THE COLONY SYSTEM OF CARING FOR THE INSANE.¹

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The tendency of modern methods is toward the segregation rather than the aggregation of the insane. The large, massive structure where hundreds are herded together for safe-keeping is slowly but surely being supplanted by the villa or cottage where the unfortunate can find a home. People are learning that home-life is the most natural, the most comfortable and the most economical for the insane as well as the sane.

The colony, cottage and boarding-out systems are but different methods all seeking the same result—increased freedom, comfort and improvement for this class of unfortunates. Each system has its special advantages and adaptations to localities and peculiar conditions. Even the old corridor- or block-system possesses some features that are better adapted to certain cases than any other. As Dr. Frederick Peterson has expressed it in a paper touching on this subject: "Doubtless the ideal asylum when it is built, will be one which shall have assimilated what is best in both plans."

The boarding-out system was first established in Belgium some time in the 18th century. The history of the Colony of Gheel you are all familiar with.

Some of the other European countries, notably Scotland, have adopted this system and are using it with a success that is satisfactory to them although it has received much adverse criticism. This system consists in boarding out in private families the quiet, trustworthy incurables. The plan in Scotland was first agitated by Sir Arthur Mitchell over thirty years ago. At present about 23 per cent. of their insane are cared for in this way. The

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methods employed differ from those in Gheel in that the insane are not boarded in one village or commune but are distributed throughout the farming-communities.

This system has been employed in Massachusetts with varying degrees of enthusiasm, but has not yet found general favor in this country. The advantages claimed for it are that it affords the most ready and economical means of providing for the increasing number of insane, more homelike surroundings and increased comfort and contentment for the patient. Experience seems to have demonstrated that patients once established in homes have no desire to return to asylum-life. The objections offered to the plan have so far been made mainly on theoretical grounds and by those who have had no practical knowledge of the system. The most valid objection to my mind is one that should condemn the whole system, namely, that constant association with the insane has a demoralizing effect on the sane, especially the young. It seems to me that the object of removing the insane to hospitals is as much to protect society as to properly care for the patient; that it is even more necessary that society should protect itself against the pernicious influence exerted even by the more comfortable of this class of unfortunates than that everything should be sacrificed for their comfort and welfare, and the fact that people can be found who are willing to subject themselves and their families to such an influence for a monetary consideration, should not figure in the matter.

There is a widespread tendency in the United States to break away from the corridor- or block-plan of constructing buildings and to erect cottages grouped around the main building. In many instances the idea of economy seems to have dominated all other ideas. The cottages are huge houses which but very faintly suggest the idea of a home. Nevertheless, it is a step in the right direction.

The colony-plan is too old to be considered an experiment. It is steadily growing in favor in foreign countries, especially in Germany. In William P. Letchworth's book, "The Insane in Foreign Countries," is an interesting description of the asylum of Alt Scherbitz near Leipsic which was established in 1876 and is conducted entirely on the colony-plan. In a paper read before the American Medico-Psychological Association in May last,

Dr. Peterson, quoting from the sixth edition of Kraepelin, 1899, says: "The construction of asylums has experienced extraordinary progress of late years by the evolution of so-called colonies in which the patients are, as far as possible, given liberty and occupation in country pursuits." "The whole question of the care of the insane for a long time has probably found its solution in this best and relatively cheapest method of support." In June, 1887, the late Dr. George C. Palmer, then superintendent of the Michigan Asylum for the Insane, presented a paper before the association of medical superintendents of American institutions for the insane on the same subject which the writer has chosen for this paper. His views as expressed in his paper were not altogether theoretical, but had some basis in practical experience. In 1886 the trustees of the Michigan Asylum purchased 256 acres of land known as Brook Farm, situated two and one-half miles north of the main buildings, to be used as a dairy-farm. A cottage was constructed for the accommodation of forty-five male patients with their necessary attendants. These patients were to assist in caring for the cows and in the general farm-work. The success of the scheme and the improvement manifested by the patients exceeded the most sanguine expectations. From this as a nucleus, the colony-scheme for that asylum was projected. The plan of Dr. Palmer's contemplated the establishment of a colony for quiet, chronic patients in cottages each with a capacity not to exceed thirty persons, to be located in some farming-community near the main institution by which it was to be managed and from which it was to receive its main supplies. The advantages suggested by such a plan were as follows:

1. It increases the means of classification, meets more fully individual necessities, and restores home-life as nearly as practicable.
2. It affords speedy relief; within a year provision can be made for the reception of patients. To locate, construct and organize an asylum after the plan of those established in most of our States, three or four years are required.
3. It is better adapted to the class of patients for which it is intended, as it grants greater freedom and tends to cultivate habits of self-reliance.

4. It provides suitable occupation for all patients able to work, so organized as to be made most remunerative to the institution. Occupation, judiciously directed, constitutes one of the most important aids to treatment.

5. It affords an important change, which will exert a curative influence over patients.

6. It is the most economical plan of providing for the insane, reducing materially the cost of accommodations, as well as of maintenance, without reducing essential comforts.

Pursuing the plan outlined by Dr. Palmer, the trustees in 1887 and 1888 sought to enlarge the colony already started, but were unable to obtain land adjacent to Brook Farm. They therefore purchased a tract of land about two and one-half miles southwest of the main buildings. This tract consists of 357 acres. Two hundred acres are of tillable farming-land, about forty acres are of oak- and hickory-timber and the balance is pasture-land and lakes. The grove is so situated that it skirts the shores of and overlooks the lakes and forms a beautiful park to which the name "Fair Oaks" has been given. The original idea of the promoter of this scheme was to acquire in one body, if possible, a tract of six hundred or seven hundred acres so as to afford an opportunity for diversified farming—one portion to be used for raising milk, one for fruit, one for garden-vegetables, one for general farm-products, etc. The legislatures, however, have not favored the further acquisition of land, although it has been available in the immediate vicinity. Consequently, the original plans have of necessity been considerably curtailed. On this tract of land which constitutes the colony proper, have been erected three houses for women, one with a capacity for thirty-five, one for seventy-five, and one for eighty-one patients; one cottage for men with a capacity for seventy-two, and a physician's residence. The cottages are all built on the dormitory-plan, are supplied with separate steam-heating apparatus, are lighted by electricity transmitted from the power-house at the main asylum, have sewer-connections, and, with the exception of laundry-appliances, are completely equipped for housekeeping. The cottages for women and the physician's residence are situated in the grove overlooking one of the lakes. The cottage for men is about one-half mile distant from these. The colony has its own system of water-

works. The water is elevated to a tank by means of a pump which is operated by electricity transmitted from the main asylum. The sewage is disposed of by the intermittent sub-surface system. Drives have been laid out about the parks. The lakes are small, deep and fed by springs, they are kept well stocked with fish and the water in them is pure and suitable for all domestic purposes. Large yawl-boats, each capable of carrying twelve or fifteen persons, have been provided, and boating and fishing are among the pleasures indulged in by the patients. The farm is adapted to the raising of stock, poultry, garden-vegetables, general farm-produce, fruit and celery. The milk consumed at the colony and a portion of that consumed at the main buildings is supplied from here. The open-door system prevails at two of the cottages, and a large number of the patients at the other houses enjoy the liberty of the grounds.

The success of the colony has been considerably hampered by reason of its isolated location and its inaccessibility. The transportation of supplies and of patients and employes has to be made in wagons and carriages over a rather poor country-road, the distance by this road being three and one-half miles to the main buildings and five miles to the city. This difficulty, fortunately, is likely sooner or later to be removed by the building of an electric railroad direct from the colony to the main buildings to be owned and operated by the asylum. Already the right-of-way has been obtained, and the road will be constructed as soon as the necessary funds are available.

The colony has been in operation thirteen years. It is my purpose to discuss in this paper the advantages claimed for it by its promoters, the further advantages suggested and the disadvantages demonstrated by its development. To my mind it is to be regretted that the originator of this system saw fit to deviate from the original idea of erecting small cottages for from twenty to thirty patients each. It was done in the interest of economy but at the expense and comfort of the patient. At present the idea of a cottage exists only in the name. The cottage where the most homelike atmosphere prevails and where the patients have always been the most comfortable and contented is the smallest of the group. The experience of thirteen years has demonstrated beyond question that the colony-system

can accomplish all that Dr. Palmer claimed for it in the six propositions setting forth its advantages.

The first proposition needs no argument or elaboration. That the housing of patients in small cottages instead of large buildings, affords advantages in classification, that it tends to develop the individual as a whole by making him a part of a complete household, and that it makes his surroundings more homelike, none will doubt.

The second proposition is equally self-evident. It requires but a short time to construct cottages and the overflow of the main asylum is readily and easily provided for, while by the old method, the asylum was, at times, overcrowded to the point of discomfort and almost intolerance, awaiting the tedious process of securing large appropriations and of building large structures which often required several years for construction.

Concerning the third proposition, it may be said that the removal from the bustle and confusion of institutional life, the absence of institutional features, the complete isolation from the asylum-world, so to speak, have permitted almost unlimited freedom. In some few cases the confidence reposed has been betrayed, but in the majority of cases it has been appreciated and habits of self-reliance and self-control have developed.

It is in the fulfillment of the fourth proposition that the colony-plan shows to best advantage. It seems to me that no one feature of the care of the insane receives so little attention as the occupation furnished them. Attendants are too apt to consider but one side of the question and that is, how to get the work done. Assistant physicians too often either give the subject no attention at all or rely on the judgment of the attendants to furnish suitable occupation for the patients. The prime object in the employment of the insane is to apply a therapeutic measure which will hasten recovery or improve the mental condition, and it seems to me that it ought to be prescribed as carefully as the medicine or the diet of a patient.

Ideal occupation for patients is difficult to supply in large institutions. The aggregation of a large number of persons in one building tends to the specialization of labor, and this is not conducive to the complete development of the individual. The work is such that it is done automatically and furnishes no incen-

tive or mental stimulus. The colony-system provides each individual with a great diversity of occupation and the character of the work is such that it tends to stimulate and to bring into healthy action every mental faculty. The intelligence with which many of our colony-patients assume and perform responsible duties, is extremely interesting and gratifying.

I have a vivid and pleasant recollection of a male patient who was received at the colony somewhat depressed and confused in mind. He had been employed in the main building in wiping dishes. On consulting his clinical record I found that he had been a carpenter by occupation. There was an abundance of work at his trade available at the colony and he was placed in charge of it. He repaired all the broken furniture and did all the necessary carpenter-work about the establishment. He supervised a party of patients in the work of tearing down an old abandoned horse-barn, saved the lumber, moved part of the framework to the lake and converted it into an attractive boat-house. He converted the balance of the building into a carpenter-shop. He seemed able to repair any piece of machinery about the premises. He put a center-board in one of the boats and made a sailing-vessel of it and was seriously considering the feasibility of converting one of the yawls into a steam-yacht by utilizing an unused steam-boiler, when he was discharged as able to take care of himself. His rapid improvement dated from the time he was given suitable employment.

It has been my practice in assigning work to consult the wishes of the patient as far as practicable, and to assign to each such duties as he is best adapted to perform. The patients are made to feel and assume a certain amount of responsibility. Those who possess sufficient intelligence and executive ability are appointed to direct the work of those who are less active mentally. To illustrate: of the nine horses kept for the use of the colony, not one is regularly driven by an employe. Each patient-teamster has from one to three or four other patients to assist him, the number depending upon the kind of work he is doing. He receives his instructions from the supervisor just as any employe would. One patient with an assistant delivers ice, wood, vegetables, etc., to the various cottages, another has sole charge of the fowls, five or six hundred in number, and

has made this one of the most profitable departments at the colony. A patient delivers all of the supplies from the main building. This is considered a very responsible position. The supplies are collected from various departments on requisitions and delivered to the different cottages. (Until within the past few months this position had been filled by a paid employe at thirty dollars per month and board.) And so I might enumerate many departments of work that are looked after by patients with little or no supervision. Of a population of 674 male patients at the Michigan Asylum, there are at least 197 who can be trusted in open-door cottages and who are capable of performing some work. This estimate was made for me by the general supervisor and can be considered a very conservative one. I have no doubt that by judicious experimentation, the number could be increased. Of this number thirty-three are capable of directing the labor of others, of planning work, of working by themselves without any supervision, of keeping records; in fact, of doing any kind of work that is required of the attendants who have charge of them. One hundred and one can work well and intelligently under directions. Sixty-three can do some work but they require closer supervision. These facts furnish a suggestion which I hope this Association will think worthy of discussion, viz., that twenty-five to thirty per cent. of our entire male population is capable, under the direction of a physician and a general supervisor, of conducting a colony and caring for it with no other supervision whatever. Among the more capable ones are one or two carpenters, a blacksmith, a mason, a plasterer, teamsters, farmers, gardeners, and those accustomed to the care of cattle, swine and poultry. Each has had much experience and still possesses considerable skill in his special line of occupation. It seems to me that this suggestion is worthy of serious consideration.

The fifth proposition states that this system affords an important change which will exert a curative influence over patients. This has been demonstrated in those cases that have been sent to the colony to complete their period of convalescence. The change is especially beneficial to cases of retarded convalescence.

I have never been so impressed with the good effects produced

by a simple change in surroundings as during the past summer. An unused house which had been built for an employe was converted into a camp, so to speak, and was fitted up with furniture, straw-beds, an old cook-stove and primitive implements adapted to crude housekeeping. The bread-board was a window-glass and the rolling-pin a two-quart glass fruit-can. To this cottage, every week, were transferred four or five patients from the main building, with a nurse in charge, to camp out. A hen-roost and a vegetable-garden with a melon-patch were within convenient distance. The instructions given them were to forage or beg their living, and to have a good time. The only complaint that I heard was that the outing-season was too short. The improvement in some of these patients was marked and promises to be permanent.

The sixth proposition is that the colony plan is the most economical for providing for the insane—reducing materially the cost of accommodations as well as maintenance without reducing essential comforts. It is estimated that to have erected suitable buildings for the accommodation of 2700 patients boarded out in Scotland would have cost \$10,000,000, or over \$1800 per patient. At the colony at Alt Scherbitz, cottages for the accommodation of twenty-five patients each are constructed at a cost of \$4500 or \$180 per patient. These two estimates probably illustrate two extremes in construction expenses. In Michigan there is a difference in construction expenses of about \$400 per patient in favor of the cottage-system. Much of this economy is due to the fact that the cottages are built on the dormitory-plan. This plan seems to be generally accepted as a suitable one to provide sleeping-accommodations. Personally I am opposed to it. There is nothing but its cheapness to commend it and there is much to condemn it. It is a sufficient condemnation that it is complained of by nearly every patient of any intelligence who has been made a victim of it. It is dangerous and unhygienic, a promoter of discontent and an enemy to refinement. If any class of people need restful sleep, it is the insane. If any one thinks this can be secured in dormitories occupied by ten to thirty patients, let him try it. I never make a round without finding one or more patients dosing in chairs or on settees trying to make up for loss of sleep. I hear more complaints from this one source than

from all other causes combined. The majority of altercations occur at night and between patients occupying the same room. The dormitory-system tends to overcrowding. One rarely sees a dormitory in an asylum which is not crowded beyond its capacity. Some of them have double the number of beds which the rooms were originally intended to accommodate. Again, it is impossible with this system to cultivate or even keep intact the refinements to which the most ordinary human beings have been accustomed.

There is considerable economy in the maintenance of patients at the colony. The food is served in greater variety, is more satisfactory and costs less per capita than the average cost per capita for the whole institution. The patients at the colony require less supervision. At the main building the proportion of attendants to patients is about one to eight; at the colony it is one to sixteen. It has been argued that the removal of the comfortable class from the main buildings would necessitate an increase of the force of attendants in the wards and thus there would be no real economy in the plan. This has not proven the case with us.

Experience has demonstrated that the more disturbed and less comfortable patients can be instructed to do the routine-work in the halls. Again, there is economy in the fact that the bulk of the labor performed at the colony is remunerative to the asylum. There is a ready market in the institution for everything that is raised on the farm.

The ideas suggested to me by watching the development of the colony-system are that its utility is not limited to the class of patients mentioned by Dr. Palmer. There is no reason why the more disturbed and refractory should not be housed as comfortably in cottages with locked doors as in large buildings. Of this class in the Michigan Asylum there are at the male department 56 who are able-bodied workers, 94 who are capable of doing some work and 93 who have to be constantly cared for and who do nothing. There is no kind of employment so well adapted to this class of patients as farm-work, and I believe that many of them would become more comfortable and tractable by a change to the colony and would eventually be able to be transferred to the quiet class; indeed, some of our most disturbed patients have developed into trustworthy farm-workers who are able to live in an open-door cottage.

It seems to me also that the colony-system affords a rational plan for the treatment of able-bodied insane epileptics. Cottages could be erected with especial reference to their care and treatment. Their removal from the wards would relieve the other patients from a great source of distress; they could be better classified, and the colony-plan affords the best facilities for the dietary, hygienic and disciplinary treatment which is so essential to their comfort and improvement. Many of them are the best workers we have in the asylum.

I have not had time to collate any statistics in reference to the women, but it is quite possible that as many of the women as men are adapted to life in a colony. There is not so great a diversity of occupation for women as for men. The female patients at our colony are employed in housekeeping, making their own clothes, cultivating flowers and, in the proper season, picking fruit and gathering garden-vegetables. With proper facilities they could do all of the laundry-work for the entire colony.

The chief disadvantage of the system which our experience has revealed has already been mentioned. We have been put to considerable inconvenience in transferring provisions, fuel, patients and nurses in wagons over poor roads and in all kinds of weather. The construction and equipping of an electric road, which is entirely feasible, would remove this objection and practically bring the two departments together. However, the theory of the originators of the plan that it is desirable to have the colony at a distance of from three to five miles from the main building to insure complete absence of institutional features, does not find favor with the present superintendent and board of control. In his biennial report of the institution for 1895-96, Dr. Edwards makes the following comment bearing on this point: "Experience has convinced us that an institution that can obtain a sufficient amount of land in one tract to sustain the required number of cows to provide its milk-supply and to furnish garden- and farm-lands to employ its patients will make a serious mistake in buying farms not contiguous to land on which its principal buildings are located. If sufficient land, an acre or at least two-thirds of an acre for each patient, cannot be obtained, it would be justifiable and advisable to purchase a detached farm, but an error will be made in attempting to colonize patients on more than one farm."

Many institutions are so located that a colony in connection with them would be impracticable. Either land near them is not available or is available at so high a price that the economical features of the plan would be destroyed. I see no reason, however, why one colony should not receive patients from three or four institutions if sufficiently near one of them so that transfers could be made conveniently in cases of emergency.

The objection that patients are deprived of the privileges of attending concerts and chapel services at the main asylum is scarcely worth considering. There is no reason why sufficient diversion of this sort should not be furnished at the colony. You might as well condole with those at the main building that they are deprived of the pleasures of picnics, boating, fishing, etc., available to the colonists. In some editorial comments on this subject published in Vol. 43 of the *AMERICAN JOURNAL OF INSANITY* unfavorable mention is made of the social banishment of the solitary member of the medical staff, of the small amount of strictly professional work he has to do and the occupation of his time and his mind with petty details of administration. As a resident physician of the Michigan Asylum Colony during the past six years, I may, perhaps, speak as intelligently on this point as any one, and I have this to say: That I have no more administrative work to do than any of my associates. I have time and opportunity to see, examine and watch the progress of every case that is admitted to the asylum, or to work in the laboratories if I see fit to employ them in that way. I have more uninterrupted time to devote to study or scientific research than any other member of the staff. If I fail to keep abreast of the times, it is not the fault of my location at the colony.

In closing my paper, I desire to say that my experience with the colony-system, and my study of its possibilities, warrant me in offering the following conclusions:

That it offers an economical and ready method of extending the old and constructing new asylums.

That its cottage-features offer a home for all who can appreciate it, which is about fifty to sixty per cent. of the entire asylum-population.

That its industrial features offer occupations that are healthful to the body, stimulating to the mind, and so remunerative as to materially reduce the expense of maintenance.

That it is adapted to the disturbed as well as to the quiet cases.

That it offers a rational plan for the treatment of the able-bodied epileptic insane.

That the feasibility of the plan of self-government of twenty-five or thirty per cent. of the asylum-population, offers sufficient promise to warrant its trial.

That the capacity of each cottage should be limited to twenty patients. Any excess of this number tends to destroy the home-feeling and breed discontent.

That the dormitory-plan of constructing cottages is pernicious and should be abandoned.

That it is preferable to have the entire institution on one tract of land which should consist of not less than one acre to each patient.

That it is impracticable to operate a colony located at a greater distance than three miles from the parent-institution.