SOME REMARKS ON THE ADDRESS DELIVERED TO
THE AMERICAN MEDICO-PSYCHOLOGICAL ASSO-
CIATION, BY S. WEIR MITCHELL, M. D., MAY 16,
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Nearly every point taken up by Doctor Mitchell has in some form been discussed by those having the care of the insane, and given rise to very serious consideration. At every stage of progress of the association, there have been anxious and able men in its ranks, alive to the problems and duties of the hour. They have not sat blind-folded, or played puss-in-the-corner, or milked the cows. This is a veritable fact, strange and impossible as it may appear to those ignorant of insane-hospital history. They were given a high trust, which was to take and care for the most unfortunate, weak, miserable, and pitiable class in the community. Neglected and abused even by their own families, the insane had no place to lay their heads, until hospitals, built, organized, and managed by medical men, had arisen.

Fifty years ago, when Ray, Kirkbride, Stribling, Brigham, Earle and the others, formed the Association of Medical Superintendents, it was not a question of knee-jerk, or ankle-clonus, or reaction-time which confronted them, but how to house the then already large numbers of insane, who, as shown by Miss Dix, were suffering the tortures of the damned in alms-houses and in their own homes; and from that day to this the pressure has never relaxed for more accommodations. There are still thousands scattered through the country, kept in the vilest of alms-houses, still suffering tortures. If any one doubt these statements, I will give him proof in this State of Massachusetts. Or let him turn to the history of alms-houses in New York within very recent times.

How best and cheapest to provide for the wants of the insane in State institutions is still the first question, which it is the bounden duty of the association to consider. "How shall we humanely care for those wretched creatures which society tramples on?" Miss Dix asked all those years ago, and the medical superintendents of insane hospitals have been the ones who have courageously and efficiently answered her ever since.

A number of years ago, the writer, fired by youthful enthusiasm,

conceived that it would be a noble purpose to enlarge the plan and scope of the association, and with a handful of others endeavored to have its name changed to the present one. It was urged that the time had come to leave building, and to give more time to the discussion of neurological and psychological subjects. The older men disapproved of such a change, and Doctor Nichols, a learned as well as a grave and dignified man, got up and said pompously that the superintendents were obliged to build, it was one of the most important things they had to do, and he believed they should come together and talk about the subjects that most interested them. And then the project fell flat.

At the time the writer was disappointed, but since then he has come to see better and better the true object of the association, which is to consider the practical management of insane hospitals and all subjects pertaining thereto. The medical superintendent, whatever he may wish to be, is essentially an executive officer, and if he is deficient in practical ability, though he might write a volume on the cerebral anatomy of a spider, would be of no value whatever. His real specialty is insane-hospital management. From force of circumstances he comes to know the insane as a mother knows her children, and gains a knowledge of them which no one can get who does not live with them. Such knowledge is peculiar and valuable in determining what the acts of the insane may mean, but whether it entitles a medical superintendent to be called a specialist, in a strictly scientific sense, is open to question. No man can do everything, and only in a very few cases are scientific and executive talent combined. Scientific men, put in charge of institutions, are apt to be failures, and the usual medical superintendent has little taste for science and can hardly give a proper medical twang to his annual report if he tries.

But why should he try? Why should not he and his confreres be free to come together and discuss any questions they please? The association is largely made up of able, efficient physicians of business instincts, a combination which makes them appreciate, as no other men ever have or can, the peculiar needs of the insane. They are not neurologists, or psychologists, and should not set out to be. Their work is one of the broadest humanity; namely, that of giving rest and succor to as many of a wretched and neglected class as a niggardly and ignorant public will allow, and their work will never be done until every insane pauper is the ward of the State. Let them never be frightened, or deterred, or turned aside from this

high purpose, however much they may be misunderstood by their well-wishers.

From his observation of insane hospital management, it is the writer's opinion that the chief medical officer must always have charge of all departments of administration. Other systems have been tried, but they have not been an unqualified success, for the instant a layman takes his (the medical officer's) place, the patient loses his identity as such. He becomes one of a large number to be clothed and fed for as little as possible. The humane and sentimental relation existing between physicians and patient gradually becomes dimmed, and finally lost altogether. There is something in the training of the medical man which makes him a little different from what he would otherwise be, for he is more gentle, tolerant, patient, appreciative, and sympathetic in dealing with poor human nature. Call the medical superintendent "farmer," "steward," "caterer," "treasurer," or whatsoever name we choose, there still beats within his breast a heart not dead to the cry of suffering and distress.

So much then experience seems to prove; we must have a medical man to administer the hospital in all its branches. Can he do much more than this? Let us imagine putting a neurologist of reputation at the head of an existing hospital. Is he to carry it on in the interest of humanity or science first? He will answer that the two can be combined; he will have a business manager, and give up his time to purely medical work. Where will he get his business manager, and if he does get him, how will he know he is doing his duty both by the State and its wards? He must admit every patient he can, for their number is legion, and he must usually spend only a definite sum fixed by law. Where has he got his experience to guide him in these vital matters, for on their settlement his ultimate success must depend. The first requisite must be the mastery of all the details appertaining to these things, and this requires not laboratory or bed-side experiment, but study of every department. He need not say he keeps a boarding-house, but if he is faithful to his trust, on him rests the final responsibility for seeing that his charges are fed in the best possible way, at the least cost. Will he relegate the authority to the steward, saying he is too busy with tests of reaction-time in dementia, then when complaints begin to assert themselves, he will find he is no longer the head, but one of two, and his house will soon be divided against itself, with the usual result. He may make wonderful experiments, and have rare

skill with electricity, and know something of massage, but once let the bread be sour, the sheets dirty, and the sewerage defective, and all his knowledge will not avail him. One thing is lacking, and that is executive capacity; he commands a ship which he does not know how to steer, and the sooner some one takes his place the better.

It is in the writer's opinion, as a rule, useless to expect that neurologists will make successful executive officers of insane hospitals, or that these executive officers will make successful neurologists, for each is working in a different field. Neither does he believe that even brilliant original work is any criterion whatever of efficient and thorough insane hospital work. On the contrary, with such contracted staffs of medical officers, as our hospitals usually possess, it might mean that the patients were being actually neglected. The point to consider is always, Are these unfortunates being considerably and properly cared for as individuals? And until this question can be answered in the affirmative, without hesitation, the original work must wait. Sometimes the writer has read reports of such work done, perhaps in an institution with nine hundred inmates, by one of the two assistant physicians. He could hardly understand how such elaborate investigations could be undertaken without infringing on the time belonging to those four hundred and fifty individuals under his care, and instead of judging of his capacity for the duties of his position by his published writings, he would have looked into the actual condition of those patients.

The attempt has been made to turn out original work in various insane hospitals in this country, but so far with very doubtful success. One striking example of such an attempt was that made at the State Insane Hospital at Utica early in the seventies. A skilled pathologist was employed, and he was fitted out with the best of apparatus at a large expense, and stimulated to do the best he knew how, and his results were widely published. But there was no lasting or even temporary effect. The whole thing was felt to be forced—a flash in the pan—and it gradually died of inanition. Such is one illustration of trying to introduce scientific research into hospital work. There have been others less mechanical, but have they had any far-reaching influence on the conduct of the institution? Supposing it be assumed that the Blockly Alms-house, which was a disgrace to civilization fifteen years ago, and is now again apparently, from what Doctor Mitchell says, should have a staff of three or four medical officers appointed to take charge of the

1,100 insane patients, and they should have a finely equipped "neuro-psycho-physiological laboratory" (let us call it) fitted up, and be set to work on lines of original investigation. If they actually take charge of the patients they must see them at least once daily, and many twice; and if the alms-house has ceased to be a disgrace, which we will pray for at no distant day, they must know that every one has a good, clean bed to sleep in; good, nourishing food to eat; clean clothing to wear; a neat place to stay in day and night; good ventilation and temperature in-doors, and fresh air and occupation. Medicine, electricity, massage, and bathing can be utilized, either before or after these things, according to one's scientific point of view. Notes must be made, of course, of many cases, and records written, and anxious friends informed by word of mouth or letter of the patient's progress.

When then, under these conditions, is the laboratory work to be done? "But they do it abroad," might be answered. "Well, then" we reply, "they must give their patients less individual attention than we are in the habit of giving them here, for if they actually attend to their medical duties, their time will be fully occupied." "But why should there not be internes to do the routine work?" might be the next question. At Blockly, of course, situated as it is, in a city, internes might be available, but most institutions are too remote from medical schools to be able to secure internes. Furthermore, a large part of the regular medical work must be done by the regular medical officers, if it is to be reliably and satisfactorily done for the public good. They may be supplemented by students, but can not relegate to them their responsibilities.

And here, perhaps, will be the place to consider the subject of visiting staffs for insane hospitals. One fatal objection to such a plan is the remoteness, just spoken of, from medical schools or large medical centers. No staff could be secured to spend several hours daily in a visit to distant points; so this plan would not work for most of the hospitals. For those easy of access, it would be an interesting and desirable experiment on many accounts. Expert neurologists and psychologists might compose the staff, and they could institute and carry forward investigations and experiments in the hospital laboratory, drawing, of course, their material from among the patients. The resident medical officers could continue to take the actual care of the inmates as before. The visiting staff would learn a good deal about insanity, and the resident staff

would get an inkling of neurology and psychiatry, and thus the good of all would be advanced. Before the experiment failed, as it inevitably would after a while, the writer fears, two points would be brought out with convincing clearness. First, it would be found that the inmates of an insane hospital are largely under treatment because society can not care for them. The chief medical officer is their guardian, and they are his helpless children, not only to have their bodily ills relieved, but to be watched over and protected. The custodial care is quite unlike that pertaining to any other class of the community, and is both delicate and exacting. It requires great tact and discretion, and is a responsibility of no mean proportions to the conscientious physician. Second, it would be found that the therapeutics of neurology are not after all a novelty in well-managed hospitals, even to the point of the animal extracts. We have recently been told that these therapeutics are not efficacious in all cases in their own field, and they present the same short-comings in the insane hospital. The fact is that, while there have been splendid advances in the anatomy and physiology of nervous diseases, their treatment and cure is both unsatisfactory and baffling. It is highly probable that the day will come when simple suggestion will accomplish quite as much, if not more, in the cure of these diseases, than anything that is now done. Both hypnotism and mental healing promise to put regular therapeutics to the blush, if present indications can be relied on.

Doctor Mitchell conjures up, as many a hospital superintendent has done, a pleasing vision of an ideal hospital. He would have a cheerful entrance, with a broad, open gate (such as most hospitals now actually have), and he lingers upon the picture of a "well-dressed head nurse, neat in cap and apron," receiving the patient and himself in a small room. He loves, as we all do, this ideal, well-dressed head nurse. What a multitude of sins a cap and apron cover nowadays in a nurse! How many the writer has known of who were hard, cold, and unsympathetic, and totally unfitted for their calling, though trained in the best hospitals and wearing the whitest of caps and broadest of aprons! At times he has longed for the dowdy old woman in her black alpaca, with no cap, and little apron, a born nurse from her youth up, with tact, sympathy, and love in her heart! There are too many trained nurses, following the profession simply as a money-grubbing business, and deficient in all the qualities which make the true nurse. Some day there may be an examination of the heart as well as the head.

In going on to describe the general plan of his "ideal hospital," Doctor Mitchell speaks of cottages for ten, or twelve, and smaller homes for those able to pay more, and then wards near the administration building for those able to pay little or nothing. Of course such a plan as this is applicable to a well endowed incorporated hospital like Bloomingdale, or the Butler Hospital, but these are exceptional institutions, providing for a very small percentage of the insane, the immense bulk of whom go to the public hospitals. In the writer's opinion three grades of hospitals are to be considered, which are: Those providing for the pauper insane, or the public hospitals; those providing for the impoverished, middle, and upper classes, or the incorporated hospitals, and those providing for the affluent middle and upper classes, or the small hospitals, now private, but later perhaps in some instance to become incorporated. The system of classification of course varies in the different States, many of those belonging to the second class going to the public hospitals, and many of the affluent going to the incorporated institutions, but fundamentally the principle appears to be a correct one. It may at once be said it does not generally prevail at present, for the incorporated hospitals receive a large proportion of the affluent class, and the private hospitals make a very small showing as to numbers. The writer does not contest this point, he would only take the ground that incorporated hospitals of large size, meaning by that, those that accommodate more than fifty, should be essentially for the indigent members of the upper and middle classes. They certainly are founded on a philanthropic basis, and fail in accomplishing their highest purpose, if they are built and organized on a plan suited to the rich few, instead of the indigent many. Their motto should be the greatest good to the greatest number, and not a moderate amount of good to a moderate number. If this principle were rigidly adhered to, it is probable their per capita cost would be decreased, their accommodations extended, and many of the worthy, but poor upper and middle classes saved from association with the pauper insane in the public hospitals.

The demand for private institutions has steadily and rapidly increased during the last fifteen years, and they may now be said to be on trial in this country. No doubt the demand has in part risen from a desire to save the patient from going to a formal institution, and give him the advantage of "home treatment" in a modified form away from his home. To fulfill their purpose, they must be small, yet large enough to obtain the services of physicians of

skill and experience. Ten is probably too small a number and fifty too large. The mean should fall between these limits. They should have the most diversified and plastic organization, with single houses for single patients, or houses for several, and every detail arranged for the comfort, convenience, and individualizing of the patient. Whether this class of institutions will continue to be, in the future, of a private character, is a matter which time will settle. If they are thoroughly and frequently inspected by a board of supervision, there need be no doubt that they are as well managed, as such facilities as they possess will allow, and just here a difficult question presents itself which can only be alluded to. Even a small number of patients require large grounds, good buildings, the best of food, skilled medical service, and nursing, and appliances for gymnastics, driving, diversified occupation, and amusement. To furnish these things properly requires a considerable amount of capital, and where is it to come from? The public are attracted by the idea of sending an insane person into a doctor's family to be treated, but if the doctor is an unsuccessful, shiftless, and unskilled member of the profession, he is hardly a desirable person to assume such responsibility. It is no doubt right that doctors should be allowed to take single patients into their families as boarders rather than patients, provided they are looked after by a competent authority, but when any one starts a private hospital, it should have certain definite and prescribed facilities, if it is to do justice to the patient and the public, and as has already been said, the cost is so large that few single individuals can furnish the requisite capital. As time goes on the requirements for obtaining licenses will be more and more rigid, and more of the small hospitals will be incorporated than at present.

In Doctor Mitchell's ideal hospital, as already mentioned, the administration building is to be flanked by the wards for those who pay little or nothing. Such an arrangement as this is a good illustration of a mistaken way of classifying patients in a hospital on a financial basis, instead of on the basis of disease. It would be a serious injustice to bring all kinds of patients, acute and chronic, noisy, quiet, or convalescent, together in a few wards, simply because they were poor. The superintendent's ideal plan is much better. There are very few of such wards, which are used for the more acute cases that properly can be classified together. Patients are retained in them (they often are called "infirmity wards"), only until they can be transferred to cottages, where they will come

in contact with others in a similar condition of illness. Even in existing hospitals patients are necessarily, in severe cases, classified only on the basis of disease. In the ideal hospital there should be financial equality, so that it may live up to its highest function, which is to cure disease.

Doctor Mitchell's patient is not at once put in charge of a nurse. "An assistant male or female, a physician, is with him for three days or more (one of his class, or above it)." To carry out such a plan as this would require not only an ideal hospital, but also an ideal bank account. As the ideal we are considering is either a State or incorporated hospital, we must imagine from one to several patients being admitted daily; let us assume there is an average of two. These would require the constant services of six physicians. Unless we are to idealize the patients as well as the hospital, we should have a large majority of paupers, many of foreign birth or parentage, speaking only a foreign tongue; a large percentage of all would be chronic cases, already residents of other hospitals. Some would be quiet and depressed, others violent and homicidal. Many would refuse to utter a word, and others would rapidly develop delusions, if closely observed. In some a physical examination would lead to violence, and it might take weeks to bring it about. The very fact that the patient felt himself under the espionage of this superior being, would tend to develop suspicions and foster those already existing. The insane person, even when quite sick, still has a personality which is his own property, and which he guards with a degree of his ordinary care and prudence, and he will not part with it, even if cajoled by the softest-tongued young or old doctor now in existence. It is reckoning somewhat without one's host, when one expects to get very far with a newly admitted patient, by putting him in the society of a physician for three days. A normal individual would divulge little under such circumstances, and an insane person might be quite as difficult a subject. Provided there were enough assistants willing, to undertake what would essentially be nurses' duties, and an institution rich enough to employ so many, it is probable that, with few exceptions, little would be gained over what could be accomplished by shorter periods of association. The writer naturally believes that medical records should be thorough and accurate, but also believes they can be made so without a prolonged period of forced association.

The ideal hospital, Doctor Mitchell says, should have (as most do) a steward for making purchases, a senior physician, a trained neurolo-

gist, passing two-thirds of his time in the hospital (which would generally be impossible on account of distance, as we have shown above), resident physicians in charge, paid internes, a pathologist, a bath-master, a skilled electrician, an expert masseur, city oculists, gynecologists, consulting neurologists, all well paid, used on the scale suggested. It is doubtful when so much expense can be incurred in one institution, but let it not be forgotten some of these officials already exist in insane hospitals. The bath-master is an unknown factor, and if he uses water as severely as it seems to be used abroad, it is to be hoped he will not make his advent for some time. Nevertheless in our insane hospitals, as in our general hospitals, we utilize water far too little, and we deserve to be criticised for not using it more.

There are various problems which Doctor Mitchell mentions or discusses, such as bolts and bars, mechanical restraint, open doors, etc., which have over and over again been considered by hospital medical officers, and they have come to wise conclusions, which are pretty generally acted upon. Mechanical restraint is reduced to a minimum in the best hospitals. Its total abolishment is not a justifiable procedure, and should the writer be told that in a large hospital it was never used, he would shrug his shoulders, and say to himself, "that is not the truth; in some way, some kind of restraint is used, however much it is denied." It is much more manly to assert that there are cases where it should and must be used, and such is the attitude of many of the best of American as well as English superintendents. They refuse to deny plain facts, in order to make a good showing. Anything is better than the horrible encounters which occur between patients and nurses employing so-called "manual restraint." Both may be injured bodily by such collisions, and patients are often made more irritable and violent, and nurses more brutal, and the harmony and good-feeling which should exist between them is destroyed for all time.

No doubt it is a painful thing for a well, rational person to have restraint placed upon him, but the wildly excited insane are not well and rational, and it is hardly fair to compare them together. The form of restraint makes a very great difference, and only certain kinds should be allowed. That restraint is not always repugnant to insane persons can be testified to by almost any hospital superintendent who probably has had patients come to him and ask to have it applied when feeling the premonitions of excitement. One patient of the writer's, who lived at home, and went about in society,

occasionally had attacks of paroxysmal excitement and violence. At such times he would get his restraining apparatus himself, take it to his wife and beg her to put it on him. To him it not only possessed no terrors, but was a positive blessing, and not one in disguise by any means.

Of bolts and bars it may be said they grow less and less conspicuous in each new hospital, but in large institutions patients must in some way be securely kept, or the public would be up in arms immediately. Open doors are also admirable, and they also are increasing, but the increased watching they entail is often a source of extreme annoyance and irritation to the patient. One of the questions which occasions the conscientious superintendent the most solicitude is that of the personal liberty of his patients. He wishes to restrain them as little as possible, and with the least friction, and he has learned to open the doors, and leave off the bars in as far as he can do so with the best practical results. Give him buildings varied enough to properly classify his patients, and more doors will open at once.

There are other points considered by Doctor Mitchell, which the limits of this paper render it impossible to discuss. The attempt has been made to say something for the association by one who belongs to it, yet is hardly of it. This peculiar position allows him to understand and recognize the spirit of the work of its members and appreciate their virtues, while not blinding him on the other hand to their short-comings, which do not seem to him very glaring, and largely grow out of the peculiar relations which they bear to the public. The standard of hospital care set by the foremost members is a high one, perhaps quite as high, when looked at from all points, as that of Doctor Mitchell, and in the end will accomplish even greater results, because it has grown out of a practical acquaintance with the insane, covering, one might say, the last hundred years.