ARTICLE IV.

ON THE BILL TO ORGANIZE AN INSTITUTION FOR THE
INSANE OF THE ARMY AND NAVY OF THE UNITED
STATES, AND OF THE DISTRICT OF COLUMBIA.—RE-
MARKS OF HON. JOHN G. DAVIS, OF INDIANA, IN THE HOUSE OF
REPRESENTATIVES, FEBRUARY 22, 1855.

The following remarks of Mr. Davis, on the bill for the organization of the new Government Hospital for the Insane, are from the *Congressional Globe* of February 27th, 1855; and we take great pleasure in transferring them to the pages of the *Journal of Insanity*. The construction, organization and opening of a national hospital for the insane are events of no ordinary importance, and demand more than a passing notice. We therefore give the remarks of Mr. Davis entire, and would especially commend them to the attention of our readers. They show a knowledge of the subject which could only have been acquired by the most careful and impartial investigation; and we hope that the enlightened humanity displayed by Mr. Davis and his colleagues on the "Committee for the District of Columbia," will not be lost upon future legislators. Our national legislature has established a precedent which our state legislatures would do well to follow in the erection of hospitals for the insane.

Soon after the first appropriation was made by Congress, the Secretary of the Interior appointed Dr. Charles H. Nichols to superintend the construction of the building. This appointment was appropriately noticed in the *Journal of Insanity* for January, 1853, and we would only remark here that all the advantages anticipated at that time have been realized, and an institution has been founded at the seat of government, under the immediate supervision of Dr. Nichols, of which our country may be justly proud.

The hospital is now open, and has already received thirty-one patients. Accommodations for fifty are nearly completed. The following is the speech of Mr. Davis introducing the bill for the organization of the institution:

"Mr. Speaker, it will be remembered that, on the 31st of August, 1852, \$100,000 were appropriated by Congress for the purchase of a site, and the erection, furnishing and fitting up of a hospital for the insane of the army and navy and of the District of Columbia.

"The site, which is situated in this District, on the south-east side of the Anacostia river—better known, perhaps, as the eastern branch of the Potomac—and about two miles due south from the Capitol, came into the possession of the Government on the 1st of January, 1853, and on the 27th of May following the foundation of the hospital edifice was commenced.

"At the close of the first session of this Congress a further appropriation of \$36,809 was made for the same objects.

"At the present time a portion of the building, capable of accommodating about forty patients, with their usual care-takers, is completed, and occupied by the insane of the District.

"The external and internal walls of another portion, conforming to the original design, and with capacity for fifty patients, have been erected since the adjournment of the last session. A wash, gas and engine-house has also been erected since the adjournment of the last session, and so far completed as to be used for its appropriate purposes, and arrangements have been made for supplying and storing an abundance of good water.

"At this stage in the progress of the work an organic law, regulating the mode of managing the institution, is plainly demanded.

"After a very careful and full consideration of the subject, the Committee for the District of Columbia unanimously concur in recommending the bill which I now have the honor to introduce.

"The plan of organization for which it provides appears, from various authoritative documents touching the subject examined by the committee, to embrace all the provisions for the creation of a proper board of supervisory inspectors or visitors, and for the appointment of a resident principal, or superintendent, with powers suited to an efficient, economical and useful conduct of the daily affairs of the hospital, which are found to be *usual and uniform* in similar establishments situated in the different States of the Union.

"The provisions of the bill for the admission and discharge of the several classes of patients which the institution is designed to accommodate, are believed to accord with the benevolent and liberal designs of Congress in establishing it, and with the laws and customs of the several departments of Government concerned, and, at the same time, to be equally applicable to any changes that may, from time to time, be made in the legal relations of the insane of either the army and navy or of the District.

"There are, Mr. Speaker, in our country, *thirty-three* public institutions exclusively devoted to the care and treatment of the insane, situated in *twenty-three* different States. *Three* other States are now build-

ing hospitals for their insane, and *five* are not known to have yet commenced any special provision for that afflicted class of our fellow-men. Besides the institutions which I have mentioned, there are in the United States *five private* establishments for the treatment of deranged persons.

"The official *personnel* engaged in administering the affairs of each of *thirty* out of thirty-three of these establishments corresponds so precisely the one with the other, that the organic act touching that point of any one of them might be applied to all without materially deranging their present respective modes of management. *Sixteen* of these institutions have gone into operation within the last *fifteen* years, and all with precisely the same internal and external *régime*.

"This uniformity, sir, did not arise from a blind imitation of some earthly example, accidental in its character in all subsequent enterprises of the kind, but is the natural result of mature experience interpreted and applied by men actuated by a sincere and enlightened benevolence.

"The early institutions in this country started off in imitation of the then prevalent mode of management in British asylums. Their organization seems to have been derived from that of ordinary hospitals, at a time when the management of the insane was very different from what it now is. There was, accordingly, in the insane as well other hospitals, a physician, or surgeon, who should visit the patients two or three times in the week; a house-surgeon or apothecary, to live in the house, prepare the prescriptions of the physician, and be ready for accidents and emergencies; a steward to manage the finances and household economy; and a matron to look after the female patients. The power intrusted to these officers was so equally divided between them that responsibility was frittered away, and that unity of plan and of purpose so necessary in maintaining the ordinary routine of service, not to speak of any higher end, was entirely wanting. Each officer was constantly interfering with some other, and preparing for some fresh jealousy or heart-burning disorder or dissatisfaction. The ignorance, temper and caprice of the keepers, as those having the immediate charge of the patients were styled, suffering but little check from the loose and ill-defined authority above them, literally rioted among their deplorable victims, and the English receptacles for the insane were popularly and justly known as *mad-houses* or *bedlams*, and were the theatres of the grossest abuses. Finding our prototypes in the mother country radically defective, and there being here no prejudices of custom to overcome, as abroad, our countrymen lost no time in making such modifications as experience suggested, and were not long in reaching the present *régime*, the basis of which is the domiciliation of the patients and the whole household engaged in their care, with the superintendent to whom is confided the requisite

authority, and upon whom is laid the responsibility of a humane and skillful direction of his charge. Practically, the simple and efficient system of executive government which prevails in American asylums creates a family, of which the physician-in-chief is the head, to whom is confided the entire direction of the medical and moral treatment of the patients, and of the duties of all persons engaged directly or indirectly in their care. An assistant physician, who acts as apothecary, and aids the principal in all his labors, and a steward and matron, also reside in the institution with the superintendent. Holding this relation to the patients and all the employés of the establishment, the principal enjoys the best opportunities of studying the peculiarities of each case, and of adapting his treatment to the ever varying exigencies of such a peculiar household, and, at the same time, of knowing and promptly correcting the abuses which the care of irresponsible and exceedingly troublesome persons naturally engenders. Frequent inspections of the establishment by a board of visitors, composed of individuals well known in the community, and possessing the public confidence, is found to be an efficient, practical means of preventing frauds and abuses from creeping into its service, and, also, of affording the medical head that support before the public, under difficulties, to which he is entitled.

"It has been proposed, sir, that a consulting physician should be officially connected with the 'Government Hospital for the Insane;' but in recommending such an office, the committee would have disregarded the great weight both of testimony and practice upon that point.

"Dr. Kirkbride, physician-in-chief of the Pennsylvania Hospital for the Insane, distinguished alike for his great ability and long experience in the treatment of the insane, writes :

"'No such officer as consulting physician, or visiting physician, or president of a board, as was formerly adopted in a few institutions, should ever be allowed, for such arrangements invariably lead to difficulties of a serious nature, and can be productive of no advantage. I speak without hesitation on this subject, because, in my seventeen years of service among the insane, I have had ample opportunities to witness the results of the different systems that have been proposed. All the schemes of having non-resident officers controlling institutions for the insane have proved signal failures ; and I do not think you will find any one who has had much to do with the management of such institutions recommending any other course than that adopted unanimously by the Association of Medical Superintendents. It seems especially important that the national hospital, located, as it is, at the seat of Government, should be a model, not only in its buildings, but, what is of still more importance, in its plan of government and system of management.'

"Dr. Kirkbride then refers to an essay written by him, and published
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in the *American Journal of Insanity*, for his views more in detail on this subject, and from which I beg leave to read the following extracts :

“ ‘ *Physician*.—The physician should be the superintendent and chief executive officer of the establishment. Besides being a well-educated physician, he should possess the mental, physical and social qualities to fit him for the post. He should serve during good behavior, reside on or very near the premises, and his compensation should be so liberal as to enable him to devote his whole time and energies to the welfare of the hospital. He should nominate to the board suitable persons to act as assistant-physician, steward and matron. He should have entire control of the medical, moral and dietetic treatment of the patients, the unrestricted power of appointment and discharge of all persons engaged in their care, and should exercise a general supervision and direction of every department of the institution.

“ ‘ It would seem to require but little argument to show that a hospital for the insane should have but one official head—in reality, as well as in name—to whom every one employed about it must be strictly subordinate. It would be as reasonable to suppose that a proper discipline or that good order would prevail in a ship with two captains, or in an army with two generals-in-chief, or in a school with several principals, as to expect to find them in an hospital of the kind referred to, where two or more individuals were acting independently of all others, or in which there were certain officers over whom the physician-in-chief had no control. If such an arrangement ever worked well anywhere, it must have been owing to some very peculiar mental organization in those acting under it, and not because the principle was not radically wrong.

“ ‘ The very peculiar character of a majority of the patients received in such institutions, the numerous body of assistants required in their care, the large number of persons employed in the various departments, the necessity for active and unceasing vigilance, joined with gentleness and firmness in all our intercourse with the mentally afflicted, and for prompt decisions in cases of difficulty, render it indispensable—if we wish the best results—that a large amount of authority should be vested in the chief officer.’

“Dr. Bell, of the McLean Asylum, near Boston, now the senior superintendent in office in this country, after expressing, substantially, the same views as the preceding, adds :

“ ‘ I believe I only express the universal opinion of all engaged in the cause of the insane, when I say that we watch the operations of the national institution with the deepest interest. We feel that there should be a model in *régime* and detail, after which the hundreds of institutions to come may be wisely conformed. So far, it has met the entire approval of all those practically engaged in this specialty.’

“Dr. Stribbling, of the Western Lunatic Asylum of Virginia, and who is distinguished for the able manner in which he has conducted the affairs of that institution for the last eighteen years, has expressed his

approval of the provisions of the bill under consideration in the following terms :

“After a connection with this asylum for more than eighteen years, I hesitate not to say, that if the responsible duty should devolve on me of framing a system of regulations for its reorganization, I would adopt, in every *material* particular, the features embraced in the act which you inclosed me.’

“Again : Dr. Ray, late superintendent of the Maine Hospital for the Insane, and now of the Butler Hospital, near Providence, Rhode Island, in an essay ‘On the principal Hospitals for the Insane in Great Britain, France, and Germany,’ delivered in 1846, and published in the *American Journal of Insanity*, after reviewing at length the system of treating the insane, and mode of managing asylums in those countries, gives a decided preference for our system over all others, and adds :

“The organization which prevails in our institutions is, under all the circumstances, the best that can be devised, embracing a physician who resides in the house, completely controlling the management of the patients and everything relating to their welfare, appointing and discharging the attendants, and responsible for the general condition of the establishment ; an assistant physician, seconding his views, sharing his labors, and thus enabling him to “discharge his responsibility to science,” using the language of Jacobi, “for the results of his medical observations, and for the promotion of his own advancement as a man and as a philosopher ;” a matron to direct the housekeeping and superintend the work and clothing of the female patients ; a steward to manage the financial and out-of-door concerns, and provide for the subsistence of the whole household. All the officers are usually appointed by the directors ; but the assistants should virtually, at least, be appointed and discharged by the superintendent alone.’

“Dr. D. T. Brown, physician-in-chief of the Bloomingdale Asylum for the Insane, in the State of New-York, in a letter of the 27th of December last, writes :

“I can discover no advantage whatever in adding to the corps of officers therein mentioned, (medical superintendent, assistant physician, steward and matron,) or in varying their relations and duties.’

“The medical superintendent should be untrammelled in his internal administration by any official embarrassment.’

“To him, *and to no other*, though he have a score of counsellors, is each patient entrusted by their friends ; on *him* and on no other, rests the *personal* responsibility of their care and treatment ; in his mind *alone* is the sense of that responsibility constantly present and effective ; and for him alone are official success, professional reputation, the love of patients, and the esteem of their families identified with a conscientious discharge of duty.

“ ‘Efficient and successful administration of an insane hospital is to be secured only by entrusting its affairs to *one controlling mind*.

“ ‘Division of authority entails division of responsibility, indifference to the higher moral duties of such a station, variance of opinion on, and consequent confusion and mischief in, daily occurrences requiring decisive action.

“ ‘It involves the almost certain destruction of that unity of control over attendants and domestics, and that corresponding sense, in their minds, of dependence upon a single source of authority without which an asylum becomes truly a bedlam.’

“ And now, Mr. Speaker, I might adduce other arguments. I might produce to the House the opinions of many other distinguished gentlemen, whose ability, learning and experience entitle their opinions to the highest consideration, to show that the plan of organization and management of this institution, in the bill before you, is substantially similar to that universally adopted in this country, and which has, from experience, been found to be the best calculated to promote the humane and benevolent purposes for which they are designed, but I consider it unnecessary.

“ One interesting circumstance in the history of the progress made in the management of the insane, brought to my notice in the examination of this subject, addresses itself to the patriotism as well as benevolence of this body—it is, that a little more than a quarter of a century has sufficed to produce a complete revolution in the relative positions of the English and American asylums. Hardly thirty years have elapsed since we were the grateful imitators of the mother country. We might now be proud of the fact, that we are, to no inconsiderable extent, her exemplars; and her time-honored, but cumbrous and inefficient system of management is fast giving way to the practical, common-sense plan which prevails here.

“ I apprehend no one is likely to overrate the importance of making this establishment at the seat of the general government a model in its construction, organization and management, to which, as Dr. Bell remarks, ‘the hundreds of institutions to come may be wisely conformed.’

“ Humbling as is the confession, the class of institutions under consideration are designed to relieve a condition of humanity which is, perhaps, quite as likely to overtake the proudest as well as the humblest citizen; and whatever tends to elevate their character and increase their usefulness should command our regard and receive our support.

“ Mr. Speaker, the institution for the insane in my own young State is the pride of our people. It has accomplished the most beneficial results for this unfortunate class, and met the most sanguine hopes of its early projectors.

"The examination of this subject, appealing, as it does, to the best sympathies of the human heart, has been to me a source of satisfaction. I have not regarded it as a work of labor, but a work of pleasure; and although my remarks have been somewhat extended, they have not been submitted with a view alone to influence the action of Congress upon this bill, but with a hope that they may be of some value to those in other parts of our country who may hereafter engage in similar works of charity and benevolence.

"I presume, Mr. Speaker, there can be no objections to the bill, and therefore call for the previous question."

"The call for the previous question received a second, and the main question was ordered to be now put.

"The bill was ordered to be engrossed and read a third time; and being engrossed, it was read the third time and passed."

ARTICLE V.

CRIMINAL LUNACY.—CASE OF JOHN HADCOCK.

One year ago last February, John Hadcock 2nd was confined in the jail at Morrisville, Madison County, under sentence of death for the murder of Mary Gregg. He had been convicted on a second trial, the first jury not having been able to agree on a verdict; a part entertaining doubts as to his guilt. The plea of insanity was not offered on either trial. After his conviction an effort was made to procure a commutation of his sentence; and we are informed that the court which tried him, and even the prosecuting attorney, were among the number who thought that the ends of justice would be best attained by his imprisonment for life.

The Governor, however, having been informed that the opinion was entertained that Hadcock was insane, and therefore not a fit subject for punishment, advised that a jury should be called to inquire into the facts. An order was accordingly issued by Judge Mason, and a jury summoned. The examination commenced on the 13th of February, 1854, Sheriff Potter presiding, and we proceed to give so much of the testimony elicited as seems necessary to a correct understanding of the mental condition of the prisoner.