ON THE PROPER FUNCTIONS OF PRIVATE INSTITUTIONS OR HOMES FOR THE INSANE. By EDWARD JARVIS, M. D.

Read before the Association of Medical Superintendents of American Institutions for the Insane.

THE manner of providing for the insane of the United States is very different from that in England and Wales. In this country, the States or supreme legislatures provide most of the institutions for all classes. In Great Britain, this provision is made by the public authority for the paupers, while the patients of the independent classes are mostly found in establishments created by private enterprise, and managed by private and individual responsibility.

In January, 1858, there were one hundred and sixty-five establishments of all kinds for the insane, in England and Wales. In—

County Asylums, principally for paupers,.....	33
Borough Asylums,.....	4
Hospitals apparently corporate and endowed,.....	15
Licensed houses, (private),.....	113
Total,.....	165

The law requires that the counties, cities, boroughs, towns, &c., take due care of the pauper insane, and every influence is used by the public authorities, to persuade the local authorities to provide for these in suitable asylums for their cure, or for their protection.

One county has three asylums, two counties have each two, and twenty counties have each one asylum. Several of the smaller counties combine together, and unite their means to make this provision. Three asylums are each owned and occupied by two counties, two by four counties, and one by five counties ; which severally unite in the management and filling of these institutions. Four boroughs have each an asylum for their poor. The county asylums are under the management of the local magistrates, or other county or municipal authorities, subject to the supervision of the national board of

Commissioners in Lunacy. The fifteen hospitals seem to be corporate, and under the management of boards of trustees, and under the general supervision of the Lunacy Commission. These appear to be endowed with funds from public or private munificence, from which an annual income is derived. The one hundred and thirteen licensed houses are entirely matters of private speculation, prepared, owned and managed by private enterprise. No one is allowed to take a patient into his house for care, without obtaining license from the proper authority, the Commissioners in Lunacy, who exercise a constant supervision over them. None can take more patients than his license designates, nor can they be moved from one place to another, or transferred to another proprietor, except by leave. These houses are generally owned by physicians or surgeons; but many are owned and managed by unprofessional men and women, who employ such medical assistance as they deem proper.

The asylums and hospitals being large, and built expressly for the purpose, and under public authority, or endowed with funds, and prepared to meet a constant want, are permanent. But the private or licensed houses, being sometimes a mere common dwelling, wherein one or but a few can be accommodated; sometimes a large building, originally designed for another purpose, and in some instances built for this sole purpose, are of course very changeable. They, as in all other kinds of business, are subject to the many variations and changes incident to business pursuits; from great success, by which fortunes are made, or failure, from which inability to continue arises; or from the loss of health or life of the proprietor; or from their unsatisfactory management, which compels the Commissioners in Lunacy to take away the license and close the house. Every annual report of the Commissioners shows several houses discontinued from these various causes, and several new ones opened.

The asylums are devoted principally to the pauper patients, of whom there were, in January, 1858, 14,931, besides 212 of the independent class. These pay patients were in fifteen of the thirty-seven asylums; being on an average, less than eight in each. The four borough asylums had 526 patients, of whom 20 only were self-

sustaining. These latter were all in the asylum at Birmingham. The other 506 patients were paupers.

Among the comfortable and prosperous, the middle and upper classes of England, those who are able to support themselves, or whose families and relatives are able to support them in their periods of sickness, there seems to be a general aversion to placing their insane friends in the public asylums, or in the same establishments with the paupers. Although of the thirty-seven county and borough asylums, fifteen had some patients of the independent classes, yet there were only two hundred and thirty-two of these, or fifteen in each. They constituted only about 1.5 per cent. of the population of these institutions, and only about five per cent. of all the independent or self-sustaining lunatics, who were in all the institutions or establishments devoted to their care; showing that only one-twentieth of this class were in these asylums under the direct control of the public, county, or municipal authorities, and the other nineteen-twentieths were in the corporate hospitals, and the private and licensed houses for the insane.

The hospitals "founded and supported by charitable individuals, and designed for the reception of patients of the middle and upper classes, are benevolent in their nature."* These are under the control of managers, elected by the contributors to their funds, and seem to be administered independently of the direct State authority, somewhat like the incorporated institutions of this country,—as the Bloomingdale and McLean Asylums, the Pennsylvania Hospital at Philadelphia, and the Butler Hospital at Providence,—and yet they are all under the supervision of the Commissioners of Lunacy. In these fifteen institutions there were 1751 patients. Thirteen were occupied exclusively by the independent insane. In the Liverpool Hospital there was one pauper, and in that at Northampton, there were one hundred and seventy-three of this class; showing that only one hundred and seventy-four, or about ten per cent. of the lunatics in the hospitals are paupers.

*8th Report Com. in Lunacy, p. 29.

The private or licensed houses as a class, are principally occupied by the private or self-sustaining patients. Two had paupers only, eighty-two had the independent only, and nineteen had both classes. Some counties, boroughs and poor-law unions, find it for their present interest to place their lunatic paupers in the private houses, rather than build, or join with other municipalities in building asylums for themselves. Complaint is made in the Lunacy Commissioners' Report, that some of the guardians of the poor search through the kingdom to find the cheapest depository for their wards; and in some cases these patients are sent to very distant places for the sake of economy, though probably at the cost to these disordered persons, of some health, and perhaps much comfort. Some of these licensed houses are on a large scale. The Bethnal House has 329 paupers, and 145 private patients. The Peckham House has 317 poor, and 49 independent inmates. The Fisherton House has 238 of the former, and 141 of the latter class.

The nineteen private establishments receiving both classes, were principally occupied by paupers; having 2076 of that class, and 900 of the independent patients. We have no means of knowing the social condition or pecuniary resources of the independent patients, who are thus associated with the paupers in these private houses; but as these conditions are necessarily diversified in England as well as elsewhere, it may be probable that these are the less favored of the independent class, and are glad to avail themselves of the less expensive accommodations, which are also placed within the reach of the poor and dependent. Thus we find that of the four thousand seven hundred and thirty-eight independent patients, who are in some kind of institution or house for the insane, in England and Wales, only eleven hundred and twenty-seven, about twenty-three per cent., or less than one-fourth, are in the same establishments or houses with the paupers.

There seems to be no direct provision for the independent class by the public authority. The few, 232, who were in the county and borough asylums, may have been brought there accidentally, or from causes not within their original design. Some of them have been vi-

olent, dangerous, or criminal, and therefore sent to these institutions as places of better security for their own or the public good, than could be found in any private house or establishment. This is directly the reverse of the custom in the United States, both as to provisions for the insane by public authority, and the use of them by the people. Here most of these establishments are created by the State or local governments, and very few by private enterprise.

There are forty-three public hospitals and asylums, and five private establishments and houses for the insane in the United States. One is erected by the National government. Twenty-seven are erected by the legislatures of twenty-one States, and are supported by their treasuries, in part at least, and are under the control of their governments. Five hospitals are erected, sustained and governed by their respective cities or counties, in four States. Ten corporate institutions, endowed with funds from private and public generosity, and under the management of boards of trustees, directors, &c., are in seven States. Besides these, there are five private establishments or houses for the insane, in three States.

The State hospitals receive both independent and pauper patients. The city and county hospitals are principally, and some of them exclusively, for their paupers. The corporate institutions are for those who, or whose friends, can pay for their support. They own their buildings and grounds, and all the material belonging to their establishments. Therefore they need not charge the cost of rent to their patients, and thus they enable some of very moderate means to enjoy the benefit of their treatment.

The private establishments, like those of England, derive their entire support from their patients, and are intended for those who can pay for all the attentions they receive, and the advantages they enjoy. Having no public, State, county or city treasury, nor endowment of funds to fall back upon, they must necessarily charge the whole cost of rent, support, attendance and care, upon those to whom these are given. They therefore can never be cheap. Still less can they come in competition with the public hospitals on this ground. Whenever these are chosen for patients, it must be for other reasons than

economy. These five institutions can accommodate at most but a small portion of the insane, but they are all that the public need, or are willing to use on the terms that can be offered.

The question naturally arises, as to the causes of this great difference between England and the United States, in the management of lunatics ; why there the great majority are in private houses or establishments, and here they are in public institutions. Without doubt the subject of providing for the insane in England was looked upon not as a matter of benevolence or science, but merely as a part of political economy ; the duty of the State to support its poor who could not take care of themselves, or whose friends could not take care of them. The poor-law, therefore, which required the local authorities to provide for such as could not help themselves, made it necessary at first to secure the means of custody for the maniac ; and then the motives of economy and the progress of humanity added the means of healing. But this implied no feeling of responsibility on the part of the government or the law, for the care of the insane, any more than for the care of the consumptive or otherwise diseased, in self-sustaining families.

The thirteen English corporate hospitals created by private subscription, although devoted mostly to the care of pay patients, yet could receive but a little more than a quarter of all that class in need of such care. It was necessary, then, for these to seek elsewhere for the means of protection and healing. It was natural that some should try the plausible remedy of placing their insane friends in the care of some physician, who was willing to take such patients into his own family. The first step being taken, the next was easy for both parties. The friends of a second patient, seeing that the first was comfortably provided for, would readily seek a remedy in the same way for their trouble. And the third and the fourth followed their example. At the same time, the physician finding the care of one patient at least endurable, perhaps pleasant and sufficiently profitable, was ready to take others, and increase his business in this way. Thus expansion naturally followed the beginning, until all the wants of this kind were supplied.

In this country there is a very common notion, that the mere personal influence of a physician, or of any other individual, in a private house, is insufficient for the control and the management of the insane ; and this has made our people look to institutions endowed with large facilities and power, with authority and means of securing the unwilling, coercing the refractory, and of amusing and occupying all, in their various moods of excitement and depression. These advantages are to be found only in establishments which are beyond the means of individuals, and not by any probability, perhaps not by any possibility, within their reach. Hence our people look to the body politic, the great aggregation of the common wealth and power to unite and produce such an establishment as seems to be needed.

It is supposed by some, that the insane in the United States are more maniacal, willful and excitable, and consequently need a firmer government, and often more restraint, than those of Great Britain. This, whether true or not, tends to corroborate the first opinion, and induces the more general desire not only to build hospitals with the means at least for keeping such patients, but also to place their own friends in such places as seem to them to be prepared to meet all the emergencies of insanity. Hence all classes here have sent their friends to the public asylums, and having once tried the experiment they have found good reason to repeat it on any future occasion. A second consequence is, that there has been but very little call, and very little provision made and offered for the private treatment of the insane.

The question now arises, What are the peculiar advantages of public, and what of private asylums for the insane ? The great majority of cases are better provided for in the public than in private institutions. The wild, the violent, are more secure, with the strong walls, and doors, the guarded windows, and other means of preventing injury or escape. The large corps of attendants, and constant presence of officers, give more moral and personal authority to restraint. If there be need of force, mechanical or other means of restraint, if outbreaks of violence are to be overcome and injury prevented, or food or medicine to be forcibly administered, the means, both mate-

rial and personal, for effecting these purposes can be furnished better in a public establishment than in a private house. The suicidal patients, who seem to have an almost superhuman skill and perseverance in baffling the vigilance of guardians, need all the architectural securities of the buildings, yards, &c., of the best institutions that are designed and built for the insane, and all the combined watchfulness of a trained corps of attendants, to save them from self-destruction. The willful, perverse, opinionated patients, in whom self-esteem is, by nature or by disease, largely developed, bear opposition to their plans, contradiction to their opinions, and interference and restraint upon their conduct from men in authority, clothed with official power, and when it seems to be the law of the institution which many others recognize and obey, better than when it comes from an individual who has nothing but his personal and professional character to rest upon, and no other law than his own private judgment, however well founded or wisely established.

But there are some classes of patients, who, from their peculiarity of feelings, or temperament, or disease, would do as well, and some would do better in a private than in a public asylum. One class inseparably associate the idea and the name of an asylum or of a hospital with disgrace, which they think attaches ever afterwards to those who have resided in them as patients. They think this will be a mark upon them, to lower their claims on the world for respect and confidence in social and commercial life, and lessen their influence in society and business circles. It is not many years since people generally considered insanity as a stigma upon character, and depreciation of mental power, even after perfect recovery, and that however fully the mental health may be restored, nothing would or could restore the broken reputation. This class even now try to conceal their cases of this disease, and avoid for themselves and for their de-ranked friends all publicity, especially those places of healing on which public attention is concentrated, and desire to avail themselves of less conspicuous means of regaining their health. Some are very sensitive as to their disorder. They are conscious that they have difficulty in the head, and trouble in the mind, and fear that it may

grow worse, and they are willing to confess so much. But they are unwilling to admit that they are insane, and are pained or irritated when they are supposed to be so, and even when the subject of insanity is mentioned in connection with them, they are disturbed. The proposal to remove them to an asylum for the insane, known and recognized as such, confirms their fears that their dreaded enemy is believed by their friends to be upon them. Even after their entrance into the wards of the hospital, carrying the same conviction, some still rebel against the admission of their lunacy, and are disturbed and pained by their associates whom they know to be insane. They are offended with the strange manner and conversation, the excitements and depressions, the laughing and the weeping, the singular opinions and senseless jargons which are about them. They are consequently unreconciled to their position, unwilling to submit to the necessary requirements and restraints of the institution. They do not cooperate readily with the officers and attendants in their endeavors to heal them, nor lend the aid of self-discipline in removing their delusion. For those insane patients who can be managed under personal influences and in proper circumstances, there are some advantages and privileges which can be enjoyed in a higher degree in private and discreetly-managed houses than in public establishments. Insanity does not usually affect all the powers of human nature. It is rare that a patient is unsound in all his mental and emotional elements. Commonly only a part of them are disturbed, while the others are left in health. Some have only a single delusion, while on all other matters they think and talk rationally. Some have too much excitement, others too much depression. Some are excited only in a certain line of ideas, only in connection with certain subjects, while in connection with others they are calm. In some certain appetites are morbidly active, and in others different appetites are wrong, while the rest are healthy. The moral affections have a similar variation of health and disease, of acquiescence and disturbance in the same patients.

In all healing of disease, whether of body or mind, it is considered both philosophical and necessary, not only to interfere as little as pos-

sible with all the parts of the constitution that are sound, but to encourage and sustain them in carrying on their natural processes, and discharging their healthy functions, and thereby obtain through them as much strength as possible for the constitution, and enable it to throw off the load that is imposed upon the others. Therefore a discreet physician or surgeon, in treating the disease of any organ or function, administers his remedies in such manner as not to disturb or impede the operations of the others. In treating disease of the lungs he is careful not to impair digestion. In healing a local abscess he cautiously sustains the nutritive powers, and thus he holds all the healthy functions as his allies, to aid in subduing the special disorder. On the same principle, the wise manager of the insane carefully analyzes the condition of his patients, and ascertains what elements are diseased and what are sound. Having determined this, he cautiously respects and avoids all interference with every power and faculty, every principle, opinion, emotion, taste or desire, that is in good health, and applies his influence only to such as are not in good condition, and this he does in such a way as not to disturb the others. He therefore, so far as is consistent with the patient's recovery or best progress, applies no restraint, opposes no purpose, denies no indulgence, contradicts no opinions that are not disordered, and do not minister to the disease. Thus he sustains as great an amount of healthy mental and moral constitution as possible, by means of which he hopes to overcome the disturbance in those which are diseased.

Although most patients need the restraints which can be found only in public establishments, and cannot therefore be safely and properly treated elsewhere, yet there are some to whom all the peculiarities of such an institution are not necessary. Some need none of the restraints which the architectural arrangements of the building and the surrounding enclosures afford, nor the usual and necessary vigilance of attendants of the hospital, to prevent their doing harm to others or to themselves, or to retain them within the bounds appointed for them. On the contrary, the presence of these means of security is painful to some. There are a few trustworthy patients, some with and some without attendants. They can be allowed a

wider range of motion, they can have freer walks, rides, and other means and opportunities of various exercise and change of scene, not only without detriment but with advantage. Some are not offensive to ordinary and domestic social life, nor are they disturbed by its circumstances, occurrences and interests. They can live in judicious families, eat at the table, and sit in the parlor with the household, and enjoy much of their company and friends. They may not always contribute to the enjoyment or the harmony, nor aid in the smooth flow of the domestic current ; some do this very little, yet they derive great comfort from such relation to the ordinary family circle. Some can bear to be even more in the world, and engage to some extent in the general social life. They can visit and be visited with profit to themselves. Some can attend places of amusement, church, and other general gatherings, and receive no injury but rather benefit from this intercourse with the world. Of course such patients should be under the constant supervision of a suitable, discreet and intelligent physician, who understands mental disorders and their origin, and who is willing to give himself, heart, soul and mind, to this work. He must exercise an unremitting watchfulness over those entrusted to his care, noting all their variations of thought and feeling, of temper and propensity. He must arrange and control all the circumstances that surround them, and regulate all the influences that may bear upon them. The company, the conversation, the suggestions, the objects of interest, the scenery, their exercise and occupation at home and abroad, their diet, their sleeping, every thing concerning them must be under his unremitting watchfulness. These and all interferences and indulgencies, must be shaped, directed and applied in each particular case, and at each particular occasion, according to the then present condition of the patient, and to the probable effect on his health, in the judgment of the physician. The same discretion and reliability, and a good degree of intelligence and fitness for his position, is necessary in the attendant. As he is to be the constant companion of the patient, he should resemble him as nearly as possible in character, education and general culture, so that he may be an agreeable, not a wear-

some associate, a pleasant and influential guide, not a mere servant to obey his commands, or yield to his caprices.

The hospital is necessarily more inelastic than the private family. The rules are made to cover over the average of cases, but they must include the worst, so that nothing wrong may happen. They cannot be varied, either in the enactment or in the application, to suit the varieties of character or taste. But in the administration of a family there is no need of a written or printed code. The general laws of right and propriety are admitted, and such other directions may be given from time to time as may be needed for the insane inmates, as easily as such regulations may be made and altered in reference to a patient sick with any other malady. Hence each day's domestic administration may be made to suit exactly the condition of the lunatic at the time, and the cautions, restraints and indulgences, varied as his good may require. As every influence that bears upon the patient may affect him for good or for evil, none should be allowed to reach him but such as are of themselves true, sane and favorable. Not only the physician, his family and the attendants, but all that come in contact with him, his associates, the visitors, the servants that wait upon him, the people whom he visits, should all be persons of well-balanced minds and discreet bearing and habits; so that no insane ideas may be suggested, no wrong emotions excited, but every influence from without tend to keep his mind and feelings in a serene and cheerful state, and increase his power to think, feel and act sanely.

There is still a smaller class of patients, who need even less restraint and vigilant guardianship, but still must be separated from the familiar scenes of home and friends. It is not necessary for these to reside in the family of a physician, yet they need his supervision and guidance, and should therefore be in his neighborhood, where he can know of their condition and movements, and visit them as often as they may need. They may be boarded in discreet families, and enjoy most of the common privileges of the household, and the ordinary attentions and comforts of domestic life. Being under proper medical supervision, all the healing influences of both physical and

moral nature, that they require may be secured for them, and their health re-established if recoverable, or they may be cared for and protected without suffering any needless privation of comfort.

The views herein given refer only to that class of mild patients who are manageable in a private house, and who need not the efficient government and the restraints that are found in large institutions. The class referred to is not large, and some of them may be as well and as comfortably managed, and regain their health as certainly as in a hospital. This of course does not include all the private institutions, for some of them are large, and have as many patients as the public establishments. I have only described one class, such as is most familiar to me.

The proper function of private asylums or homes for the insane seems to be, not to compete with the public institutions in matters of cheapness; but to provide liberally for all the proper wants of their inmates, and charge all for material, time, attention and responsibility, and receive a corresponding reward.

Not to receive and treat the violent, the maniacal, the suicidal; but the mild, quiet, and manageable by personal influence.

And principally to provide and offer to such patients as can properly enjoy and profit by them, an opportunity of using more of their faculties that are sane, a freer range of occupation and action, more of domestic and social life, more intercourse with the world, and a condition resembling more nearly that of their own homes than can be offered and enjoyed in the public hospitals.