THE CARE OF THE INSANE.¹

By CHARLES G. WAGNER, M. D.,

Superintendent of the Binghamton State Hospital, Binghamton, N. Y.

Insanity has always interested the world. Its history runs back through the ages to the earliest times and it has played a conspicuous part in human affairs in every country since man first came upon the earth. Other affections or diseases cause the loss or disuse of one or more members of the body, but insanity involves the unfortunate sufferer's whole being and changes his relations with all external things. It robs him of self-control; it takes away his responsibility before the law and, frequently, renders him a pitiable, helpless wreck, wholly dependent upon others for all his wants. It is an ailment that comes alike to the weak and to the strong; to the rich and to the poor, and brings the shadow of appalling disaster into the home where before were happiness and contentment. For the great majority of insane persons unable to care for themselves under the stress of their awful affliction the State is called upon to provide hospitals. These State institutions are, therefore, of vital interest to the public and especially to the medical profession at large.

The nineteenth century saw wonderful advances in the care of the insane throughout the world, but the greatest strides were unquestionably made during the last quarter of that period. Scarcely more than a score of years ago our asylums were still prison-like structures, gloomy without and more gloomy within. With few exceptions, the wards were guiltless of ornamentation and the barred window, the locked door, the crib bed, the massive furniture fastened to the floor, and a dozen or more inhuman devices for mechanical restraint, made up a picture well calcu-

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lated to strike terror into the heart of the newcomer and to fill with despair the unhappy victim of prolonged incarceration.

Those of us who were familiar with the old airing courts—small enclosures with high board fences, commonly called by both patients and attendants the “bull-yard”—in which the insane were usually herded when out of doors for air and exercise, can never forget their demoralizing influence. Attempts at suicide were common, indeed the whole atmosphere of asylum life was so depressing that even death was looked upon by many sufferers as a welcome change. When a new order of things looking toward the removal of bars from the windows, the destruction of the crib bed and the airing court, the abandonment of mechanical restraint and larger liberty for the individual patient, was inaugurated, the innovation met with prejudice under the guise of conservatism, so strong as to imperil its success. Medical men who had grown gray in asylum work wrote and spoke against the advances of the new school as the immature efforts of tyros to teach their elders; and predictions were freely made that failure and calamity would inevitably result wherever the newer methods prevailed. That these false prophets were wrong is a matter of history. The new principles gained wider and wider adherence. The gospel of non-restraint was preached in season and out, until everywhere it became the accepted belief and practice among progressive hospital men. Our state hospitals are to-day the product of a process of evolution. Old prejudices have not been laid aside in a day, but gradually they have given way to better methods in both the medical and administrative departments. Each institution, instead of presenting the appearance of a prison, is now more like a thriving town of from 1000 to 3000 people, where the majority of the residents are everywhere busy and contented. Industry is the watchword and on all sides may be seen groups of men and women actively engaged in some congenial occupation. In the proper season planting the gardens and the farm, or harvesting the grain, spading the flower beds, mowing the lawns, repairing the roadways or assisting in the erection of new buildings are occupations often more beneficial to certain classes of the insane than any strictly medicinal treatment that has thus far been devised. Special shops are provided where a small

army of patients finds employment in making a great variety of useful articles, among which are brushes of almost every imaginable kind, ornamental floor-mats, cane seats for chairs, and boots, shoes and clothing for all the inmates of the institution. In the greenhouse patients assist in bedding the plants and arranging them on the benches; in the electric-lighting station, the engine room, and the carpenter's shop, patients are busy assisting the mechanics; in the kitchens they work with the cooks, and in the barns they help to care for the horses and cattle, everywhere cheerful and busy.

If the visitor enters the hospital and passes through the wards he is impressed by a general air of comfort. He notes the pictures and mural decorations, comfortable chairs and settees, rugs and carpets, pianos and books, and he learns—usually to his surprise—that all of these refining influences help to convert the turbulent, profane, abusive, man or woman into the quiet orderly self-helpful patient seen moving at will about the hospital premises throughout the day. He learns, perhaps for the first time, that the insane man differs but little from his sane brother and that he needs but the treatment due to a fellow human being to lead him speedily into the way of conducting himself like one.

The largest possible individual liberty, consistent with safety, is allowed and thus many patients not strong enough to engage in systematic work or disinclined to employ themselves in this manner find health-giving exercise in roaming the country side gathering flowers and berries by the way in summer, and hickory nuts, chestnuts, and butternuts in the autumn. The question may be asked: Do not the patients to whom so much liberty is accorded run away from the hospital? On the contrary, those to whom this privilege is granted are the most contented people in the household. Remove the bars from the windows and the locks from the doors and you at once take away, to a great degree, the temptation to escape. It is the patient shut into the locked ward that continually looks for an opportunity to run away. He who has the opportunity constantly before him rarely takes advantage of it. For a large part of the population of a State hospital, occupation is the keynote of care and treatment after the acute stage of mental dis-

turbance is past. When once the sufferer can be made to believe that he is still capable of doing some useful work in the world, the germ of hope is implanted where before there was only despair.

But for the new cases suffering from acute attacks of melancholia or mania—and these constitute nearly all of the curable cases that come to the hospital for treatment—a different method of treatment is necessary. Such patients are examined on their arrival with the utmost care. The causes that lead to mental break-down are minutely noted. A physician accompanies the sufferer to the reception ward where, after a thorough physical examination of the heart, lungs and other organs, the new comer is given a warm bath, placed in bed and a bowl of hot milk or gruel administered. If there be much excitement or restlessness, a mild sedative is added. The special treatment then depends upon the form of the malady, but in nearly all cases instructions are given to the nurse for the administration of hot milk or beef tea at short intervals, and to record on a chart provided for the purpose the pulse, respiration and temperature, and on other sheets the detailed symptomatology and treatment. If the patient will accept it, solid food—eggs, chicken, mutton or beef—is added to the diet and all means are taken to build up his strength and at the same time quiet and soothe any tendency to excitement. Every possible effort is made to persuade the sick person in the gentlest and most tactful manner to accept food voluntarily rather than by forced feeding, and often a reluctant patient, who at first refuses food, will eat heartily when properly approached by a skillful nurse. If there be a strong tendency to both mental and motor activity, it is thought best that the patient be kept in bed for a few days and one or more nurses remain constantly with him to kindly but firmly keep him in a recumbent position. Such patients may often be given with great benefit ten or twelve eggs daily, especially in cases of melancholia. Besides the eggs, large quantities of milk may be administered. The milk should be hot and, if not well borne, it should be diluted with lime water, or, if not rich enough, cream should be added as the individual requirements may indicate.

Sometimes the sufferer from melancholia refuses to swallow

any food whatever and then we must resort to the stomach tube to supply him with liquid nourishment in the most nutritious form obtainable. If a patient is extremely restless, constantly agitated, or inclined to violence, and does not sleep under the influence of mild hypnotics, we find the warm bath (98° to 104° F.) an exceedingly valuable sedative. Baths both hot and cold, the needle-bath, the shower and electric bath, the galvanic and faradic currents and massage are valuable adjuncts, frequently brought into requisition.

Occasionally we have patients who do not yield to mild sedatives or even to such hypnotics as the bromides, chloral, sulphonal, hyoscine, etc. Formerly such patients were confined in cells, put in strait-jackets, muffs, belts and wristlets or mittens, and otherwise harshly treated; but now all such devices are regarded as barbarous and instead we employ trained nurses educated for the special duties they have to perform. These nurses through the exercises of kind and gentle discipline and ever watchful care have happily demonstrated that the modern humane methods are infinitely superior to the old way, where force was the dominating factor of asylum treatment.

The treatment of the insane to-day, briefly summed up, may be said to be the provision of pleasant and sanitary surroundings, good nursing, proper medical attendance, suitable diet, entertainment, and congenial occupation.

I have gone somewhat into detail on this subject, although not exhaustively, for the reason that I wish to emphasize the fact that state hospitals are not merely places for the detention of insane persons, but are rather *hospitals* where the best possible care and treatment that can be devised should be provided for them. We hear the criticism that psychiatry is not keeping pace with general medical science. If we are lagging behind in this respect, the cause is not difficult to find. Our state hospitals are in good physical condition; the food supplies are, in the main, sufficient and wholesome, and the medical work, I think I may affirm, was never better than at the present time. Much has been done, but the crying need of the hour is special hospital buildings for the care and treatment of the acute insane. Go to any of our large cities and visit the general hospitals for the sick and maimed. Observe how

millions are lavished on these institutions to enable the medical staffs to do their work successfully, and then visit our state hospitals and note how limited are the best of them in facilities for scientific work. Thus far but little has been done in the way of building construction, other than the provision of wards for mere custodial care. There is not a state hospital in this great state adequately provided with facilities for the care and treatment of cases of acute insanity. In every institution we possess, the acute recoverable patients are crowded into wards with chronic cases or assembled in close proximity with one another to their great detriment; and it is an undeniable fact that many of these patients, who ought to get well and resume their places as producers among their fellows, fail to recover simply because suitable care and surroundings cannot be given them. The importance of this question of suitable hospital wards for recoverable cases cannot be overstated for, besides the incalculable boon that restored health is to the patient and his family, the loss to the state when such cases become incurable and a permanent tax upon its charity is simply enormous. The average cost of maintenance of an insane person is not far from \$200 per annum and the duration of life from 12 to 15 years; hence, if the lack of proper accommodations and care permits these curable cases to lapse into the hopeless degradation of chronic insanity the burden upon the public is heavy; indeed, it reaches far beyond the individual sufferer, for it not infrequently happens that when the family is deprived of a father's support the wife and children drift into the poorhouse to be maintained at public charge. It will, therefore, readily be appreciated that the construction of a building, where each individual patient sent to a state hospital suffering from an attack of acute insanity shall be given the greatest possible chance for recovery, must prove a paying investment to the state. Such a building should consist of small wards, each for ten or twelve patients, with separate individual rooms, well warmed, lighted and ventilated. The wards should be comfortably furnished and equipped with the best modern sanitary appliances, including facilities for medicated baths of all kinds, electric treatment and massage; an operating room with the necessary outfit for aseptic sur-

gery and glass-enclosed verandas where the benefit of sunshine and fresh air may be fully available. A "special diet" kitchen should supply an abundance of nutritious food and a well ordered dining service should bring it to the patient hot and in palatable form. The best trained nurses in the hospital should be assigned to these wards and all the resources of the institution should be taxed to re-establish the physical and mental health of the patient. With such facilities as I have outlined, and some special construction for the complete separation of those affected with tuberculosis from the other hospital inmates, I believe our state hospitals would show better results in the way of recoveries than have ever been attained in institutions for the insane.