insane are fully availed of by the authorities, but such is not the case. Most of our hospitals and asylums, both public and private, aim in that direction, and many of them are doing very good work. But the central authority (a board of State charities with full lunacy powers), which, ten years ago, led the way in suggesting and introducing improvements, has for some time past been rather a clog than an impetus to wholesome activity. It has failed to develop the system of family care, introduced from the example of Scotland and Belgium in 1885; it has involved itself in controversies with two of the hospitals (at Danvers and Westboro), and has shown no comprehensive grasp of the whole situation, hardly noting the force of its own statistical tabulations, and quite omitting to verify its statements by testimony. In consequence of this stagnation at the center of things, a movement has sprung up for the substitution of a special lunacy commission, to take the place of the existing board in all matters of insanity. Were it not for the awful example of the New York Lunacy Commission, which has stirred up so much strife and accomplished so little real good in that State, the Massachusetts movement, in which Dr. Edward Cowles is actively engaged, would be much more forward than it is. But the injustice done to several of our hospitals (as they declare) by the Central Board is strengthening the agitation. The question at issue between the State Board and the Westboro Homeopathic Hospital is mainly in regard to recoveries. Ever since this hospital was opened, late in 1886, it has reported a larger percentage of cures than the older establishments have lately done, but no larger than most hospitals used to report in the days before Dr. Earle had shown the instability of many of their reported recoveries. It is probable that the Westboro physicians, in the earlier period of their hospital, may have been over-sanguine in respect to permanent recovery, but of late years they have seemed to me as careful and authentic in this matter as their neighbors in the older hospitals. There is, however, one very good test of the comparative permanence of the recoveries made there and at Worcester, Taunton, etc. Every patient relapsing after recovery, and readmitted to the same hospital (as most are), is taken account of and reported each

year by every hospital; besides these, there may be, and sometimes are, relapsed patients from Westboro committed to Worcester, Danvers, etc., and *vice versa*. Now every one of these latter is entered on the registers of the State Board in Boston — from an examination of which it would be easy to determine, by a brief calculation, whether more recovered patients discharged from Westboro become insane again within five years than is the fact in respect to the recovered discharges elsewhere. As the State Board has never furnished these figures, it is fair to infer that it can not prove its charge or insinuation against the homeopathic hospital, which, for various reasons, has never had full justice done to it in the reports of the State Board. There are reasons, well known to me, which incline me to think that proportionately more patients *do* recover there than at the older hospitals, but it is a point so easily determined, as above indicated, that there is no excuse for leaving it to be a bone of contention.

The State Society of Homeopathic Medicine has lately taken up the points in controversy, and will soon publish its review of them. It lays stress on the fact that the tables reported by the five State hospitals at Danvers, Northampton, Taunton, Westboro, and Worcester, and summarized in the report of the State Board, show a greater proportion of recoveries, and fewer relapses after recovery, at Westboro than at the other four hospitals. Thus, while there were admitted at Westboro in the year, 254 cases (251 persons), of whom 63 were curable — and while 48 of the 63, and 67 in all, recovered during last year (the total of persons under care being 317), at the other four hospitals, with a total of 4,573 persons, and 1,491 admitted cases (of whom 458 seem to have been curable), 128 only of the curable recovered, and but 264 of the whole number. It would thus appear that, while three-fourths of the curable admissions of a single year recovered at Westboro, only between a fourth and a third of similar cases recovered at the other hospitals; also, that, of the whole number at Westboro, about one in twelve recovered in a year, while elsewhere only one in 17 $\frac{1}{3}$ recovered. Moreover, of the cases relapsing after recovery, many more are reported at the other hospitals than at Westboro. These figures will not, perhaps, be accepted as correct, but they point to a favorable condition which does seem to exist at Westboro, and not to the same extent in the other houses. At any rate, they may be taken as correct until corrected from the records.

Quite as important, and less under controversy, is the situation

as to the insane of the city of Boston. By the peculiar laws of pauper settlement, Boston, with a population of 500,000, has something more than one-fifth of all the insane of the State to provide for, mostly at the cost of the city. But Boston has only two small asylums, capable of containing in comfort less than 500 inmates, while she supports at present more than 1,200 insane persons. Consequently, she must distribute the rest among the eight hospitals and asylums that the State controls, each with its separate board of trustees. At the head of all the charitable and correctional institutions of Boston—including these 1,200 insane—is a single commissioner, who has about 5,000 prisoners, paupers, children, and insane persons constantly under his supervision. Of course, he can give but a morsel of his time to the insane—who are otherwise in no condition to be brought under a definite and comprehensive policy of classification and treatment—scattered as they are all over the State in separate establishments or in private families. It is, therefore, proposed, in a bill now before the Legislature, to give Boston's insane into the care of a special board of trustees, five men and two women, selected for their acquaintance with the difficult subject of insanity, permitting them to classify and provide for the 1,500 or more who annually get upon the registers of the city.

Such a change in the present system is not only called for on grounds of common sense and common humanity, but it would give Boston the opportunity to bring up the care of her dependent insane—for many years unsatisfactory—to the high standard which prevails in the State hospitals; to classify them properly for treatment and for study of their malady, and to do something for the scientific examination of the causes and prevention of this great evil—alienation of mind. At present, and for several years, Boston has neglected her opportunities in this direction, and the care of her insane, which should be in the purest hands, has been left too much to the personal and political influence of the party temporarily in control of the city government. The measure under consideration, while it leaves the detailed work of supervision to experienced superintendents, as now, imposes on the new trustees the duty of framing a policy and seeing it administered for the benefit of a mass of the insane greater in number than many States have to provide for. Such a policy would relieve the State establishments, and enable those to be carried on more usefully, while it would be of untold service to Boston.