point. We will quote his own words again. He says: "I saw that the distinction between a noumenal mind and mental phenomena was a purely logical distinction, transformed into a real distinction; it was the separation of an abstraction from its concretes, such as we make when we separate the abstraction substance from concrete qualities, and this separation, effected logically, we erect into a real distinction by substantializing the abstraction which is then supposed to precede and produce the concretes from which it is raised. The noumenal mind had thus no more warrant than a machine principle apart from all machines, or a vital principle apart from all vital phenomena."

Of course we differ with the above, but have neither the time nor space, nor yet the inclination to enter into the metaphysical discussion it involves. The two passages illustrate the normal tendency of the author's "cerebration" and its impulsive aberrations in other directions. Its lack of proper regulation is noticeable all through the present work—the frequent repetitions, the following out of cross suggestions, and the stress laid upon comparatively unimportant matter and the strenuous advocacy of unsupportable theories, which we have noticed, are all in evidence of this fact. Mr. Lewes is a suggestive thinker, but the suggestiveness of his line of thought runs away with him, and we often have as the result a very diluted and occasionally tedious argument.

In conclusion, we have to say, that the "Physical Basis of Mind" is as unexplained after the reading of the work, as it was before, since we cannot admit Mr. Lewes' assumption that, because the phenomena of mind are never seen except in connection with organized matter, they must be considered as caused by it.

II.—THE CONFERENCE OF CHARITIES.


This is the fourth annual report of a body formally consisting of the State Boards of Charity which may be represented in it, but largely made up of delegates from other boards, associations and institutions of a kindred character. Its proceedings have gained in interest and importance with each succeeding year, and such parts as deal with insanity and the insane may properly receive our consideration.

The model upon which State Boards of Charity in this country have been formed, is that of the English Commissioners in Lunacy. To its high intelligence and ability, together with an
entire independence of party and class interest, the acknowledged superiority of the English system of provision for the insane is, no doubt, chiefly due. This is now admitted not only by the public, but by the medical profession, which, as may be supposed, did not at first relish the intrusion of legal and lay elements into what was regarded as the proper sphere of medical men. The enlightened and exhaustive reports of the *Lancet* Commission, lately republished from the *Lancet*, in two large octavo volumes, bear the following testimony:

"Nothing has impressed us more forcibly during the present inquiry, so far as it has yet been carried, than the permanent and increasing value of the service rendered to the cause of humanity, and indirectly to the interests of medical science, by the Commissioners in Lunacy." Yet the legal powers of these commissioners are as limited as those of our State Boards of Charities. They can do little but advise, and remonstrate against abuses, personally and through their reports. How is it, then, that they have been able to accomplish so much for the insane of England, while the efforts of our State Boards, with members perhaps equally intelligent and philanthropic, are only just beginning to be felt, at the end of from ten to fifteen years? This question is answered by the able writer of the reports just mentioned. "The commissioners can only recommend," he says, "and the manner in which their recommendations are too commonly resisted, shows clearly that unless they were backed by an irresistible power their labors would be ineffectual. The *unseen force is public opinion*. The publication of their reports is a vast power for good, and to the steady pressure of this agency the success of the work in progress is mainly due."

In this country State Boards, or Commissioners of Charities, exist in nine States. The oldest is the Massachusetts Board, established in 1863. It is composed of six members, and two of those first appointed, Hon. F. B. Sanborn and Dr. Nathan Allen, are still leading and active in its duties. To them, and to the brilliant and philanthropic Dr. S. G. Howe, for many years its president, this board owes in great part its present practical control over the charities of the State, and its influence as a model to other States.

We have observed that the establishment of this form of supervision of insane asylums in England was not unopposed. "The College of Physicians," says the *Lancet* Commissioner, "had an abundant opportunity of displaying its zeal and sagacity for the protection of the insane, and the advancement of this department of medical science and practice; but it neglected the opportunity, and discreditably failed in its duty to the public and the profession alike."

This fact in the history of lunacy reform in England, thirty years ago, is now repeated in the persistent efforts of the association of Medical Superintendents of Insane Asylums to prevent the creation of Boards of Charities by our State governments.
Not only has this opposition been expressed in elaborate arguments and formal resolutions at their annual meetings, but the members of the association in the several States have not failed to labor personally for this end, with legislatures and executives. By such means, and through the influence of a journal published mainly at the expense of the State of New York, a member of the association was able to delay several years the creation of a Board of Charities in that State. Such a board, the second in the United States, was, however, finally established in 1867, and was welcomed in the report of the Utica Asylum for that year with the assurance that by "the aid of the series of propositions of the association of medical superintendents of institutions for the insane on the construction and organization of asylums, it could suggest such improvements in county-houses and receptacles as would greatly ameliorate the condition of the inmates."

But the success which has attended the efforts of asylum officials in New York to confine the labors of the State Board to the insane in county-houses and receptacles, can be fully explained only in the light of the universal corruption in public affairs, which has prevailed down to a very recent date. In the personnel of the State Board at its establishment, New York was equally fortunate with Massachusetts. No better appointments could have been made than those of Chancellor Pruyn, President Anderson, and Judge Dwight. But the absolute control of the State by thieves, under the leadership of the infamous Tweed, quickly followed, and an asylum "ring" was able to maintain its claim, by the aid of other corrupt rings, to a large share of plunder. It is an open secret that the two asylums, authorized at Buffalo and Poughkeepsie, were sops flung by Tweed to politicians who could not be directly bought with money. Yet they were as much a portion of the public spoil as the appropriations for the New York court house, or for "repairs and improvements" on the canals, prisons, and asylums already built. Not less than five millions will be required to complete these new asylums, which were designed for 400 patients each, at an estimated cost for both of $1,600,000. The palatial character of their designs had been condemned by all authorities in asylum-construction, and even the medical experts who led the lobbying and log-rolling for them, had recorded themselves in favor of small and inexpensive buildings for the insane. The opposition of the Board of Charities was met by a movement to abolish it, which was nearly successful, and was defeated in the legislature with the greatest difficulty by the friends of reform. In 1870, a check was given to the board by the addition to it, ex-officio, of three State officers, these the pliant tools of the canal ring. Under the reform administrations of Governors Tilden and Robinson, this device has happily turned to be the plague of its inventors. Another attempt of this kind was made in 1873, by the creation of a commissioner in lunacy, who should supersede the board in its functions towards the insane. This was successful, and the
office, with a large salary, was given to a non-expert whose relations to the asylum ring were apparently of a friendly character. We shall see, further on, how well this office has served its purpose to the ring as a buffer against the Board of Charities, and how it has been used to set forth doubtful facts and arguments in aid of their designs upon the State treasury.

We must now return to the report before us, but as the two papers which it belongs to us to notice are both by distinguished New York specialists, our view of the field of insanity must still be confined chiefly to that State.

The first of these papers, "On Insanity," was prepared by Dr. John B. Chapin, medical superintendent of the Willard Asylum, at Ovid, N. Y., as chairman of a committee appointed at a previous meeting to report upon that subject. Hence it has not the free range of a personal essay, although the limits of orthodox doctrine in American psychiatry are not seldom transgressed, as we should expect from one who has dared to achieve success in the building and administration of an asylum for the chronic insane. He attacks at the outset the problem of the nature of insanity, and its relations to brain disease. Upon this subject his views seem to us much more in accordance with sound doctrine than those of the Utica school of pathologists, to which he is opposed, and we shall follow him in a brief examination of it.

In his chapter on the pathology of insanity, in a work which holds the highest place as an authority, Dr. Bucknill has written as follows: *

"The widely differing opinions which have been entertained by the ablest physicians respecting the pathology of insanity, clearly show that there is some difficulty at the bottom of the question, greater than that which has existed with regard to the nature of other classes of disease. The source of this difficulty is not hard to find. A rational pathology must ever be founded upon the basis of physiology. It is, indeed, a kind of physiology; it is an account of the abnormalities of organization and of function, which as much depends on the natural laws of our being as those of health."

In a treatise for professional reading written at the present time, the language above quoted would seem trite and superfluous. No medical man can now forget that health and disease are merely relative terms, imperfectly descriptive of facts in one science, that of physiology. But when the chapter from which it is taken was first published, some thirty years ago, it was necessary to correct a misapprehension common among medical men, and particularly among those devoted to the treatment of the insane. The pretended science of cerebral physiology, under the name of phrenology, had indeed become thoroughly discredited at that time. No recognized authority in medicine conceded its claim to explain the relations between mind and matter in

* Bucknill and Tuke on Insanity, p. 341.
health. But its terms and theories had not yet been banished from the study of cerebral pathology. That they still linger to such a degree as to render wholly worthless the observations and experience of some whose position affords them the best opportunities for that study, appears from the arguments which Dr. Chapin thinks it necessary to urge, and the fact can hardly have escaped the notice of any one at all familiar with asylum reports, and other current writings of lunacy specialists. Whether this is mainly due to the unprogressive tendencies of a narrow specialty, or to the debasing influence of politics, from which, unfortunately, our insane asylums are not yet free, cannot now be considered. Certain it is that the grossest fallacies in cerebral physiology lie at the very foundations of the doctrines of cerebral pathology at which Dr Chapin's criticism is aimed. As these doctrines are supported by studies made at the Utica asylum, on the authority of the State and at its expense, they must be examined without regard to private and personal considerations. We may say, also, that though nominally proceeding from Dr. Gray, the superintendent, it is not easy to suppose him personally responsible for such aberrations from primary scientific theory as abound in the publications of that asylum.

This point we may illustrate, in passing, by reference to a paper bearing his name in the Journal of Insanity for January, 1877. It is entitled, "Pathological Researches," and is in the form of a summary of the contributions made to the pathology of insanity by ten years of study, under State patronage. In fact, it is an attempt to describe those degenerative changes in the brain which the microscope, in the hands of distinguished foreign observers, chiefly German, have lately revealed to us. The writer has certainly failed to follow the German observers in his descriptions, whether from lack of familiarity with the German language, or the English, or with his subject, is not clear. But this is of little consequence. The appearances attempted to be described are found equally in the brains of the sane and the insane, and, of course, have no relation whatever to insanity. What we wish to notice is the following, from the opening paragraph of the essay:

"It is impossible to define the pathology of insanity in distinct terms, as it is still a subject of investigation. The boundary of our knowledge is not only limited, in this field, but, as any one will find who will take occasion to read the subject up, the nature of the changes are (sic) still not satisfactorily solved. Indeed, those changes are just what we are investigating, in the hope of substituting positive knowledge, by examination of the actual lesions, for the various speculative theories." It would not perhaps be hypercritical to remark, that if "the boundary of our knowledge is limited," then surely our knowledge itself is not limited. With this understanding only does the apposition of thought marked by the word "but," in the sentence become intelligible.
To gain "a positive knowledge" of disordered mental actions by examining "the actual lesions of the brain," is however the hope of Dr. Gray, even if the language be not his own. Eight years ago, at his request, a law was passed by the legislature, authorizing the addition of a special pathologist to the medical staff of the Utica asylum, for the purpose of making investigations into the pathology of insanity. This law is still in force, and the expenditures under it during the year covered by the last annual report, amount to more than five thousand dollars. It was proposed, first, to ascertain, by post-mortem examination of the brains of insane persons, "whether there are specific changes in the brain in insanity."* At the end of eight years no decided progress is reported, and we may reasonably suppose it has been abandoned. It is now more than twenty years since one of the greatest of the physiological psychologists, Griesinger, was forced to admit that the question, whether there is any specific alteration in insanity, "must not only be answered in the negative, but considered as a priori false."† Mental pathology has certainly not returned since this was written, to the theories of the phrenologists, and we can imagine no excuse for holding out the hope of discovering that which the first principles of science at the present day forbid us to suppose exists.

Dr. Gray speaks explicitly of the somatic phenomena referred to as "the morbid processes denominated insanity," and proposes to "solve the problem of mental disease under the microscope." As his physiological doctrines must be one with those of his pathology, he would then describe sane thought and feeling as "the healthy cerebral processes denominated sanity." By the same rule, he would also undertake to solve the problem of healthy mental action under the microscope. Now, that mental action and molecular changes in the brain are identical, or even of kindred origin, is, of course, wholly inconceivable. That there is some definite relation between them is an accepted scientific theory, but one which it is utterly impossible, in the nature of things, to demonstrate. This is not denied by a single authority, even among physiologists of the most materialistic school at the present day. If the ultimate molecules of the brain were not several thousand times too small for our microscopes, still we should be unable to understand their relation to the facts of consciousness.

Another question proposed by Dr. Gray, is as follows: "Are there post-mortem appearances in the brains of those who die insane which would justify the assumption that morbid cerebral changes were the potential and only ultimate causation of insanity?"‡ It is probably intended to ask whether tangible lesions of the brain, of some kind, are not always the proximate cause—

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† Mental Pathology and Therapeutics, p. 413.
not "the pretended and only ultimate causation"—of insanity. The negative of this question was abundantly proved many years ago, and the observations of the Utica asylum have certainly not cast any doubt upon the unanimous verdict of cerebral pathologists in regard to it. But what he has failed to revive as a possible hypothesis, Dr. Gray does not fail to lay down as a positive doctrine; namely, that insanity is a disease of the brain, marked by morbid changes in its structure, in consequence of which there is more or less prolonged disturbance of the mind.* The case of Waltz, in which this doctrine is offered as a legal test of insanity, has already been referred to in the Journal. As an attempt to support a doubtful opinion with a more than doubtful doctrine, we agree with Dr. Spitzke in considering it not without excuse. But in the case of Grappont, who committed suicide in Watertown, N. Y., Nov. 12, 1876, on the night following his conviction of murder, even such an excuse was wanting. At the trial, in which the defense was insanity, Dr. Gray was not called, yet an examination of the brain, under his direction, was held to prove the sanity of the criminal, on the ground that "in a case of true insanity the peripheric districts of the nervous centres must show some evidences of pathological alterations in their structure," and that these did not appear.

We have only to remark, first, that Dr. Gray's own reports contain many records of post-mortem observations in typical cases of insanity, in which there was an entire absence of the pathological appearances referred to. And, secondly, that "the numerous morbid changes in the nerve structure," found in Grappont's brain, and properly held to be no proof of his insanity—remains of degenerated vessels, amyloid and pigmentary infiltrations, etc.—are exactly those given in the reports as illustrations of the pathology of insanity.†

But we shall be asked whether the large number of facts in the pathological anatomy of the brain, which have been accumulated with so much labor and cost at the Utica asylum, and are so absolutely worthless for their intended purpose, may not still have some real value. We reply, that a truly scientific theory of these facts in the mind of the observer would possibly have enabled him to throw light upon some of the problems of mental disorders by comparing the morbid changes found, with symptoms observed during life. But the published cases afford us no evidence that they were made in view of a real scientific purpose, and they must therefore be wholly condemned. Nine-tenths of the observations must indeed be condemned at sight, without reference to the defect noticed. They consist of alterations in

* Id., p. 397.
† We feel bound to say, that while we agree in the main with the views of our contributor, we do not fully share in those which he appears to entertain in regard to the pathology of insanity. So far as we understand them, we are disposed to regard more favorably the views of Dr. Gray on this subject, than does our contributor.—Eds.
connective tissue, pigmentary deposits, and the various degener-
ative changes of age and feeble vitality, which, as we have
already observed, it is almost impossible to imagine in any way
connected with mental disorders.

If we are justified in saying so much of Dr. Gray’s observa-
tions on the brains of the insane, need we add anything in regard
to those proposed by him upon “the skin—its temperature, color,
estility, sensibility, etc., in the several forms and stages of
the disease” (insanity)?* How can we laugh at the provings
of homoeopathy or the calculations of astrology, if we claim for
such facts the least serious consideration?

And yet we find the New York State Commissioner in Lunacy,
in his report for 1874, ranking the theories and conclusions we
have described as “among the proudest triumphs achieved by
positive philosophy in its relation to medicine; by which the
pathology of insanity has been placed in the field of rational
induction, and its treatment in consequence advanced with a
success commensurate to the skill with which the laws of natural
philosophy are applied to the physiology of the human body.”

Such is the pathology of insanity, the practical and scientific
validity of which, after a careful examination, Dr. Chapin is
compelled to deny. His conclusion deserves the more weight as
being that of an advanced and independent section of lunacy
specialists in this country, and not a personal judgment merely.
It is one, we have no doubt, in which all who have learned what
appear to be the true principles of cerebral physiology must
agree, upon a like candid survey of the subject.

Dr. Chapin next considers the care and treatment of the insane,
under which is included the design and cost of asylum buildings.
Upon this latter topic, as is well known, lunacy specialists are
divided into two parties. One of them demands hospital-asy-
lums so-called, or large and costly buildings of a specified general
design and construction for all the insane. It declares that
insanity is a bodily disease, easily curable by hospital treatment
in its early stages; that it is practicable, by providing these asy-
lums for all the insane, to cure a large proportion of their number
every year; and that in this way the burden of chronic insanity

† Whether with Dr. Chapin, we have not erred in regarding too seriously
the publications of the Utica Asylum in the form of pathological researches,
may perhaps be questioned. Medical institutions, in their public character,
are unfortunately permitted to advance their objects by methods and argu-
ments which would be condemned by the profession if made use of in
behalf of private interests. Would it not have been the least possible injus-
tice to Dr. Gray if we had implicitly regarded his pathological writings as
simply lobbying and advertising productions? Surely no medical man, as
such, would at this day pretend that the specific lesion of insanity is a legiti-
mate object of scientific research. And not less certainly would it be a
positive insult to scientific students, seriously to pretend, that the problem
of insanity during life can be solved by a post-mortem examination of the
brain.
may be steadily diminished, until it finally becomes insignificant. No one can point to the experience of any community in proof of this assertion. On the contrary, it is everywhere directly contradicted by lunacy statistics. The fact is undeniable that the number of incurable insane has constantly increased in communities whose asylum provision has been the most ample, and of the best grade. Why persevere, then, in the impossible task of building palatial asylums to accommodate all the insane, while three-fourths of them lack even decent care and maintenance?

To this the opposed party add, that they hold the view of insanity as a functional disease of the brain, merely as an hypothesis under which to study the analogies of morbid, mental and cerebral phenomena. For all practical purposes, they say, it must be considered simply as chronic, mental disorder. Of its treatment by medicines, they believe that little or nothing is known, while even mental influences, which can do as much to ameliorate symptoms, are of little effect in cutting short an attack. The aim of this party is to provide each of the several classes of the insane with suitable care and maintenance. Three-fourths of all the insane, it is conceded, belong to the indigent and pauper classes. No one believes it the duty of government to furnish them with residences at a cost of from $2,000 to $5,000 each, when they were in their normal, mental condition. And now that they have become unable to appreciate the comforts and decencies of a cottage even, why provide a palace for them? There can be no doubt that they enjoy better a simpler and more natural mode of living. Will it not probably afford them at least an equal chance of recovery?

This is the course of reasoning which has led to numerous variations from the orthodox type of insane hospitals, such as farm asylums, cottage asylums, and special asylums for the incurable insane. All these have been combined, by the sagacity and courage of Dr. Chapin, in the celebrated Willard Asylum, at Ovid, N. Y. Meanwhile the liberal alienists make no war upon hospital asylums. In spite of the unfounded, and by no means harmless, theories of medication for mental disorders with which they are too often identified in this country, for a large class of acute cases, and for a few of the chronic class even, they are indispensable. On the question of the cost of construction of asylum, Dr. Chapin presents in a strong light the necessity and advantage of economy. But his success in building the Willard Asylum for less than $1,000 per patient, at a time when the cost of building was nearly double what it is at present, is worth volumes upon the subject. It should be remarked that, although designed for the chronic insane, this asylum really lacks nothing that is necessary in a building for the treatment of acute cases.

In Dr. Wilbur's essay on "Buildings for the Insane," the subject is discussed in the able and forcible style of the writer, and with a thorough understanding of the questions involved. There
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is no longer room for dispute as to the advantages or disadvantages of separate provision for the chronic class. The only possible mode of providing for all the insane, the relief so urgently demanded, is that of a practical separation of the two classes. Dr. Wilbur also strongly recommends the more regular and general employment of the insane, and predicts that "in the American asylum of the future, occupation will certainly be a prominent feature of the moral treatment." If this should prove true, which we think most probable, it will lead to the further division of the great class of the chronic insane into sub-classes, and to small asylums, as a most important feature of the new system.

Another improvement in asylums of the future, according to Dr. Wilbur, will be a more appropriate design for their buildings. The main central edifice, with wings; the "long monotonous corridor," which is the day-room of the inmates, with sleeping-rooms on one or both sides, "all with heavily-barred windows to the last window," are especially condemned. He continues: "Restraint, jealous and irritating is written on the doorposts of every institution. Everywhere the most expensive mode of meeting the desired end, whether in heating, ventilation or water-supply. Everywhere sumptuous arrangements for the accommodation of the officers."

Dr. Wilbur’s objection to the unhomelike features of the stereotyped asylum plan will be generally concurred in. The fault of asylums in suggesting restraint or confinement by locked doors, window guards, etc., appears to us less important. According to our experience a large proportion of the insane, whose feelings and actions are partly guided by normal perceptions, not only expect and excuse these appearances of restraint, but find a certain sense of assistance and security in them. The same may be said of the various means for restraining the person, if used in asylums. We have not seldom had patients apply for the restraint of the muff and belt at the coming on of a paroxysm, and complaints from recovered patients of the imposition of personal restraint, as such, in their treatment, are certainly rare. We believe, further, that more than one defect in the administration of our asylums must be remedied before the general disuse of restraints can be carried out with advantage or safety. Among these is the practice of over-crowding asylums, particularly the wards for violent cases. Where rooms closely calculated for twenty patients of this class are made to hold twenty-five, or even thirty, the excess sleeping on the floors of dining-rooms and corridors, there will be a greatly increased excitability, and restraints may be absolutely necessary to prevent dangerous violence. This practice of over-crowding is mainly due to the great lack of asylum accommodation, consequent upon the policy of expending for a single asylum enough to build two or three of the same capacity. It is in part due, also, to the necessity of securing a large income, to meet the
large cost of maintenance in hospital asylums: The new hospitals at Buffalo and Poughkeepsie were designed for 400 patients each, their capacity is now stated at 600, and they cannot be made self-supporting, in the usual manner, even if this number be crowded into their wards.

Another difficulty in the way of the present abolition of restraints in our asylums, is the cost of the additional force of attendants which would be required. In proportion to the number of violent cases in their wards, the number of attendants in English and French asylums is much larger than in ours.

But we wish only to point to certain reforms which must go hand in hand with that of the disuse of mechanical restraints. That the too free use of these means in our asylums amounts to a serious abuse, we have before admitted. The deception practised upon Dr. Bucknill, at the Utica Asylum, as pointed out by Dr. Wilbur, could only have been designed to cover such an abuse. Dr. Bucknill found "not a single patient in restraint or seclusion," in passing through the wards, and was told by Dr. Gray "that he did not use restraints." A denial of this language has been published by Dr. Gray, but there seem to be grounds for the belief of Dr. Wilbur, that about forty rooms containing crib-beds were closed to Dr. Bucknill, and a large amount of restraints temporarily removed for the occasion. Direct and positive evidence has been given us that, at the date of Dr. Bucknill's visit, four crib-beds and five muffs were in daily use on a single violent ward for twenty patients; and that on the morning of the visit, by direction of Dr. Gray, all restraints were removed from the patients of this ward, and those in cribs taken from them and from their rooms, the doors of which were then locked. We need hardly repeat, that a policy of concealment and deception cannot be necessary under a proper use of restraints. Nor will it be easy for the profession to condone such a policy in respect to any of the methods of insane asylums. Nothing but the utmost candor and truthfulness on the part of their officers will secure for them that absolute confidence which the Association of Medical Superintendents demand of both the profession and the public. It will not be believed that the doctoring of medical and financial statistics which have been described, are for scientific and philanthropic purposes. No one can doubt that the "improved plans" and "crooked" accounts of savings banks and life insurance companies were both false science and false philanthropy. And surely such arguments cannot be needed to induce the great State of New York to provide properly for its insane!

Of the cost of maintenance of the insane, Dr. Chapin has little to say. But here, also, his work at the Willard Asylum is more to the point than words. For the 1,300 patients now under his care, the grade of maintenance is probably equal to the average of State Asylums, and at one-half the cost of that at Utica. But the subject of asylum maintenance, which has received little
attention in the reports of Dr. Gray, has been made a study by
Dr. Chapin, for many years. In an essay published by him in
1868, he presents, in a tabular form, the weekly cost of support
in five asylums of States lying adjacent to New York, the aver¬
age being $8.89. At the bottom of the column the cost at Utica
is given as $5.09. This table is copied by Dr. Gray in his report
for 1869, and also a similar one by Dr. Charles A. Lee, in which
the cost at Utica is given at $5.53. Dr. Gray's comment is as
follows: "Neither of these statements are [sic] correct as regards
Utica, whatever the facts may be touching the other institutions
mentioned. Public institutions can well bear the discussions of
the questions of expense of the care of the dependent."

And yet the subject of maintenance, as we have remarked, is
not freely discussed by Dr. Gray, for reasons which may probably
be suggested by our analysis of his expenditures in the last vol¬
ume [p. 781, Vol. IV.] of the Journal. In the methods we have
pointed out may also be found the reasons why such experts as
Drs. Chapin and Lee differ in so simple a matter as the calculation
of a weekly cost. They also help to explain a considerable differ¬
ence in the results of several calculations of the Utica Asylum
costs for 1874, all of which were made at the asylum. This cost
is given by the State Commissioner in Lunacy as $4, by Dr.
Bucknill as $4.50, and by the State Board of Charities as $5.42;
while the true rate, based upon the ordinary expenditures, accord¬
ing to a universal rule, is $7.18.

But we must pass over many topics of interest in these excel¬
 lent papers to return for a moment to one already touched upon
at the opening of this review. In his closing remarks, Dr.
Chapin dwells upon the necessity of some direct, governmental
supervision of asylums, corresponding to that of the English
Commissioners in Lunacy. We quote as follows: "The high
standing of the British asylums—their advanced ideas in treat¬
ment, their freedom from use of restraint, occupation of patients,
the high tone of the literature of the medical profession, the
immunity of the asylums from political management, and the
confidence and universal esteem in which they are held—are
largely if not mainly due to the beneficent and overshadowing
influence of the Commissioners in Lunacy. The influence of a
similar intermediary board needs to be felt, and would be wel¬
come, in this country, though it is doubtful whether the lunacy
interests alone, of any State, are of sufficient magnitude to
warrant the creation of such boards. They may be, as in many
States, properly confided to Boards of Public Charities, possess¬
ing all the needful powers of a lunacy commission, representing all
the public charities, in their benevolent, financial, and medical
relations to the community, elevating them, and bringing them
in these respects in best accord with the policy of the State."

Among the important functions of such a board, is that of
inquiring into the various abuses which public opinion is so prone
to charge upon asylums, and which in other countries have been
so often exposed. Of these Dr. Chapin writes: "While errors in judgment may not infrequently occur in the asylum, we believe what may be properly termed abuses are of rare occurrence, and when they do exist, cannot, and do not, remain concealed."

We believe, with the writer, that the abuse most often connected with asylums in the public mind—that of the incarceration of sane persons in them—is almost wholly an imaginary one. In a large experience we have known only two or three attempts at this abuse, and in each case they were easily foiled. But there is an abuse similar to this, to which American asylums are peculiarly liable, and which we have no doubt prevails to a serious extent. The legal steps necessary for commitment to an asylum are sufficient to insure that no sane person shall be so committed, and the admission of any one without the proper legal forms would fix a responsibility upon the officers of the asylum which they would not dare to accept. But there is a large class of persons of nervous temperament, who become insane under some excitement or shock, or perhaps from acute bodily disorder, and who are very properly removed from the conditions which have determined their attack, to the care of an asylum. Once admitted, however, with the proper forms, the law provides no further safeguard for them. The medical superintendent, whom the law prudently forbids any voice in deciding the mental state of the patient with reference to his admission, is now given a power over him more perfect and absolute than any other human being over one of his kind. No matter how speedy or complete his recovery may be, sanity and liberty have no existence for the patient except in the opinion of the superintendent. And it must be remembered that the facts upon which a medical expert bases his opinion he cannot fully describe to others, or even to himself. This is the mystery of "expertness," which is beyond the reach of criticism, and a perfect shield from responsibility.

The veteran psychologist, Dr. Earle, of the Northampton (Mass.) Lunatic Hospital, in one of his late reports, has stated his belief that "in a given number of patients discharged from a hospital for the insane, the number reported as recovered may differ at least twenty-five per cent., according to the man who may act as the judge of their mental condition." He believes, in other words, that self-interest and vanity operate thus largely, "even though unconsciously," to increase the number reported recovered in the returns of insane asylums. But if these motives may operate to such a degree in deciding the condition of discharged patients, why may they not also operate in deciding their condition with reference to the question of discharge? And in an asylum, for instance, whose annual deficiency can be reckoned on with absolute certainty, is it not possible that pecuniary considerations should operate, "even unconsciously," against the verdict of recovered in the case of a convalescent, and therefore
profitable, patient. Can we suppose financial straitness a less powerful motive than professional vanity? We have elsewhere found one superintendent covertly dropping from his weekly cost upwards of $50,000 yearly for successive years; and it would be easy, by a comparison of his statistics, to show the probable addition of, not twenty-five, but one hundred per cent. to the true number of his recoveries. How far these misrepresentations may be conscious or "unconscious," it would be vain to inquire. But the point we wish to make is, that the office of deciding the all-important question of the sanity and liberty of a fellow-being should be absolutely separate from that of "cooking" the medical and financial statistics of an asylum.

In part, at least, this reform should not be difficult. But the proffer by the New York State Board of Charities of its disinterested service as an equalizing board in the distribution of public funds among the several asylums of the State, has thus far been rejected. By combination with each other, and with the canal and prison interests, these asylums appear to find lobbying for themselves much the more satisfactory practice. Can it be supposed, indeed, that they should not know how much money they want better than the State Board? But it is satisfactory to know that combinations of this kind are rapidly losing their hold on the State treasury. The canals and prisons have already been rescued from the hands of robbers, and it is not possible that the charitable institutions of a great State should much longer continue, even in part, the prey of medical and local politicians.

But no one acquainted with the wholly unchecked opportunities and temptations of our asylum system, and the general rottenness of public institutions, will require a further discussion of this unpleasant subject.

Such abuses as the excessive use of restraints, the thoughtless use of poisonous drugs for quieting patients, the overcrowding of wards, the too long detention of the convalescent, and extravagant and corrupt expenditures, beyond all doubt exist, and must be reformed. It has been urged, by the Association of Medical Superintendents, that the local managers of asylums are sufficient for all needful supervision of them. But it is notorious that these exist, in general, only as lobbying and whitewashing committees, and the public has ceased even to look to them for the performance of any other functions. It is, we repeat, of State Boards of Charities that reform in the management and supervision of the insane is demanded. That this reform has been so long in coming to the most helpless and pitiable of all those who claim public charity and protection, is charged, not without grounds, upon a branch of the medical profession. It is all the more proper, therefore, that the movement to place our system of provision for this class upon a level with that of European countries, should be led by medical men; and the efforts of Drs. Wilbur and Chapin to that end deserve the thanks of their professional brethren.