

A CONSIDERATION OF THE NEED OF BETTER PRO-
VISION FOR THE TREATMENT OF MENTAL
DISEASE IN ITS EARLY STAGE.¹

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In 1902 was opened at the Albany Hospital a pavilion for the treatment of mental diseases to which patients might be admitted without formality and with the same freedom as those received in the wards for the sick and injured. It was proposed to meet the needs of certain cases of incipient or transitory mental disturbance for which no provision was otherwise made. If insanity threatened it was the practice in Albany, as elsewhere, to temporize until symptoms developed requiring judicial consideration, when legal proceedings were taken and the patients committed to an institution for the insane. If the patient became violent or dangerous he was not infrequently sent to the county jail pending his transfer to proper care, and the inhumanity of this, illustrated by some disastrous occurrences, emphasized the need of greater consideration of the necessities of these unfortunate persons.

The undertaking was a modest one, but has unexpectedly attracted attention as an innovation, probably because in public and professional opinion the management and control of the insane have long been associated with decrees of the courts of law and not infrequently with criminal proceedings. The medical relations and status of insanity have been lost from sight.

Among the visitors to Albany to whose notice this department was brought was Dr. McIntyre, the chairman of your committee of arrangements for this meeting, and to his interest and courtesy I am indebted for the compliment conveyed in the invitation to address your society. This is an especially gratifying recognition of the work done in the Albany Hospital, not only as coming from

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the representative medical body of another state, but because Pennsylvania is pre-eminent in medical science and in progress in the care of the insane.

It may not be out of place to recall that the first and oldest hospital of this country, the Pennsylvania Hospital in Philadelphia, obtained its charter mainly on the representations in the petition therefor, of the needs of persons "Distemper'd in Mind and depriv'd of their rational Faculties," and it is noteworthy that at that early day, 1751, the pathological nature of insanity was recognized in the effort to provide a hospital for "the cure and treatment of lunaticks," in order that "they may be restored to reason and become useful members of the community." Not until forty years after were the reforms of Pinel in France and Tuke in England accomplished, though from their humane efforts is popularly dated the modern era in the care of the insane. But insistence upon the fundamental truth that the insane are sick, which stands to-day unmodified and unassailable, must ever remain the glory of the first hospital of the United States.

The medical practice of that day differed from ours, and in the light of our science may be susceptible of criticism, but it was available for the sick in mind as freely as the sick in body, if the distinction be permissible, and when Pinel and Tuke were relieving physical conditions which were a blot upon their civilization, Benjamin Rush was engaged with the scientific observations which resulted in the first medical publication by one of our countrymen on the subject of mental diseases. His recommendations were far in advance of his time and his book is still a classic in our literature.

In 1841 the wards for the insane in the Pennsylvania hospital were abandoned, and the original buildings received surgical and general medical cases only. The mental patients were transferred to the new special department in West Philadelphia. The reasons for this are indicated in the records of the hospital, and are particularly: first, the accumulation of patients who failed to recover; and, secondly, the inconvenience of a divided or interrupted authority, which occurs in general hospitals upon the quarterly rotation of attending physicians. When one visits the beautiful grounds and wards of the Pennsylvania Hospital for the Insane,

it may be easily seen that no departure from the benevolent purpose of its founders has been made.

The separation of the insane from the bodily sick was inevitable and was necessitated by conditions which could not be otherwise met. But though the work done by modern hospitals for the insane is of high order the unfortunate discrimination has not been favorable to early treatment, and the number of chronic cases has become so large as to paralyze efforts for cure. The state is overwhelmed by the constantly increasing and expensive burden, and the overcrowded institutions are essentially custodial. Sanitary dwellings, comfortable beds, proper food are provided, and diversion and occupation are utilized for the contentment of the patients, so that their lot is greatly improved over the neglect and abuse incident upon county care in almshouses and jails.

The time has come for another step in advance. Insane patients may be divided into two classes, those revealing an inherent or congenital defect of mental development, and those who break down under the stress and exactions of life. The latter may be regarded as possessing normal minds which have succumbed to disease, usually some form of exhaustion or toxæmia, or both. They require and respond to proper treatment. By neglect they pass on to incurable dementia and swell the number of helpless incompetents. Law and custom make no distinction between these two classes. It is the practice in the larger commonwealths to place a state hospital in each of several districts, into which the state is divided, and to this hospital to "commit" the patients from the district. The "commitment" is made by a judge or magistrate, and no patient may be received or detained without the judicial order, and no patient may obtain this order until his mental symptoms have become so pronounced as to warrant the court in making the order, for the preservation of the public peace, or the safety of the patient. Cure and restoration are matters of chance. From the medical standpoint this reflects a less enlightened age than our own. In no other department of practice would it be tolerated. It may properly be regarded as analogous to refusal to treat a case of pulmonary tuberculosis before the formation of a cavity; and such a rule, if applied to cases of tuberculosis, would be a repudiation of all efforts recently made to intercept the

ravages of this disease in its incipency. Yet this neglect of the only promising stage of mental disease has been quietly accepted by the profession, notwithstanding the efforts made by hospitals for the insane to popularize their special knowledge by the adoption of laboratories and other sources of investigation common to general medical practice. The results of laboratory work, it is true, have been negative, but this may be regarded as fortunate, in so far as it points the way to another field.

For the first suggestion toward better treatment tribute must be again paid to Pennsylvania and its famous hospital. In a paper read before the American Medico-Psychological Association in 1882, and published by the State Board of Charities, Dr. John B. Chapin, Medical Superintendent of the Pennsylvania Hospital for the Insane, directs attention to the custodial character of state institutions, and proposes the organization at each of a small hospital block for the active treatment of recoverable cases. He says:

"In every institution for the insane are to be found a certain number of cases of acute mania with exhaustion, acute delirious mania, nervous prostration with incipient mental disorder, insomniac conditions, cases of melancholia, which in respect to the prospect of recovery from mental disorder or a prolongation of life may be said to be in a critical condition. They are misplaced in the ordinary wards, surrounded as they are by all of the disadvantages to which allusion has been made. They may be feeble, extremely susceptible to noises, suicidal, and need an unusual amount of personal attendance for their proper care, as well as much tact and persistence in their management. They may require, and should have, if necessary, two or three attendants available for their care every twenty-four hours, and the medical superintendent might properly organize a special service composed of the best trained attendants for this class. All of this service can be best provided for in a detached hospital block convenient of access to the medical superintendent, and under the care of a medical officer assigned to the building. The number of patients for whom this special accommodation would be required would not be large, and rarely exceeds five per cent. The plan should provide for complete isolation of a patient if necessary; rooms arranged and constructed so that all noise and confusion existing in other wards could not be heard; and so accessible that a patient could be received into the hospital and in some cases even discharged, without contact with the unpleasant scenes, discomforts and depressing associations of which some properly complain before and after their discharge."

The class of patients enumerated by Dr. Chapin is susceptible to treatment and restoration to health. The conditions which lead

to insanity are social and personal, and cannot be met by wholesale preventive methods such as may be applied to contagious and epidemic diseases. The community may purify its water supply and wipe out typhoid fever; it may quarantine and disinfect diphtheria, scarlet fever and tuberculosis, and stay the ravages of these diseases. But no comprehensive or universal decree reaches the victims of the stress and worries of life, the financial difficulties and domestic incompatibilities usually concealed, the anxieties, distresses, discouragements and despair which slowly undermine the nervous resistance and are not revealed until some sudden and critical mental explosion results.

It may now be said that recovery from mental disease is to be sought in the application of clinical methods to early cases, and in this only.

This suggestion, unheeded for sixteen years, now promises to bear fruit. In New York it is proposed to add to the state hospitals separate buildings for the active treatment of recent cases of insanity, and the lunacy law has been amended to permit the reception of patients who apprehend insanity, or, in an incipient stage seek relief. Clinical methods and an active ward service are to be adopted. The great benefits to be derived from this plan cannot be underestimated. The large institutions will become less custodial in character, and the medical staff are to be stimulated by the study and treatment of the individual, to which the physician has been consecrated since the days of Hippocrates. It is a matter for deepest regret that the humane purpose of large institutions is not more generally appreciated, and that their conscientious medical officers, laboring patiently under great responsibilities, should be isolated from their colleagues. There are no greater monuments to our calling than the institutions for the insane, and every effort toward hospitalization and the recognition of insanity as disease should be encouraged and emphasized.

But when all this has been done, and the state has provided for the care of helpless chronics and the restoration of acute cases, an obligation remains upon the general hospital. Recognition of this by the physicians and local authorities led to the organization of the department for mental diseases at the Albany Hospital. The state hospital to which patients were sent was seventy-five miles

away, and delay and lack of facilities were accompanied by many hardships and abuses. The hospital consisted of a series of pavilions connected by corridors and the arrangement permitted the addition of a separate building for mental cases. It was proposed to place under the general administration patients under commitment awaiting transfer to the state institution, and to provide wards for observation when the need of commitment was undetermined.

The pavilion was added to the rear of the nurses' house, in a position somewhat remote from the general activities of the hospital. It is a two-story building, the first floor for women and the second for men. It is designated "Pavilion F" in conformity with the notation adopted for the other pavilions of the hospital, thus avoiding a distinctive name. Each floor is divided into two departments, that quiet and turbulent patients may be separated, and special attention has been given to the architectural plan, that restless cases may not disturb others, and yet may receive constant attention.

Much of the best work has been done in the care of these active cases, who present a state of critical exhaustion. It is particularly desired that the requirements of each patient be met properly, and that coercive measures which might prove harmful are not used under the vicious plea of expediency.

The administration is based upon that of other departments, except that the attending physician has continuous service, and is held to strict accountability to the governors of the hospital. He is assisted by two internes on the medical service whose duties are the taking of histories and examination of patients under his direction. The nurses of the training school have the care of both men and women patients, and are required to spend at least ten weeks of their three years' course in the mental wards. They are under the direction of a head nurse who has had special training, and are assisted by orderlies on the ward for men. To the high character of the service rendered by the nurses is attributed much of the success attained, and their duty seems to be entered upon willingly and with enthusiasm. The tact and toleration developed by familiarity with mental cases is an important element in the education of the nurse, and the obligation between the training school and the mental wards is reciprocal.

From February 18, 1902, to August 1, 1908, 1332 patients have been admitted. Of these 765 have returned to their homes recovered or much improved, 446 have remained stationary, and 106 have died. Three hundred and ten have been transferred to institutions for the insane: of these 183 were sent to Pavilion F for detention during the legal proceedings, and 126 were committed after a period of observation. It thus appears that 1038 patients have been under treatment without legal process, 183 of whom it became necessary to commit later. If this special provision had not been made then these 1038 patients would either have had to be treated at home, or legally committed after a probably harmful development of the disease.

It has been noted that many neurotic persons who yield temporarily to stress and overstep the proprieties of home life, are restored to a reasonable mental equilibrium, sometimes in a few days, so that they may return to the care of their friends.

A better educated public sentiment, higher ideals of responsibility to the afflicted, strong family ties, now demand the best known means for cure. The family demoralized by the insanity of one of its members, and ready to expend every effort for restoration, does not look with favor upon statutory requirements based upon disproved theories of abuse, injustice and conspiracy. Where the law is obstructive it is not an uncommon practice to send patients to some other state, for there is great reluctance on the part of their friends to air their troubles before a magistrate and to engage in a proceeding which they believe will prove a lasting embarrassment—sometimes referred to as a “family stigma”—should the patient be restored to participation in affairs. This public sentiment now promises to become so pronounced as to produce an effect in lunacy legislation, that less stringent lunacy laws be enacted, and that the lunacy system of a state be not erected into a barrier against every exercise of compassion, sympathy and scientific progress. So Goldsmith's meditative *Traveller* cried:

“How small, of all that human hearts endure,
That part which kings or laws can cause or cure!”

Indeed, it is difficult to understand why a man who is delirious from the effects of some obscure organic poison should be required to obtain a lawyer and an order of the court before neces-

sary treatment, when another likewise unconscious and incompetent from another better known poison, as the typhoid bacillus or pneumococcus, may be sent to a general hospital without question and there detained, willing or unwilling, without any process of law, until recovery takes place.

Hospitals for the insane should approach as nearly as possible the standards of general hospitals, and general hospitals should be allowed and encouraged to receive without restriction mental cases, and should provide for their patients the standards of care established for surgical and general medical cases. The bugaboo of abuse should be relegated to the limbo it so justly deserves. It is difficult to conceive how unjust and cruel practices can prevail in a general hospital. Situated in a community providing its support, accessible to visitation at all times, controlled usually by a board of representative and philanthropic citizens, satisfactory standards cannot fail to be maintained.

An important revelation through the experience at the Albany Hospital has been the recognition by the patients of their own mental disorder, apprehension as to its outcome, and anxiety for treatment. In a very small number of cases has there been any complaint of detention. There are, however, a few patients who resist any restriction of personal privilege and decline to remain. Under such conditions the case is presented to the court for adjudication, and the hospital assumes no responsibility. If a declaration of insanity and a commitment follow, the patient is sent to a duly authorized institution for the insane.

The work of a hospital for the insane cannot be done in a general hospital; nor can the work of a general hospital be done in a hospital for the insane, but there are forms of mental disorder having the character of an acute illness, and there are many forms of acute disease with disturbance of mental function, for which the general hospital should provide.

In conclusion the following principles may be stated:

(1) Many cases of mental disease present symptoms of exhaustion and toxæmia, which place them in the class of acute general diseases, and, as they are as amenable to treatment as these, they should be dealt with accordingly.

(2) Many cases of acute physical disease and many surgical

cases are complicated by mental symptoms, the cause of which may not be clear.

(3) Incipient and doubtful mental cases have a legitimate claim for treatment upon the general hospital.

(4) Special wards are needed in general hospitals for the care of acute mental cases, whether idiopathic or complicating medical or surgical disease.

(5) These wards should be so situated and so constructed that the mental cases should neither be disturbed by the activities of the general ward, nor in turn prove an annoyance.

(6) The value of treatment near home, and of the presence of friends and co-operation of friends of patients cannot be over-estimated.

(7) The training of hospital internes and nurses and familiarity of the public with mental diseases are most important educating influences.

(8) General hospitals should be permitted and encouraged to receive mental cases until the limitation of their resources or the probable incurability of the patient has been reasonably established.

APPENDIX.

CHAP. 261.

AN ACT to amend the insanity law, relative to the parole of patients in State hospitals and the voluntary care and treatment of patients therein.

Became a law, May 11, 1908, with the approval of the Governor. Passed, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subdivision two of section seventy-four of chapter five hundred and forty-five of the laws of eighteen hundred and ninety-six, entitled "An act in relation to the insane, constituting chapter twenty-eight of the general laws," as amended by chapter twenty-six of the laws of nineteen hundred and two, and chapter four hundred and ninety of the laws of nineteen hundred and five, is hereby amended to read as follows:

2. Any patient who is not recovered but whose discharge, in the judgment of the superintendent, will not be detrimental to the public welfare, or injurious to the patient; provided, however, that before making such certificate, the superintendent shall satisfy himself, by sufficient proof, that

friends or relatives of the patient are willing and financially able to receive and properly care for such patient after his discharge. When the superintendent is unwilling to certify to the discharge of an unrecovered patient upon request, and so certifies in writing, giving his reasons therefor, any judge of a court of record in the judicial district in which the hospital is situated may, upon such certificate and an opportunity of a hearing thereon being accorded the superintendent, and upon such other proofs as may be produced before him, direct, by order, the discharge of such patient, upon such security to the people of the State as he may require, for the good behavior and maintenance of the patient. The certificate and the proof and the order granted thereon shall be filed in the clerk's office of the county in which the hospital is situated, and a certified copy of the order in the hospital from which the patient is discharged. The superintendent may grant a parole to a patient not exceeding six months, under general conditions prescribed by the commission. The commission may, by order, discharge any patient in its judgment improperly detained in any institution. A poor and indigent patient discharged by the superintendent, because he is an idiot, or a dotard not insane, or an epileptic, not insane, or because he is not a proper case for treatment within the meaning of this chapter, shall be received and cared for by the superintendent of the poor or other authority having similar powers, in the county from which he was committed. A patient, held upon an order of a court or judge having criminal jurisdiction, in an action or proceeding arising from a criminal offense, may be discharged upon the superintendent's certificate of recovery, approved by any such court or judge.

Sec. 2. Article three of the insanity law is hereby amended by adding at the end thereof a new section to be known as section seventy-nine, and to read as follows:

Sec. 79. *Voluntary Patients in State Hospitals.*—Pursuant to rules and regulations established by the State commission in lunacy, the superintendent or person in charge of any State hospital for the care and treatment of the insane, except the Matteawan and Dannemora State hospitals, may receive and retain therein as a patient any person suitable for care and treatment, and who voluntarily makes written application therefor, and whose mental condition is such as to render him competent to make such application. A person thus received at such hospital shall not be detained under such voluntary agreement more than five days after having given notice in writing of his intention or desire to leave such hospital. The superintendent or physician in charge of such hospital shall, within three days after the admission of a patient by such voluntary agreement, forward to the office of the commission, the record of such patient in accordance with the provisions of section thirteen of this chapter, and such rules and regulations as may be established by the commission.