ART. III.—SOME EXCEPTIONS TO THE PRESENT
MANAGEMENT OF HOSPITALS FOR
THE INSANE.

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THE past score of years has been characterized by vast improvement in the methods of management of the insane, in this country, and yet one cannot remain unconscious of an existing dissatisfaction on the parts, both of the lay and the scientific public, with the present status of Insane Hospital management.

Among scientists it takes definite shape in an open hostility to certain methods of management or treatment, or sharp censure of inactivity in certain directions. With the lay public it amounts only to a vague, indefinite feeling that all is not well, expressed in the easy manner in which it is aroused on such matters, the general readiness to believe all sorts of terrible things regarding the treatment of these unfortunate beings, and, especially, in the general reluctance to place a friend in an institution of this character, however urgent the need, much valuable time often being lost in the generally vain endeavor to benefit the afflicted one at home before seeking the care of the hospital.

That these two circles of dissatisfaction exist few will deny. That they could not well exist without cause all will concede. What may these causes be?

Let us first consider, for a moment, the organization of these institutions. They spring from an urgent need, on the part of the community, for some intelligent and efficient means of treating those afflicted with a malady, which, unlike most other maladies, cannot best be treated in the presence of home influences. In addition to a removal from these, the

successful management of the cases requires a means combining comfort and facilities for constant observation and treatment, with so much of confinement or restraint as the individual case demands. These ends are best secured in the erection of large hospitals for this especial purpose.

When erected the Hospital is placed in the care of a Board of Trustees composed of citizens of known integrity of character. They in turn select as Superintendent, generally, one who has had experience in the care and treatment of the insane, and to him is committed the organization of the working force of the Hospital and the details of its management. Supposing the building complete and equipped, the Superintendent's duties consist in its supervision, together with that of the premises; its supply; the selection of proper employees; the examination of applications for admission of patients, and the treatment of those received.

The scheme seems good, and indeed, would be so, were it carried out in accordance with the original intention. But precisely in this lies the difficulty.

Reviewing this scheme, the first feature that arrests our attention is the guardianship thrown about the institution and its inmates, in the form of a Board of Trustees. No one, familiar with such, will question the *integrity* of Boards of Trustees of Insane Hospitals, in this country. As a rule they are composed of the very best and most honored and respected citizens of a State. But their relations to the institution under their care are such as to render their Trusteeship almost *nil*, except as it relates to the most general affairs. The Board makes its regular monthly or quarterly visit, as the case may be, and finds the general appearance of things satisfactory. But it can know nothing, in such a visit, of the thousand minor details which make all the difference between success or failure in the management of the institution, or of the elements of discord or harmony that abide there. Passing hastily through the wards, what can they know of the experience of any individual patient? And even did they wish to make any inquiry, of an attendant or other employee, it would be impossible to elicit anything but that most favorable to the management, owing to the fact that they are overawed by an

autocracy which, in its power over those under it, has no parallel in this country; an autocracy having the power, practically, if not theoretically, to make and unmake without being amenable.

It will be conceded, of course, that the treatment of the patients confided to the care of the institution is the ultimate and most important fact; and yet it thus becomes impossible for these well-meaning guardians to know anything of consequence about this very thing. It is difficult, at times, for even the officers of such an institution to inform themselves of the exact condition of the wards. How much more difficult then for those who only visit the institution hastily once a month at most! I do not mean to imply that Boards of Trustees are blamable for this imperfect supervision. The fault lies rather with the scheme that requires so little of them. The offices being non-remunerative, the incumbents cannot afford to devote the amount of time and attention necessary to make them familiar with the real condition of things. Furthermore, the idea has become prevalent among even the best of them that frequent visitation and extended inquiry are synonymous with meddling, which idea is not unlikely to be encouraged and fostered by the officer in charge.

I think it necessary to devote but little space to the consideration of the custom of inviting a member of the medical profession of the State to accompany a number of the Board of Trustees in a monthly visit, for the reason that it simply amounts to nothing at all, a report from such an inspector, generally designated by the high-sounding title of "Chairman of the Visiting Committee," averse to the management being an unheard of thing, his peculiar relations and the nature of his appointment being such that a report less than laudatory would preclude the necessity of his ever preparing another. Indeed it is extremely amusing to run through the reports of various institutions, and see what excellent characters are invariably given to each by those whose especial business, as in this case it is, to criticize the management.

With respect then to the system of guardianship, of visitation and inspection, which the scheme implies, we may there-

fore summarize, that in so far as it relates to general matters, such as the expenditure of special appropriations, the erection of new buildings, the management of the farm, etc., the system works reasonably well, but as regards the central and all-important fact, the protection and treatment of the insane, it falls very far short.

It fosters, by its shortcomings, a system of one-man power and concentrates attention, not upon the patient, but upon the farm, the building, the grounds.

Out of this imperfection there grows another and a greater, viz., the autocracy, to which I have before referred, on the part of which springs up an assumption of infallibility before which all religious assumptions of that character pale. A thing absurd to all intelligent minds but capable of working much mischief. I may be accused of using too strong language in this connection, but its full truth may be attested by those who have lived in an institution of this character—and they only. The love of power is so strong in the human breast, and the invitation to autocratic sway so insidious and potent, and withal, in this instance, so catering to self that few men placed in this position, unguarded, have ever been found possessed of sufficient manhood and forethought to resist it. The opportunity is ever present, the consequences rarely immediate, and generally appear so remote that they constitute no bar. Hence we find that in almost every case, sooner or later, the Superintendent of an institution permits himself, and is permitted, to lower himself from the plane of republican manhood to that of petty autocracy. And I do not believe the men are so largely blamable as the system. No man can afford to remain unwatched—not amenable. It is true that there are those of such narrow intellects and sublime forgetfulness of the rights of others, and the amenities of life, that they find in positions of this character their best opportunities of exhibiting their real characters. But as a rule this spirit of autocracy is a gradual growth of which the individual is largely unconscious, and for which he is almost as largely irresponsible.

I have dwelt so long upon these two defects because I believe that in them we may see the sources of one of our centres

of disaffection, viz., that existing in the community at large. Why?

In the first place, the public has in some way become conscious that the system of inspection and supervision provided by law does not accomplish anything near its full purpose. That it falls short in the most important particulars. That while the Board of Trustees does well enough the work of general supervision of expenditure, etc., it knows next to nothing of the individual for whom the expense is incurred. He is left entirely subject to and at the mercy of one will, be that petty or great. For him or for the employee there is practically no appeal—appeal is received and treated as insubordination. Now I say that the public knows this, and any one may satisfy himself on this point by asking his intelligent neighbor for his opinion regarding this matter. How he knows it I am not able fully to explain, but that he is correct I can aver. In the second place this same public knows of the existence of an autocracy—of a one-man power in its midst, a thing which the American public instinctively hates. To this score it may be accredited that an institution not infrequently succeeds in building up immediately about it such a hostility and lack of confidence, that in selecting juries for suits brought for unlawful detention unprejudiced jurors cannot be found. This feeling is generally an undertone, and often surprises both the management of the institution and the community itself when occasion calls it forth.

There are those who will say that the present autocratic system is essential to the success of the hospital. That it is not true is proven by the success of English institutions of a similar character, in which in the past twenty years, the power of the Superintendent and the scope of his activities have been largely curtailed, with the result of sending medical men to medical work and cutting them off from general business affairs for which, for want of training and experience, they are generally unfit, and which only a mistaken notion of importance leads them to prefer to strictly scientific labors. Indeed it is to me one of the anomalies that a medical man who has devoted himself to this work, and with the most wonderful avenues open before him, should prefer farm management and

general business affairs to investigation in that most interesting field, the human mind and the cause and alleviation of its diseases.

The above-mentioned entailment of the powers and duties of medical men in English Hospitals, and their consequent turning to medical work proper, has been characterized by a great advance all along the line in English psychological work, both as regards investigation and treatment, and the activity in these directions was never more apparent than now, while we stand idle with the same opportunities before us, and an abundance of material—cases for observation and pathological material for study—but almost entirely unused, for the simple reason that the Superintendent of an institution devoting himself almost entirely to outside labors, the internal affairs of the Hospital fall so largely upon the assistant medical officers as to leave them no time for even a careful study of each individual case, much less any original investigation; their time being divided between housekeeping, superficial study and hasty empirical treatment of the cases, and correspondence. Is it any wonder that our European co-laborers sneer at us and laugh at our pretended discoveries, which have been antedated twenty years by them?

From this state of things springs the disaffection on the part of the scientists. The age being one of active interrogation of nature and the application of the facts thus elicited to the general good, any straggling along the line inevitably arouses the opposition of those heartily engaged in the work. It is humiliating that while the greatest activity prevails, the world over, in this field, we, here in America, who pride ourselves upon our activity and originality, are not only *not* advancing, but find those engaged in the work unspeakably ignorant as to what is going on in this direction in other parts of the world; the present work of institutions, so far as the patients are concerned, consisting, as an observing medical man, a former resident officer in a Hospital for the Insane has well said, "In feeding and grooming;" the best talent and greatest attention being devoted to showy improvements, or other outside affairs, having at best but a remote connection with the welfare of the patient, and which, if at all necessary,

could much better be attended to by one who has devoted himself to business instead of science. But the notion obtains among Superintendents that business affairs are more ennobling and complimentary than professional work; that that which is properly the work of a steward is of more importance than the work of the medical man proper. A review of the proceedings of the "American Association of Superintendents of Insane Asylums" will prove the truth of these statements, as their work is more largely of a general business than scientific nature, and relates rather to the building and managing of Hospitals than the treatment of patients or scientific investigation. Turning to the British Association of a similar character, we find it almost entirely engaged in scientific work, and less exclusive, in fact not at all so, as it admits to membership private investigators and assistant officers of Insane Hospitals, while the American Association persistently excludes both. The notion is prevalent that the reason for this exclusive policy on the part of the Association is the fear that it will be shown that Assistants and private investigators are doing much more to advance the science of psychiatry than the Superintendents themselves. This may be true, and very likely is so, but I think that the exclusive policy is more due to the fear that private investigators and subordinate officers, not being interested in affairs of a general business nature, would obtrude scientific discussions upon the Association while it, as at present constituted, is disinclined to give much notice to that sort of thing.

In short, as a body, it is not interested in scientific work, largely, and in fact regards it as beneath the serious notice of those engaged in large business enterprises which, as a rule, though not without numerous and very praiseworthy exceptions, they manage, not as the property of the State, but as personal estates or petty sovereignties, the main purpose of which they seem to regard is to contribute to their comfort, pleasure and social exaltation. Lest I be accused of injustice to many good and useful men I wish to repeat and emphasize the statement that many noteworthy exceptions to this rule exist; but the petty sovereign air, the luxurious apartments and equipages, the indulgences of æsthetic or whimsical tastes

at the expense of the State, are all too common to admit of dispute. He who "goes through the forest and sees no fire-wood" is not more obtuse than he who fails to observe these things in the average Hospital for the Insane.

It is usually exacted of him who presumes to criticize that he offer something better in place of that which he would destroy. I would not, in this instance, with iconoclastic hands, pull down the present system of guardianship, but would rather seek to make it effective by rendering it the imperative duty of every one assuming the office of Trustee to make frequent, irregular, but oftentimes protracted visits to the institution under his care, for which he should be liberally remunerated. By thus devoting more time to the work of inspection and supervision these officers would be enabled to enter more fully into the details of the management, and the institution be thus saved the innumerable blunders and injustices which a one-man power implies. There should be no escape from amenability on the part of the Superintendent through informality or indifference. He should feel that his every act was known and weighed by those more interested in the welfare of the afflicted ones than in the general appearance of things or in him. Every Board of Trustees should also adopt measures by which it may know of the feeling of an institution as a whole toward its superior officer. This is oftentimes the index of a man's usefulness. If he is repellant, tyrannical, or indifferent he is likely to know little of the real condition of things in his institution, below the surface, except by accident. No man can compel the confidence of his subordinates. He must win it. To be successful he must be loved and respected, not dreaded. But the dreaded man may, on the other hand, for a long time repress expression in the most effective manner. It is rare to find a hospital in which any freedom of speech is tolerated. The rule is evasion and a guardedness which savors strongly of servility, secured by a system of government which can only be compared to that of Russia.

There should also be both a business and medical Superintendent, the duty of the former being to attend strictly to the business affairs of the institution under the careful super-

vision of the Board of Trustees, and that of the latter the medical and scientific work of the Hospital, and nothing else. To many Superintendents this would be depriving them of the sweet morsel which they roll so consolingly under the tongue, but the better class of such would hail it as a great relief, as time would then be afforded them for work, for which they have long and anxiously awaited an opportunity, and for which they wait in vain under the present *régime*.

Then will genuine progress in the field of practical psychology begin in America. Then and not till then will we have careful study of the cases in our Hospitals, and the application of better methods in their treatment.

ART. IV.—NERVOUS EXHAUSTION, OR NEURASTHENIA, IN ITS BODILY AND MENTAL RELATIONS.

ONE OF A COURSE OF LECTURES ON THIS SUBJECT, DELIVERED
AT THE CHICAGO MEDICAL COLLEGE, BY J. S. JEWELL,
M. D., SESSION OF 1878-9.

LECTURE II.

GENTLEMEN: In my last lecture I gave you a brief account of the principal phenomena or symptoms of *neurasthenia* or nervous exhaustion, to-day I shall try and explain them. You will remember, that the chief symptoms of neurasthenia, are always loss of nerve-power, and usually excessive increase of sensibility, in some one or more of its various forms.

I shall enter into this subject with some particularity, for simple as the philosophy of neurasthenia is, when it is once clearly stated, I am persuaded but few understand it as they ought to do, in order to make their knowledge of practical value, in dictating rational, consistent plans of treatment. My present aim then, is to state as clearly as I can, the actual physical conditions on which the symptoms depend. I should