THE NEW DEPARTURE IN MASSACHUSETTS.*

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One conversant with the history of hospital and asylum provision for the insane cannot have failed to note how fully circumstances and local conditions have moulded methods of treatment and modified or controlled results.

Numerous members of this society have been such accurate historians and painstaking statisticians, that it is unnecessary for me to review the successive steps which have carried the work of our specialty to its present altitude. I wish to remark, however, that the insane have, with hardly an exception, been cared for in jails and alms-houses previous to the erection of the first asylum in a given commonwealth, that the initial steps taken for the relief of such unfortunates have been to remove them from custody, and that the neglect of any community to make suitable asylum provision is equivalent to denying the insane the justice which their helplessness demands.

I am not aware that any commonwealth has been sufficiently philanthropic, liberal or far-sighted to provide primarily for the cure of acute insanity, where patients might be treated and recover without knowing they had been in an asylum; indeed, the law of self-preservation dominated our fathers, as the economic question—frequently misunderstood—influences present legislation, allowing the perpetuation of improper methods. As the first asylum has been mainly devoted to the use of patients long insane, so has the particular method of dealing with the disease been that which force of circumstances has compelled, and which no one could have anticipated. We need to be thankful that the Nestors were finite, else we would be mere imitators, with no opportunity to improve past methods nor occasion to attempt original work. They planned so wisely, however, that no great modification in asylum architecture was made until within a very recent date, indeed hospitals are being erected to-day on the basis of the Kirkbride outline. It has been proven that the number of

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patients at one time thought proper to entrust to a single management can be very much increased, and there are numerous examples of the propriety of having departed from the old architectural customs.

In Massachusetts the question of dealing with insanity has been a compromise, and expedience has permitted systems which those familiar with the history of the disease have disapproved. From time to time accommodations for the insane have been provided; State hospitals to the number of five and an asylum occupied, departments for the insane added at the State Almshouse in Tewksbury and the State Work-house in Bridgewater. We have in addition one municipal hospital, one corporate institution, seven private asylums, and a hospital for dipsomaniacs and habitual drunkards is being erected. The State institutions contain 4,143 insane, over 600 more than their nominal capacity, yet there remain scattered throughout the Commonwealth in local alms-houses many insane, whose care the State Board of Lunacy and Charity has had occasion to criticise. The State, with one-fifth the area of Kentucky, whose population it exceeds by nearly 400,000, with 145,000 more inhabitants than Michigan, which covers seven times the surface, contains nearly 6,000 insane officially recognized, or one to every 370 of the people, of whom about 800 are in poor-houses or their substitutes. Since 1876 three large hospitals, which are now over-flowing, have been opened, the department at Bridgewater for male convicts and criminals added, and the boarding-out system, a most humane and beneficent adjunct in the treatment of insanity, which other States might adopt with profit, inaugurated. During this time the unwise and mischievous compromise was made of allowing the poor authorities to take increasing numbers of the afflicted under their care, against which hospital superintendents protested.

The conditions, then, to which I call your special attention are these: Our hospitals, crowded far beyond their natural capacity, are changing in character, inasmuch as usually only quiet, harmless patients are removed to alms-houses; and the latter institutions afford no curative treatment, the patients being frequently neglected and sometimes abused. The bad effect upon the hospitals is marked, for as time goes on a boisterous, turbulent class of inmates is accumulating, and the surroundings amid which recent cases are placed are not conducive to the comfort and peace of mind of new comers, nor healthful in their impressions upon the more appreciative patients.

Not the least of the evils of over-crowding the hospitals is the necessity of discharging to the care of overseers of the poor patients who would be more comfortable in a well-regulated institution, whose recovery might be effected by continued treatment, but whose rooms are needed for more urgent cases. Did it appear that the insane inmates of alms-houses are happier than they were when in the asylums, or that more liberty was allowed them, the condemnation of that method would not be so severe; indeed there would be some reason for favoring it. While the alms-houses select their cases, taking only the quiet and useful patients, and returning those who become demonstrative, the average amount of restraint is at least four times as great as that found in hospitals treating a much more disturbed class, and the food, clothing and accommodations are usually of a very inferior quality.

Our duty, then, is two-fold in Massachusetts: to relieve the over-crowded hospitals—making them thereby more really curative—and to stand between worthy insane patients and the poor-house. The manner in which these results are to be attained, especially that of meeting the latter obligation, I have denominated *A New Departure*. To meet existing conditions and remedy increasing evils, steps have already been taken tending towards putting the indigent insane under State control. The productive, tax-paying population have rights the respect of which they demand, and in planning an asylum for the purpose that circumstances have forced upon us, the obligations we owe the well have had great consideration.

With your permission, I will explain some of the leading features of the institution to be erected in Medfield, which town is twenty miles from Boston, nearly in the center of population, on two lines of railroad, to which patients can be transferred from each of the existing hospitals without change of cars. On a tract of land, made up of several productive farms, comprising four hundred acres, bounded on one side by the Charles river, and otherwise well watered, it is proposed to build an asylum suitable for the accommodation of one thousand patients, of the chronic class, and the necessary officers and employés, which shall not exceed in cost, including the price of land, five hundred dollars per patient. The commissioners entrusted with the preliminary work, recommend a cottage asylum, and their detailed plans,—which combine features that do not exist elsewhere, so far as I am

aware,—have been accepted by the Legislature. Upon a plateau in the centre of a parallelogram, so large that future buildings can be added, will be situated the laundry, kitchen, electric light and power-house, and dining-rooms for patients and employés with rooms for the help in the second story. Around the same are to be located buildings for the care of patients, with the administrative department,—the smallest and plainest house in the group, situated at the front end of the plot.

The houses will be two stories high, the sleeping-rooms mainly in the second story, with day-rooms on the ground floor. The classification will be very complete, and, with several departments for the sick and feeble, demented, untidy, excited and quiet, the administration should be easy and satisfactory. The buildings are to be of brick, well constructed, reasonably fire-proof, and devoid of all unnecessary ornamentation; yet while they will be very plain, and adapted to the intended use, it has been found possible to make the lines pleasing, giving an effect in the detailed plans to which the print shown hardly does justice. The houses are so situated regarding the points of compass that sun-light will not be excluded; indeed there will be no dark corners, for, as the longest side of each house has a south-east exposure, the rooms will be flooded with light.

The water-closets, bath-rooms and lavatories are in annexes, well supplied with windows, and having cross-ventilation. All the floors in the annexes are to be of rock asphalt; the walls there, as well as in the entire building for excited patients, are to be plastered with adamant; the plumbing is to be exposed, and the special water-closet ventilation will be independent of that in general. Local steam plants have been designed, and both direct and indirect radiation will be used; open fire-places, which are numerous, will be used as auxiliaries for heating at certain seasons. The chimneys contain fresh-air flues, and carry large ventilating shafts which they heat. The stacks, therefore, not only carry off the products of combustion, but are heat-flues and aspirators as well. While the system of ventilation has received much attention in general, it is expected that the air in the infirmaries and buildings occupied by untidy or excited patients will be rapidly changed. There are transom windows throughout the whole plant, and the infirmaries will have permanent double windows. On one section of the latter buildings there is to be a monitor roof, thus increasing the air-space and further insuring ventilation.

Each building will have a reception-room, so that friends of patients can visit them in the house where they live, and there will be generous provision for sun-rooms and piazzas throughout the establishment. Stairways are sufficiently numerous, and fire-escapes will be provided. There will be special dining-rooms in the infirmaries, and small dining-rooms in the houses for excited and untidy patients; but all who are able will be required to assemble in central dining-rooms for their meals. The large associate dining-rooms will have numerous small rooms connected with them for the convenience of those patients who would not be benefited by joining a large number, or who have not improved sufficiently to enjoy all the benefits and privileges of companionship. The serving rooms, containing steam-tables, sinks, &c., will be just outside the dining-rooms in the widened end of the corridor connecting the dining-rooms with the kitchen, which is between them. Beneath the dining-rooms, as well as the corridors, will be concreted basements for storage, and in the second story of the same buildings will be apartments for the steward and matron respectively, and the employés under them, the men in the department where male patients dine, and the women in corresponding houses for patients of their sex.

The laundry building, which is a one-story structure, with large windows in the sides and with a monitor roof, contains in addition to the usual laundry appliances and separate lavatories, a spacious mending-room, where all clothing will pass on its way to the assorting-room.

While the executive head-quarters, with a telephone exchange, are in the administrative building, that house is the residence of the superintendent alone, who will occupy the flat in the second story. Believing that the disadvantages far outnumber the benefits arising from having all the officers massed in one building, which to accommodate so many must be large and perhaps expensive, the commissioners adopted, or, so far as I know, originated, the method of providing quarters for the staff in those buildings where their services are most likely to be required at night. In the infirmaries at the four corners of the village will be suites for the assistant physicians, the head supervisors will have rooms in the houses for excited patients, and the assistant supervisors will be domiciled in other suitable buildings. As already stated, the steward and matron, to extend the method of divided oversight, will have rooms near their subordinates in the departments over

which they preside. The superintendent will, in fact, have a house to himself, which will be in general keeping with others on the grounds. With a complete telephone exchange, I believe the plan which I have outlined, with many of the departments presided over by officers above the grade of attendants, will give protection to patients which is impossible in hospitals of the more common style.

Much more might be said regarding certain features in this asylum, but I resist the temptation to discuss the matter.

In recapitulation, I would say that circumstances in Massachusetts demand that we shall relieve the crowded hospitals, and save patients from alms house custody, which can be best done by erecting an asylum for the chronic insane, suitably located and planned for possible extension. Steps have been taken toward placing the indigent insane under State control.