STATE CARE OF THE INSANE.¹

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There is no controversy relative to the duty of a community to care for those who cannot care for themselves; neither is it questionable that the care provided shall be humane and worthy a benevolent people. It has been said somewhere that the degree of civilization in every country can be measured by the standard of its charities. If there are other more exact measurements, we have the fact remaining that our most Christian and civilized peoples give their dependents the greatest attention. And this is not wholly the result of unselfish principles, but it largely comes from the methodical tendency towards preparing for fortuitous misfortune; and the belief that as we do to others so may we expect for ourselves.

The insane are those unfortunates who can least care for themselves, and their numbers and requirements have been so extensive that not only for the welfare of the community, but for their own good, they have by universal consent been a common burden, and provision has been made for them by taxation where voluntary contributions have not been sufficient. Insanity has been the one sickness of the human race to remain unrecognized as such, long after the great enlightenment which medical science gave to the world; and even at the present time there is a lingering doubt in many a cultured mind whether demoniacal possession may not be a better explanation after all for some manifestations of insanity, than a diseased brain. These doubts, however, seldom reach expression, and we must assume a universal tacit admission that insanity is the result of disease and should be treated as such.

Well, how shall it be treated? For many centuries the insane

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were treated as criminals. The brain was the only organ in the body which was subject to contempt when it became disordered. Even in the days of Paré, when surgery was making rapid strides, when the grosser organs of the body were being carefully studied, the subtle disorders of the brain, upon the material stability of which depends the expression of the very soul of man, were treated with contumely, and to be devoid of reason where reason was once enthroned was to be disgraced. Even now, in the present era of enlightenment, the occurrence of an attack of insanity often becomes a social barrier to the individual, however complete may be the recovery from it. If the great public would recognize insanity as a symptom of a disordered brain, which it is, and not as a disease *per se*, which it is not, it would effect a change in sentiment regarding it. It is a condition, however, recognized by all as unfitting the individual for the ordinary avocations of life, and throwing him upon the mercy of his nearest of kin, and when they are unable to care for him, upon the community at large, for proper care and sustenance. The wage-earner becomes dependent, and, when upon him rests the support of a family, we have one of the saddest sights of this serious life. It is thus that the burden rests so largely upon the community, for no other disease to which the body is subject brings with it such complete discomfiture and misery, frequently far-reaching and ending only with life. It is, therefore, unjust and unfair to class these unfortunate victims of disease with paupers and criminals. Voluntary pauperism and crime are first cousins, but dependence caused by insanity has no relationship to either. It may be, and frequently is, an incident in a blameless life. There is no equity in establishing dependence as a basis of judgment upon the insane. The State, as the largest factor of government, owes a duty to its reason-dismantled citizens, and that duty is imperfectly met when it places pauperism, crime and insanity in one classification.

It would appear from the record of the State of Maryland that this duty has been discharged imperfectly and upon the theory that an unpleasant function easiest forgotten is soonest performed. It is true that you have built some excellent curative institutions and have recently started a new one which is to be a model of its kind, but, if I am correctly informed, you have approximately

a thousand of these unfortunate human beings, your brothers and sisters in the sight of God, in your almshouses and jails, associating with voluntary paupers or criminals, without proper nursing or medical care, depending upon the wishes and the sentiment of the local keeper for quantity, quality and variety of food and clothing; and, worse than that, depending upon unskilled persons for the treatment of the unbridled passions let loose by disease, which require for their proper management a thorough knowledge of the human mind and brain. If this be true, I fearlessly say to you that you are far from being prepared for the new century, and you have no time to spare if you would enter it with a clean record. Maryland has a world-wide reputation for philanthropic work. The names of Moses Sheppard, Samuel Ready, Johns Hopkins, R. S. Steuart, Enoch Pratt, Mary Garrett and many others have brightened Charity's garment until it shines the world around. How sincerely is it to be regretted that such a medieval stain as almshouse and jail refuge for the insane should mar its brightness.

There is one feature in benevolent work that may be properly termed commercial. It is the practical question which has been largely solved by charity organization. It is, in short, the best application of means to an end. I can say without fear of successful contradiction that any State which has not taken to itself its immemorial prerogative in providing for, directing and supervising its insane wards, has neglected the commercial feature of its benevolent work. In plainer terms, I mean that it pays the State to dispense its charities methodically—by business method. Sentiment is valuable in forming and sustaining policies, but public sentiment alone, unless it is supported by an argument that appeals to the tax-paying voter, often falls short of results. And right here is where State care for the insane has the best of the argument. In using the term "State care" I do not wish to be understood as meaning the mongrel variety—half State and half local. It is not required that I call the attention of such an audience to the frequent failure of divided responsibility. No, I mean the assumption of the State's right and duty to provide for, direct and supervise the care of all the insane, all the time, and to make it a misdemeanor for a local poor officer to receive into his custody an insane person except

for transmission. It is only by imperative laws that abuses can be avoided. The State of New York has had an experience within the past ten years it would be profitable for other States to study. It is only within a decade that nearly ten thousand of its insane have been removed from county and municipal support and care to the sole care of the State. To accomplish this required a battle that has left many scars, but I doubt if the worst enemy of the movement would openly assert to-day a belief that for any honest interest there should be a return to the former system of misrule. The "local interest," so-called, will always be found against a movement towards what they term "centralization"; and what does it mean? One of the worst types of the old municipal government of New York says it means patronage and perquisites on the one hand, and this has been shamelessly used as an argument against the principle of State care. It must be granted there are honest and well-meaning objections urged against the removal of the insane from county-houses, but they are not sound and will not stand analysis. They are numerous and cannot even be referred to in the time at my disposal.

I learn from an address delivered a few months since by Dr. Edward N. Brush, to the Medical and Chirurgical Faculty of Maryland, that the conditions existing in this State to-day relative to the care of the insane are quite similar to those in New York ten years ago. You have made provision for approximately 700 out of an insane population of 3000, of which 1800 are now in custody. Thus about 1100 are supported in county or municipal almshouses or asylums. I have no fear of contradiction when I state that the care and treatment accorded to these 1100 insane is not what it should be, either under the requirements of science or measured by the dictates of humanity or the demands of the progressive spirit of the epoch.

And now, begging your patience, let me enter into this question in greater detail. *What must you do to be saved* from the ignominy of almshouse care for your insane? You have, or will soon have, two admirable insane hospitals, than which there are none better. The strong arm of the State should support and extend these hospitals to enable them to gather all of the insane now in almshouses to their beneficent care. Create a State

lunacy department and endow it with executive power; not confine it to visitorial and reportorial functions. Make your statutes so strong that a local poor officer's relation to a case of insanity will not extend beyond a period necessary to inform its district hospital of the case and give the necessary temporary care awaiting the trained nurse's arrival to take charge of it. Make it a misdemeanor for a local officer of the poor to receive into his custody any person who may be insane or mentally defective in a degree which your laws may safely define. And then in order that your taxpayer may have ample protection, place the support of your institutions upon a business basis, upon a commercial basis if you please, but make it liberal enough to be effective.

And will this liberal policy, if adopted by your State, increase the burden of the rates? I must admit I am not acquainted with the arguments that may have delayed suitable provision for your insane, but if human nature and human motive in New York and Maryland are alike, my experience leads me to believe that one of the chief claims made by the advocates of local, or county, or almshouse care is that the insane can be maintained at much less cost in county than in State institutions. In truth, we may assume that the whole case of those opposed to State care centers in this claim, for human credulity can scarcely receive any pretense that any county can do more in its poorhouse for the physical comfort and humane treatment of the insane than the State can or does do for them in its specially constructed hospitals. I have no doubt that very specious arguments may be advanced to show that an equal standard of care to that maintained in the State hospitals may be obtained in the county institutions, but it is self-evident that such a claim is unfounded. In a very careful comparative analysis of cost of maintenance of the insane under respectively county and State care in New York, in which it was quite impossible to get all the items of cost under the county system, it was shown that in thirty-two counties the tax rate for the support of the insane under the State system was decreased, while in twenty-eight counties it was increased. The average was slightly increased to the approximate equivalent of seventeen one-hundredths of a mill on each dollar of the assessed valuation of property in the State, so that

a farmer taxed upon an assessment of \$10,000 would have an additional annual expenditure of one dollar and seventy cents to insure humane treatment of the dependent insane. For the past year a general tax levy was authorized by the Legislature of one and one-tenth mills for the purposes of the department of the insane of the State, and out of this appropriation must be paid the cost of all buildings constructed, of all repairs and improvements, and the maintenance in full of what is technically known as "State care of the insane."

As applied in New York, the term "State care for the insane" implies provision and maintenance for all the dependent insane of whatever class in State hospitals. The basis upon which the State hospital system is established and organized is (1) a division of the State into hospital districts; (2) each hospital to receive and care for all of the dependent insane, both acute and chronic, of its district; (3) a healthful, picturesque and accessible site, with an acreage large enough to furnish occupation and ample recreation grounds and for agricultural purposes, with sanitary drainage and abundance of water; (4) hospital buildings of a permanent character designed and arranged upon scientific principles for the proper classification of the insane of its district and equipped with modern sanitary appliances for warming, ventilating, lighting, fire protection, cooking and all the operative requirements for the safety, physical comfort and cure of its inmates; (5) a skilled, sufficiently large and liberally paid medical staff, including women physicians and specialists for the treatment of the eye, ear, teeth, etc., as well as a corps of medical internes as adjuncts to the regular staff, thus using the hospital as a means of instruction; (6) a liberal corps of skilled nurses trained by a regular course of study and practice in the schools of the several hospitals upon a well-digested and approved plan, the proportion of such nurses and attendants to the insane averaging as one to eight; (7) a liberal and varied dietary designed on a physiological basis to meet all the nutrient requirements of the patients; (8) sufficient clothing, bedding and furniture, designed and prescribed by experts; (9) the most varied and ample means for the occupation, diversion and entertainment of patients, not only to increase their comfort and content, but to be applied under skilled medical supervision for their curative

effect; (10) all medical and surgical appliances for the most recent and progressive treatment of insanity in any of its forms; (11) the selection and promotion of officers and employés in accordance with civil service principles, a permanent tenure of office during fitness and efficiency, and entire freedom from the baneful influence of politics; (12) a uniform system of medical and financial operations and records, and monthly conferences of all the executive officers of State hospitals with the State Commission in Lunacy for consultation; (13) the removal of patients from their homes or from poorhouses to the State hospital by trained nurses of the same sex, and, where necessary, accompanied by a hospital physician at the expense of the State, and a statutory prohibition of all jurisdiction of superintendents of the poor or other local officers over the insane after they have been certified as such; (14) the maintenance of a central pathological laboratory with a full staff of skilled scientists co-operating with and for all the State hospitals, and (15), finally, the whole to be under competent central supervision, having the power to correct abuses, maintain discipline, enforce economy, and the whole to be maintained by the State by means of a general State tax levied for that specific purpose.

As a result of the complete operation of this system for the past number of years, of the 21,000 insane in custody in the State of New York there is not one in a county asylum, a poorhouse, a jail or a penitentiary unless temporarily apprehended for commitment to a State hospital. There is no doubt in my mind that with the experience up to this time in the State care of the insane, it is nearly the unanimous opinion of the tax-paying members of the commonwealth that the State of New York's experiment in humanity is a success and that it pays to be scientifically humane.

In the foregoing remarks, I wish to be distinctly understood as not reflecting upon the existing Commission in Lunacy of Maryland. My contention is specifically a reflection upon the laws of Maryland, for, if I am correctly informed, the powers of the Commission in Lunacy are chiefly of an advisory character. Their public documents record their deprecation of the existing condition of the insane in this State, and their recommendations have pointed towards the creation of better provision for them.

I contend, however, that, as having the knowledge that must come to them from personal observation, they may be reasonably criticised for permitting the following public utterance to remain unrepealed: "In the opinion of this commission, no almshouse is a proper receptacle for insane persons unless it is provided with rooms so constructed as to safely detain such insane without the use of chains or ropes, for the reason that such treatment is well calculated to magnify the mental excitement of the unfortunates, and almost precludes the possibility of recovery." Until this resolution is substituted by one which substantially and emphatically declares that, in the opinion of the commission, no almshouse, under any circumstances or under any conditions, or however provided, is a proper receptacle for insane persons, it may safely be assumed they have not given the public and the legislature that advice which, as one of their official functions, may be expected of them. The fact that the State has not made provision for all the insane, and that the almshouse is the only expedient, even if a temporary one, is no excuse for the approval of the almshouse as a receptacle for insane persons; but from a supervisory and advisory body should issue at all times, and in the most public manner, appeals for the proper recognition of the claims of those whose darkened minds prevent them from urging their own. But in order to effect the best results, your commission should have more than advisory functions. It should be fully empowered and charged with the execution of the laws relating to the custody, care and treatment of the insane. It should be charged to provide the accommodations for the prospective needs of the poor and indigent insane of the State, and be held responsible for the proper execution of this duty; and then it should be supported by appropriate legislation which will enable it to execute with fidelity its fiduciary capacity as a trusted agent of the commonwealth. Must every reform depend upon an ebullition of public sentiment or public indignation? Cannot a calm, deliberate consideration reach a proper conclusion of the proper balance of the debit account of our relations and duty to our fellow-man? Then why, may I ask, should so manifest a requirement as the proper care of the insane await a general uprising before your wise men and leaders give it cognizance? We know that revivals have been necessary to effect

lunacy legislation from the time the saintly Miss Dix swept so large a surface of our globe with her irresistible appeals for mercy and relief for the insane for humanity's sake, but it is incomprehensible why it should be so, unless we admit that the insane are forgotten in the rush and hurry of life. Better, aye, a thousand fold better, that we resort to a Borgian method of lethal euthanasia for these forgotten non-producers, even if we violate a commandment, than permit them to consort and linger with the criminal and his relatives if we cannot afford to do our brotherly duty to them. Yes, either this or provide them with proper care and the benefit of all available relief measures. No middle course should be tolerated in this progressive epoch, and the demagogue's appeal to the burdened tax-payer should not be heeded, for it is delusive.

As far as possible individual effort to give aid to the care of the insane, as toward any eleemosynary provision, should be encouraged. You have in Maryland more instances where private fortunes have been devoted to the public good than perhaps any State of the Union of equal strength, if not without limitation. The recent instance is the bequest of Enoch Pratt, which is most timely, and a class, unable to pay for the full cost of their maintenance and treatment, still desiring to retain that modicum of independence which comes from partial support, and having absolutely no retreat, will thus be amply and beneficently provided for. All the dependent insane are indigent, as distinguished from sane dependents or voluntary pauperism, but the public hospitals have a full budget in carrying out any provisions that may be created by the legislature looking to State care. The Pratt legacy, therefore, combined with the Sheppard bequests now in such successful operation, will prove a valuable adjunct to State care, and give Maryland what seems desirable for any State—provision for the partially indigent insane.

There are many questions relative to the kind of provision which the State should make for its insane, but they are quite subordinate to the great fundamental principle of "State care." When this is firmly established by statute, and if possible by constitutional provision, then the important but minor question of how the State shall proceed to discharge its trust may be undertaken. It would seem that your present complete hospital

organizations are sufficient to carry into effect the primary movement of State care. In New York it has been found, after a hospital organization is established and the operative plant is equipped, that subsequent accommodation can be added at the rate of five hundred dollars per capita, including complete equipment. Upon this basis a half million of dollars would enable Maryland to remove all her insane now in almshouses and jails to State institutions, and the subsequent provision for the annual increase of the insane would be a comparatively small consideration. By appropriate designs, having in view a classification of the entire insane population of a defined district, a large community can be ministered to without embarrassment and with positive advantages over the small asylum. Classification can be made more complete. The various diversions and occupations for the insane can be increased to meet the needs of a larger variety of cases; and by segregate construction, the whole can be as harmoniously administered as any well-to-do and prosperous village of equal size. The State hospitals of New York vary in census from 500 to 3500 in single communities. The advantages of a hospital of 2000 and over are quite apparent, and the smaller institutions lack a diversity of features that it is possible for the larger institutions to enjoy, although they may not be absolutely requisite for the well-being of the patients.

A feature of custodial care of a proportion of the insane under public supervision, as now practiced in Scotland and in the State of Massachusetts, is worthy a reference. It is the placing of the harmless and able-bodied insane, who are partially able to support themselves by labor, but unable to do so except under supervision and direction, in families willing to undertake their care and support for a small return. This in Scotland is known as the "boarding out" system, and eighteen per cent. of the total insane population is thus provided for. In Massachusetts the number provided for in families is approximately 150, and is annually decreasing. It cannot be doubted that in Scotland, where family care has been practiced successfully, the public has been relieved of a considerable burden. Success in an equal degree has not been attained in Massachusetts, although at one time an earnest effort was made in its behalf. New York has been unwilling to lend its aid to this experiment, for the ostensi-

ble, if not the nominal purpose of the State in assuming the care of its insane, is to give them that observation and treatment which sick and irresponsible people require, and which insane persons may require unexpectedly and without premonition; hence they should be at all times within the reach of skilled aid. It is not in the power of man to tell when a diseased brain may break from its apparently permanent but abnormal moorings and launch the individual in irretrievable disaster. It has been maintained that the insane are sick and irresponsible, and if they are it is the duty of the State to give them the benefit of appropriate care and treatment, and if they are not, their care can safely be left to other eleemosynary provision.

In the sixth annual report of the State Commission in Lunacy of Maryland I find reported, at the close of that year, 1781 insane in custody, including those in the almshouses. In the eleventh, which I believe is the last report of the Commission, it is stated that the number of insane persons confined in different institutions, including almshouses, is 3105, of whom 378 are colored. This enormous increase in five years, approximating seventy-five per cent., is quite incomprehensible, and I am inclined to be skeptical regarding the correctness of the reports. This increase is mentioned because it would be reasonable to expect that if the State made adequate provision for the insane, many that are now kept in families because their friends are averse to having them detained in almshouses, would emerge from their hiding-places and would receive the care which their condition required. Under such circumstances an increase in the number in custody might be reasonably expected. Under the present conditions it is inconceivable that any family, however destitute, would willingly submit to the removal of their kin to an almshouse. It matters not whether separate buildings are constructed for the insane and are called asylums. As long as they remain under the unit of county government a proper separation of classes cannot be effected. The strong arm of the State must support its mentally defective wards, and the experience of years has shown that no lower unit of government than the State has ever been able to effect it. Not only provision for this class is needed, but a correction of your laws with reference to the insane—their commitment, detention and release from custody, increasing the

powers and responsibility of your central lunacy department, and clearly defining them.

In the State of Maryland to-day, if I am correctly informed, the iron handcuff or chain is in use, fetters which were stricken from the insane in France by Pinel more than a hundred years ago. Of the approximately one thousand insane in these receptacles, which for the insane are remnants of a past age, there are only fifty paid persons who directly or indirectly are engaged in their personal care. In twelve of eighteen almshouses in which insane are kept, I learn from their reports there are no nurses or attendants except those obtained from other inmates. Of these more than nine hundred insane, seventy-four, or more than eight per cent. are subjected to mechanical restraint, and forty-one, or about five per cent., are maintained in solitary seclusion. According to the reports of your Commission, there have been insane persons in your jails continuously for the past five years suffering from a form of insanity which is universally recognized as requiring the most careful and judicious treatment.

Arouse yourselves, sons and daughters of Maryland! Sweep the cobwebs from your statute books, remove this stain from the otherwise fair fame of your progressive State, and let future generations know that from this year began an appreciation of the proper relation which should exist between the whole-minded and free-willed and those whose mainspring of life is broken.