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SOME PROBLEMS CONFRONTING THE ASSOCIATION.*

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Members of the Association, Ladies and Gentlemen.—The founders of this Association were first to organize as specialists in the practice of medicine in this country. The need of conference and co-operation in a common field of labor united them. The spirit of service inspired their zeal in promotion of the common welfare. Their altruism has been characteristic of leadership in the long history of the Association.

The founders were first in another enterprise, the endeavor to standardize hospital methods in construction and administration. As early as the sixth annual meeting the first of that famous series of "propositions" was propounded by Secretary Kirkbride and adopted by his associates. In the passage of years proposition after proposition was added until was built a virile hospital creed, representative at the outset of consensus of opinion of the members and potent in the councils of trustees and superintendents of institutions, old and new.

Inflexible adherence to this creed led to controversy and, ultimately, restraint of individual initiative and action, but the trenchant motive behind it is significant and uplifting. It was rooted in a sense of obligation to the great human and material interests entrusted to this Association. It accepted responsibility for community of action and leadership in a domain otherwise prone to neglect.

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Vast has been the growth of these interests in more than three-quarters of a century since the founding.

The original membership of 13 has nearly passed the goal of 1000. The public institutions for the treatment of mental diseases have increased from 26 to over 500 in the United States;¹ their aggregate of patients from about 3000 to over 235,000; their annual admissions from about 2000 to over 75,000; their annual cost of maintenance and upkeep, from less than \$500,000 to over \$65,000,000; their valuation of plants and equipment from about \$3,000,000 to over \$250,000,000.

The cost of care and treatment of the insane, feeble-minded and epileptic in New York and Massachusetts exceeds one-eighth of all the expenses of state government.

Amazing is the fact that the number of beds for the treatment of mental diseases in public institutions throughout the United States *equals, probably exceeds*, the aggregate for all other forms of illness.

Impressive as these figures are, they are insignificant compared with immeasurable wastage through neglect of preventive and curative measures; through avoidable dependency, inefficiency, delinquency and degeneracy; through adverse reactions of mental factors in personal, family, social, educational, industrial and governmental relationships. The drag upon human progress, and the sum of human misery are incalculable.

Our government, state and national, is confronted with no greater issue, nor with any issue greater in potentiality for good or ill to their people, than is involved in the development of a wise and adequate policy in these matters.

True, then, to the spirit of the founders and the traditions of the Association, we face grave and imperative problems.

The apparent indifference of the public, legislators, even physicians, scientists and teachers of medicine, would dissipate, if they could be made to realize the magnitude, importance and practical bearing of these problems.

Here, therefore, lies our first duty. Public and professional consciousness must be aroused to sense the facts in the present situation. The mental patient rarely gets "a square deal"; rarely

¹The data on which these statistics are based were furnished by the National Committee for Mental Hygiene.

has the best chance, or an even chance with sufferers from other forms of illness, for the study and treatment of his malady, which often goes unrecognized until the best hope of restoration has long passed.

The note of prevention has hardly been touched.

The family physician, the first aide, receives no adequate instruction or clinical experience in his medical course to fit him to recognize and treat incipient mental disease.

Essential provision for treatment is often lacking, even trained physicians, nurses and other personnel in many hospitals.

Insufficiency of living space is almost universal in public institutions.

Clinical and research laboratories, which are indispensable in diagnosis, treatment and betterment of methods, are deficient usually, or absent altogether.

The misconception, even among physicians, is prevalent, that mental patients, unrecovered after short, initial study and treatment, may properly be put aside for mere care in asylums during protracted illness without persistent and resourceful effect to alleviate and rehabilitate.

Mental abnormality is too often regarded as a matter of charity and poor relief, not as a vital issue of disease and health.

Questions of support must usually be answered before response to need of prevention and cure.

Finally, has not the tendency, now happily abating, to isolation and a lack of hopefulness, retarded progress in mental medicine?

I wish to strike no note of pessimism. I feel none. The future of psychiatry presents to me a bright prospect. But at the threshold may we not wisely strive to sense the realities; seek a clear conception of problems; consider practicable plans and policies?

Out of the consciousness of need will there not arise the determination and hopefulness necessary for worth while achievement?

What possibilities invite us?

Prevention of syphilis and inebriety; removal of physical and hereditary causes of mental abnormality will gradually solve one-third of the problem, probably more.

Adequate treatment of mental disease will restore to health at least one-fourth of mental patients, probably more.

Residual disabilities may be alleviated by good medical and nursing attention, thereby diminishing the amount and cost of care of such afflicted.

Happiness, comfort and usefulness will abundantly reward persistent and resourceful effort to alleviate permanent mental disability and rehabilitate the mental patient in the hospital and the community.

Discernment of mental factors and their understanding adjustment in human affairs will reduce poverty, delinquency, economic strife and waste and conserve in a large way the welfare of individuals and the enduring peace of nations.

Where is the path? What specific obstacles lie in the way?

Some old alignments must be broken; false concepts abandoned.

Our chief concern is no longer with dependency, custody of the dangerous and defence of the public.

Lunacy, asylum, custodial care and other false or hopeless expressions must give place to the language of beneficence to the patient, his guidance and protection from pernicious tendencies; of prevention, treatment, cure or alleviation of disease; of rehabilitation of the mentally disabled; of removal of causes of mental abnormality; of conservation and promotion of mental health.

Psychiatry is advancing into its rightful alignment with the science and practice of general and psychological medicine in the realm of health.

The path of mental health starts and ends in the community; its course leads through the home, the school, the hospital, out again into the widening network of supervisory and helpful agencies of the community; guide posts along the way are prevention, treatment, rehabilitation.

1. Prevention through:

a. Eugenics by education, wise supervision, prohibition of marriage of known defectives, segregation of vicious and delinquent defectives in institutions, sterilization in exceptional cases for specific reasons, registration of defectives.

b. Adequate psychiatric inspection of school children and provision in special classes for teaching the backward.

c. Institutional training in occupation and habit formation for such children non-educable in the public schools.

- d. Early recognition and treatment of mental abnormality by—
 - 1. The family physician, which will necessitate adequate teaching and clinical experience in psychiatry as a *requirement* of his medical course.
 - 2. Psychiatrists in charge of psychopathic wards of general hospitals and in neuro-psychiatric practice.
 - 3. Community mental clinics, as first aid stations for information, history taking, preliminary examination, advice, treatment and supervision so far as practicable at home, as guides to special agencies.
 - 4. Hospital mental clinics, as reference centers for special examination, diagnosis in doubtful conditions, and observation within the hospital; special treatment and supervision in the community.
 - 5. Travelling mental clinics to reach remote and scattered communities inaccessible to other clinics.
- e. Early removal and treatment of physical causes of mental abnormality in co-operation with general hospitals, internists and specialists.
- f. Prevention and treatment of syphilis and inebriety.

A wise program of mental health provides first for prevention but must include:

- 2. Adequate provision for treatment in—
 - a. The *private, incorporated psychiatric hospital* with endowment for charitable and other special service; capacity for 100 to 300 patients of selective class and character of mental illness; center of clinical and laboratory research; short, intensive treatment of curable and improvable conditions; observation and diagnosis of doubtful conditions; affiliated with general hospitals and medical schools for clinical experience and teaching for graduates and special investigators in psychiatry; performance of all these functions without pecuniary restriction; but, *in addition*, alleviation and rehabilitation of patients during prolonged illness, so far as they require hospital supervision and are able to pay the cost of special conditions and adjustment for indefinite periods.
 - b. *Public provision*, chief agency of treatment of every type of mental patient in every state, stage and duration of illness.
 - 1. The *psychopathic ward or pavilion* of *general hospitals*, with psychiatric staff and equipment; separation from other

wards; for temporary and emergency care; short, intensive treatment of mental states not recognized as such by patient or his friends and other conditions which are curable and not disturbing to the general hospital régime; essential to the diagnosis, removal or treatment of physical causes; conducive to right relationship of physical and mental illness and least stigma of mental disability.

2. *The psychiatric clinic*, integral part of a university general hospital and medical department; primary functions, investigation and research; instructions and clinical opportunity in psychiatry for medical students and specialists; specialized service in observation, diagnosis, treatment and rehabilitation of selected patients, limited in number and duration of service; capacity 60-120 patients; supported by state or endowment; no pecuniary discrimination.

3. *The Psychopathic Hospital*: (1) The metropolitan, (2) The district.

(1) *The metropolitan psychopathic hospital*; location in large, urban center; capacity 100 to 200 beds; high admission rate and rapid turnover of patients; affiliation with medical schools and general hospitals; all the functions of the *university psychiatric clinic* and, *in addition*, a great clearing house for many patients received for temporary and emergency care, observation, and classification preliminary to distribution to other hospitals and agencies of relief; separation of clearing house from treatment service important; consultant relationship to district psychopathic hospitals.

(2) *The district psychopathic hospital*; location accessible to the several communities of a district requiring provision for a maximum of 2000 patients; reception of all classes of patients directly from its district; all the functions, except the clearing house, of the metropolitan hospital within the requirements of its district and limitation of advantages of location; and, *in addition*, because it may have ample acreage of land for pleasure grounds and occupation of patients, treatment of prolonged mental illness for indefinite periods; agency of relief of the metropolitan hospital in such cases; chief

recourse of the poor and those of moderate means for treatment and hope of restoration to mental health; maintenance of the highest standards imperative.

After the utmost attainment in prevention and treatment, there remains a great humane and economic problem in alleviation of permanent mental disability and rehabilitation of such afflicted.

3. Rehabilitation is an inseparable function of every mental hospital in:

a. *The institution* whose alleviation of physical and mental condition, systematic training in habit formation, adaptability and occupation reduces the amount and cost of care and promotes comfort, contentment and usefulness of patients during their institutional life.

Resultant improvement facilitates the passage of many patients out of the restrictive régime of the wards into comparatively free and normal living in:

b. *The occupational homestead*, separate in space but a part of, and accessible to, the hospital for medical and nursing supervision and quick response to change of mental state; the interests and atmosphere of a home; suitable occupation under trained direction; careful grouping of patients in small but variable number according to mental state, social adaptation, environmental adjustment and occupation; a station between the hospital and the community for patients while they may enjoy these privileges under such supervision but may not safely and usefully live with their families.

Finally, rehabilitation finds its ultimate and broadest field in:

c. *Community psychiatric service*; necessary function of every mental hospital; part of its medical service under direction of a hospital physician with at least one social worker; special and adequate support justified by increase of discharge rate, longer stay at home and self support of patients; an aid to discharged patients in regaining and holding their normal places in life; safeguards against present dangers and future increase of degeneracy; promotes early recognition, prevention and treatment of mental abnormality; conduces to better understanding of mental reactions in human affairs and through adjustment and supervision raises the level and extends the range of safe and salutary living of mental patients in the community.

Achievement in a program of mental health depends on numerous and varied factors.

Naturally a leading rôle falls to the mental hospital, as a source of counsel to its community, whose mental problems should gravitate to it as the central laboratory for their investigation and practical solution.

The activities of mental hygiene, vitalized by its inspiration, and fortified by co-operation throughout the sphere of its influence, should radiate from it as an agency indispensable in training and furnishing personnel, setting standards, guiding methods and policies and sustaining the impulse to service.

Each type of mental hospital will find its peculiar and important place. The psychopathic wards of general hospitals, the private, endowed psychiatric hospital, the university psychiatric clinic, the metropolitan psychopathic hospital, will each acquire special functions within distinct and limited fields with individual and exclusive sources of interest and support, but the *district psychopathic hospital*, usually designated the state hospital, will alone have full opportunity for service within widest range of usefulness with utter dependence upon general interest and support of the public. It will always be the only recourse of the poor and those of moderate means in the greatest of human afflictions; will minister to more than 90 per cent of all mental patients throughout the longest illness; will have exclusive opportunity in most cases, so that any *deficiency* means to the patient proportionate deprivation of the best hope of restoration to health or alleviation of disability. It must strive to meet *every* requirement of *every* type of mental hospital because the necessity of *every* kind of service is sure to arise without possibility of other aid in many cases.

Hence, the District Psychopathic Hospital becomes a chief consideration in laying the foundations of good psychiatry and insuring to the multitude of mental patients the most humane and enlightened treatment.

It is beset with dangers and difficulties.

The outstanding menace is politics, whose domination must be evaded in any system of state administration and policy. Even temporary deviation from the best theory and practice may be justified to escape such evils of existing situations and controlling

personalities of the time and place; but the long perspective must not lose sight of the mark set by the best experience.

Probably, the surest safeguard in the long range is decentralization within the bounds of efficiency under the supervisory relation of state government to institutions; reliance upon competent investigation, comparison and conference to attain uniformity of methods and standards and co-operation, under the driving force of professional and public opinion, educated by wise publicity of facts and principles.

Such *supervisory method* may be slow, and at times halting, but progress is surer and greater than under the *control method*.

Deficiency of living space and resultant crowding of patients with liability to violence and infection is as common—almost universal—in public institutions as it is deplorable. The cause lies deep in public unconsciousness of the dire consequences; but some relief lies within reach through wise foresight in systematic planning over considerable periods for the inevitable increase of mental patients; avoidance of special building commissions by appointment at the outset of the permanent board of trustees and superintendent who can be held responsible for satisfactory results; standardization of specifications of construction and use of the same type of building for like purposes with revision as progress may indicate; insistence upon durability, convenience in arrangement and provision for work, ample facilities for treatment of patients, clinical and laboratory research, sufficiency but not excess of living space; and absolute elimination of waste in every form. The buildings should be made attractive by their simplicity, fair proportions, good architecture, and pleasing arrangement in beautiful grounds. There should be no monumental display, decorative stone courses or other ornamentation, no unnecessary connecting corridors and underground passages, unusable basements, dark interiors, high ceilings nor any non-essential. The inevitable alternative to strict economy of initial construction and later administration is to the patients deprivation of sufficient space for their best treatment and safe, sanitary and comfortable living.

The disadvantages of over development of District Psychopathic Hospitals may be unavoidable. It is easier to induce a legislature to extend existing plants with good organizations than

to convince it of the need of a new hospital with many uncertainties. Expediency and inaction favor extension.

Vigilance and unswerving adherence to a well-thought-out policy, agreed upon as the best under all the circumstances, are required to combat this tendency.

The growth of a public hospital should not surpass the needs of its districts nor force removal of patients beyond reasonable nearness to home and friends to sustain their interest and save expense of travel; should not deprive any patient of personal knowledge and individual attention of a competent charge physician; should insure good classification of patients and economy in administration.

Too large capacity tends to loss of individuality in mass grouping of patients; relative insufficiency of medical and nursing personnel to afford him thorough examination, complete understanding and attention to his needs. Economically, there is dissipation of the best energy of the higher personnel in mere adjustment to abate friction of many and complex parts of a great mechanism which consumes the forces which would be applied in a smaller and simpler organization to the direction of ultimate workers to the prevention of waste and increase of efficiency.

On the other hand, too small capacity might not afford sufficient differentiation of classes to permit the best classification of patients.

The requirement of the small hospital differs only in degree from that of the large hospital in the qualification and specialization of its personnel and adequacy of facilities and equipment for treatment of patients, clinical and laboratory research, community service and good business administration. Unhappily, the day of the one, all round person competent and willing to perform many and varied duties seems to have passed, if it ever existed. This increases cost of service. The minimum limit of capacity cannot wisely drop below the level of reasonable expenditure.

The happy, economic mean of these extremes is not readily apparent and will always be debatable.

Probably dissent will not be general from a maximum capacity of 2000 patients, which is the basis of the present discussion.

Such a district psychopathic hospital must discharge its obligations to patient and community in these particulars—

1. Every patient must have the best treatment of mental and physical conditions possible with present knowledge.
2. The personnel must strive to add something out of its own experience and investigation to increase the store of knowledge and advance standards and methods of treatment.
3. Interest must be taken in the mental problems of its community and service rendered before admission and after discharge of the patient.
4. Business administration must minimize waste of energy and material to conserve the resources available for the higher purposes of the hospital.

These primary requisites define four spheres, distinctive in function and interspaced with complex and elusive relationships—

1. *The clinical*; point of contact with the patient and convergence of all services; examination, diagnosis and treatment of patients; clinical research; medical administration.
2. *The scientific*; specialized functions without routine outside of the laboratory; adjunct to clinical sphere in laboratory service necessary to diagnosis and treatment, and in the study of special clinical problems and such research; pathological examinations; investigation into the structure and functions of the nervous system and related research.
3. *The communal*; community psychiatric services as before described.
4. *The administrative*; non-medical administration relating to business matters separable from the care of patients and co-operation with other spheres in common relationships.

Each of these spheres has—

1. An internal field of clear definition and relative independence.
2. An external field of common and possibly conflicting relationships.

Obviously, there must be a competent head in each of these fields; *in each interval*, a director experienced in the special functions of that sphere: *in the external field*, the medical superintendent of the hospital, trained in all spheres; mature, sympathetic and co-operative in supervision; just harmonizer of conflicting relations, whose decisions are final subject to appeal to the governing board.

Such an organization would express present tendencies and conduce to worthy attainment in the special functions of the large district psychopathic hospital.

But where are the men to fill specifications of five highly specialized types of personnel?

The outstanding fact in psychiatry and in every other field of endeavor to-day, is the deficiency of workers of the best capability, of stable character, devoted to high ideals and willing to bear responsibility.

How may such men be attracted and held?

There are two prerequisites:

1. Intimate contact of the student and young graduate in medicine with the best expression of medical and scientific ideals in modern psychiatry. This is the promise of the university psychiatric clinic.

2. Assurance of a satisfying career in the average mental hospital.

The realities of subsequent experience in such hospitals must confirm the first impressions and deepen the interest acquired in the university psychiatric clinic.

The conditions of work must encourage self expression and growth along lines of individual capability and desire.

Each of the above spheres should offer such opportunity and insure a life career, either within itself or through logical promotion, with certainty of sufficient pecuniary reward, professional and social recognition.

Thus gradually would evolve the expert clinician, scientist, community psychiatric worker and business administrator.

Nevertheless, there are other perplexities.

There have been enunciated the principles of differentiation into spheres of special function; of headship and autonomy in internal relations of each; of supervision, co-ordination and general leadership of the medical superintendent in the external field of common and conflicting relationships; but his release from the bondage of business administration has not been accomplished.

How may the energy, attracted by the highest reward, conserved by the broadest experience and longest tenure of service be diverted from the channel of administration to medical and scientific attainment?

The administrative sphere interposes the chief obstacle. Its deficiencies are palpable. The public and legislatures insist upon precedence in their correction.

Good business administration is as vital to the efficiency of a hospital as normal organic functioning of the human body to clear thinking and mental achievement of an individual. Neither appears in consciousness unless obtruded by disorder.

There is an obvious remedy. The administrative sphere of the hospital must be raised to the level and correlated with the clinical, scientific and communal spheres on the same plane of ethics and competency.

Its director should have technical education and successful business experience. He should have equal capability and opportunity for development, and equal incentive, reward and assurance of a satisfying life career.

Thus the medical superintendent may be enabled to maintain his primacy in the medical functions of the hospital, without sacrifice of its material interests: may be freed from routine; may organize every detail under a competent head of department and give personal attention only to exceptional and new situations.

Stability of service is the flower of an adequate hospital régime. Conditions of work, opportunity, satisfying reward, assurance of the future, all avail much, but the right or ill adjustment of living relationships will sweeten or embitter them all. Harmony and satisfaction with resultant permanence and economy of service of a hospital personnel can never be secured without removal of the intimate and unescapable contacts now necessitated in most institutional households. Separation of all living quarters from buildings used for patients or administrative purposes; provision for families in single houses, married couples in independent apartments, single persons in careful groupings with suitable welfare supervision; all gathered into appropriate communities of congenial classes near the institution but in direct contact with the outside public; necessitating going to and from work but releasing the worker from the institutional atmosphere during relief periods; these would be the crowning achievement in hospital development.

In conclusion, the ideals sketched in this address, may not be all realized. They will be recast in future study and progress. Some are not attainable without laborious and persistent endeavor. But they are the forecast of a life experience and aspiration.