

AMERICAN JOURNAL OF INSANITY

EXTRACTS FROM THE WRITINGS OF WILHELM
GRIESINGER, A PROPHET OF THE NEWER
PSYCHIATRY.

TRANSLATED BY FRANK R. SMITH, M.D.,
Associate in Medicine, Johns Hopkins University.

(Concluded from page 105.)

INSTITUTIONS FOR THE INSANE AND THEIR FURTHER DEVELOPMENT IN GERMANY.

On several occasions it has been my duty to express the opinions I have formed concerning institutions for the insane and their general characteristics in the near future. These observations have been set down in manuscript notes which have never been published, in judicial decisions and in private letters. Certain remarks which I made before the Congress of Naturalists,¹ solely for the purpose of setting forth my point of view at that time, were much too brief and expressed in too aphoristic a style not to admit of a certain amount of misinterpretation. On this account it is my intention in the following pages to put down somewhat comprehensively, although of course very briefly, what I consider to be necessary or desirable in the matter of providing for the insane in Germany in the near future; and to show on which side I wish to range myself in the present unquestionable crisis which has been reached in the question of the public care of the mentally afflicted.

¹ Ztschr. f. Psych., xxii, p. 390.

Not that I regard this crisis as in any way calamitous or dangerous. On the contrary, I see in it rather the tokens of a fuller development. To deny that such a burning question exists furthers the matter not a whit; indeed the preformed fixed determination to see in the present conditions the only good and the acme of perfection would go far towards hindering the discovery of the truth. When science is able to establish new points of view, when urgent needs are thereby made manifest, which cannot be satisfied by the methods at present in vogue in the care of the insane, in the face of evident facts it is wrong to ignore or deny the existence of such needs. Nay, it becomes our bounden duty to see that our methods shall be adapted to suit these new requirements.

This is what was done when our present institutions for the insane were founded. And shall we say that to-day no further progress is possible? Nevertheless let us note a statement made a few years ago by a man who is held by most reformers to be an authority, I refer to Damerow, who in an article published in 1862¹ declared that "With our present asylums and infirmaries for the public care of the insane, no further advance or development is possible."

But why no further advance? Certainly not on the grounds which Damerow himself had in view when he made this statement, namely, because the number of patients demanding admission into these public institutions was always increasing and because it was becoming every day more and more impossible to provide means for caring for them all properly along existing lines.

But important as are these factors which depend upon external conditions, still more so are those internal causes that have resulted from the wider development of science. The different standpoints that have been attained through a more accurate knowledge of the pathological conditions concerned, and a more comprehensive utilization of accumulated experience, have opened out to us new ideas in the matter of the public care of the insane.

The great reforms that began to be instituted 40 or 50 years ago came as the result of the recognition—one might almost say the discovery—that a certain proportion of the so-called insane

¹ *Ztschr. f. Psych.*, xix, 1862, p. 187.

were curable. Upon this fundamental truth depend almost all the work that has been done and almost all the advances that have been made in Germany in the public care of the insane. Intimately connected with this idea is the erection of institutions for the treatment of curable cases and those for incurable cases, the combination of the two kinds, and the question, among others, of a future separation or union of the two forms. Moreover, the attempt in dealing with ways and means, to assign a just and impartial share to the curable and incurable affords to-day more anxiety possibly than does any other consideration to those who are occupied with the question of the erection of new insane asylums.

And yet it must be confessed that this conception of curability and incurability, practically and in the light of experience, has not sufficient in it to allow of its being acted upon as a fundamental principle upon which should depend the separation of the institutions. The criteria of curability, in so far as they can be used to determine the admission into certain institutions, are in the highest degree unreliable. Indeed it often happens that only after the reception of the patient can the expert—often too late—arrive at more correct data. The main criterion of curability—or at least the one upon which so much stress is usually laid—namely, the short duration of the disorder, in the loose sense in which the term is generally used, is absolutely false and can only give rise to baseless hopes, as is readily proved by a single glance at the paretics. The word “curable” suits only a very narrow class of patients although it is true that for these it is quite appropriate. Indeed, the conception of curability and incurability has been employed in psychiatry far too often and too loosely. Complete recoveries are not so extraordinarily frequent; indeed as a matter of fact they are possible only in a limited number of cases. Actual practice has always nullified the theories, according to which one class of institutions—whether the two are quite separate or occupy the same grounds—is reserved for curable and another class for incurable cases. It is an open secret that the so-called pure sanatoria (*reine Heilanstalten*) receive far more incurable than curable patients. At any rate I know of no such single institution in Germany, that in actual practice absolutely refuses to receive the most hopeless of all—the paretics. Thus it will be readily seen that the distinction between curability and incurability—since

scientifically it has but a very weak basis and in practice is regarded as an official fiction—can never offer a sound principle for the separation or bringing together of patients into appropriate institutions. Furthermore, it is impossible to imagine, that for all the widely diverse conditions which at the present time we commonly and which we shall continue to term mental disorders, a single method of public care could possibly be adapted; or that for so multiform or even totally heterogeneous needs, one and the same kind of institution could possibly suffice. On the contrary, in my opinion it is our duty to strive even more energetically than we have done as yet to meet the most important of these needs and conditions by contrivances which shall be suitable for each.

For the demands of practical life, as it really exists, I believe that the following may be set forth as a fundamental proposition:

A proper public care for the so-called insane involves two main principles—or in other words two main kinds of institutions, which must, therefore, be kept apart,^{*} inasmuch as they demand an absolutely different location, buildings and organizations. In the former we have to provide for a purely temporary, in the latter for a prolonged stay of the patients. The practical arrangements for these two objects are absolutely different, the difference being far greater than that existing at the present day between the institutions for curable and incurable cases respectively. Only for the latter class—those patients whose cases demand a long sojourn—are those special institutions necessary, which are now generally meant when we speak of modern asylums. The proper time of separation, however, is of genuine practical importance; this is easily recognized and its inevitable consequences can be readily arranged for.

Of all the mentally disturbed individuals who are committed as insane only very few are brought into asylums on account of the fact that they are suffering from a certain mental disorder. The majority come to us because of a certain stage of this disease which is associated with, or leads us to fear the occurrence of, disturbances, disorderly conduct or acts, which may have fatal or

^{*} Of course I mean when some such separation is possible. On a small scale, where it becomes necessary to provide for only a few dozen patients, such a separation need not be thought of.

unfortunate consequences for the patients or others. Hundreds of individuals who are suffering from the same disease but not to the same degree or with the same manifestations are sent to other, ordinary hospitals, or are treated at home; while others again remain free to go about as usual. It is a matter of experience that this severe grade and that these disturbing or critical manifestations, in the case of the majority of these patients, do not last long and that the marked degree of depression or excitement—which supplies the indication for commitment to an asylum—again disappears after a relatively short time. Often indeed a few weeks or even a few days are sufficient to restore the patient to the condition in which he had remained for years before the transitory exacerbation, frequently caused by some extraneous incident, came on. Every alienist knows that, despite this fact, it would be unwise to let such individuals go immediately. At the same time a large proportion of them need only temporary treatment and care, such as could not possibly demand all the varied and multiform apparatus which is considered as necessary and as an essential part of the modern asylum.

Not until the exaggerated excitement or depression for which, as a rule, such patients have been committed, has passed off, or has remained unaltered for a relatively long period, can the alienist, unless exceptionally, arrive at a true appreciation of the disorder. Then only does it become possible for us to recognize whether we are dealing with a pure mania or melancholia, or with one of these forms appearing in an already mentally enfeebled individual. Then only can we decide whether we have to do with a simple melancholia or with one of the circular forms or the like. Not infrequently one appreciates then for the first time—always I mean by objective examination—whether the case is acute or in all probability quite chronic. Even for the recognition of paresis long observation is often necessary until the first stormy manifestations are over, when for the first time one finds oneself in a position to make a prognosis. Still later it becomes possible to determine more definitely whether the course of the disease renders it possible that an acute ending may be expected. Lastly, one is able to decide whether the individual will ever be capable of returning to private life in any form, completely or partially reestablished in his mental condition despite an apparent hopeless

incurability; or whether, in view of the fact that the psychical disturbance will probably prove to be a lasting one, or still more often, not on this account so much as by reason of unfavorable surroundings or lack of means at home, it appears likely that either permanently, or at least for a long period of time, he must necessarily belong to the number of the chronic insane who have to be cared for at the public charge.

Among all the so-called insane of which the principal classes have been briefly cited by me elsewhere—constitutional forms, localized pathological processes of a paralytic character, accidental brain disturbances of all kinds with marked psychical symptoms—among all these cases are met with which demand only a very short stay in an institution although at times this may have to be repeated several times. Among all also there are not a few patients—even the paretics are no exception to this rule,—as soon as the circumstances outside are favorable—who can again be returned to private life without being fully restored to health. But among all these classes there are also chronic unimproved or incurable cases that need a permanent stay amid special surroundings which must be prepared for them not only on account of their own needs but also of those of society at large. Nevertheless, all this, as we have said, becomes clear, as a rule, only when the acute manifestations have passed away, and that such patients do not demand such peculiar conditions during the acute exacerbations, and that, therefore, they should not have them, constitutes a proposition which can hardly be disputed.

The requirements demanded for the purely transitory reception of individuals suffering from acute disorders may be briefly stated as follows: I would, however, especially emphasize the fact that in speaking of these acute conditions I am not referring to merely recent diseases as curable forms; on the contrary, I would say emphatically that I include also exacerbations of wholly chronic forms, as well as the numerous patients who are discharged from Sanatoria as cured, who I consider resemble hysterical patients whose paroxysms cease for quite a lengthened period.

It is of the utmost importance that every large city should possess in its immediate neighborhood such a place in which acute cases can be received and properly treated, and moreover reception into such an institution must be made easy in every possible way.

The trouble and disturbance which are caused in families of the lower and middle classes by acute conditions, such as a marked grade of melancholia, suicidal out-breaks, alcoholic, erotic and similar excitement, demand immediate assistance and for many cases, especially accidental brain injuries, the curability or incurability may depend largely upon whether the patient is taken from his home a few days earlier or later.

Hence it naturally follows that the reception must be made easy by having a large number of free beds and very low charges for the care given. All public institutions should be for the poor and not for the rich. But among the former one should not include the lower classes only. In Germany, probably to a larger extent than in other countries, there is to be found a class of people who have been brought up carefully and properly educated, but who are without any other means and are therefore dependent upon the regular earnings derived from the exercise of their mental faculties which represent their sole capital. In these cases, as soon as the man falls sick, his income ceases, so that from this very fact it becomes impossible for him in most cases to enter a private asylum. For this class, so numerous in all the large cities and forming so important and interesting part of the community,—school teachers, artists, physicians, clerks, men of letters, merchants and others, for wives, daughters and widows with education, but without means—the reception into these public institutions must be made easy and the internal arrangements must be put on a footing suited to the station of the patients.

A house that is to be used for the transitory reception of patients needs none of the apparatus and furnishings—so costly and that take up so much room—which have been found necessary for the modern insane hospital. A large area of ground becomes impossible on account of the enormous price that would be demanded for it if in close proximity to a large city. And after all what purpose would a large tract serve? The cultivation of land could hardly be demanded at such a place or with such a floating population. A small, but cozy and shady garden, divided into two portions for the two sexes, can readily be acquired near large cities; and for a plentiful supply of fresh air we can depend largely upon large verandahs. There need be no work-shops—every one knows that these are only necessary for Sanatoria. A church

is not necessary; a cozy room will suffice for the patients in which to say their prayers. No large dining rooms, play-grounds, gymnasiums, bowling alleys; no halls for evening parties or for amateur theatricals—all these are useless during the acute conditions and for the relatively short time necessary for convalescence or the passing away of the agitated stage are unnecessary. On the other hand a quiet spot with surroundings as attractive as possible, freedom from the noise and stir of the city, but without any appearance of mystery as though secrets were hidden there, must be provided. These demands, quiet and protection from the hubbub of the great city, are very difficult to obtain satisfactorily. But they must be had, and for this purpose a somewhat large outlay is fully justifiable. To think of obtaining these advantages by seeking the solitude of the country, of course, must not be thought of in connection with this kind of institution. Exceptionally it may be possible, even in the city itself, not perhaps in the central portion, but on the outskirts, to find a quiet attractive place free from these inconveniences and satisfying the main fundamental requirements. In such a case it is far better to utilize it, than to build two miles or so outside the gates. I am well aware that in making this statement I am not in agreement with the alienists of the present day, but I assert what I have learned to recognize to be the truth, after experience and long consideration.

The medical staff in such an institution must be relatively large and must be made up of scientific men. The service in the presence of so many acute cases is necessarily strenuous and the responsibility considerable. On the other hand it is absolutely unnecessary, and indeed in the case of these institutions impossible, that the chief physician should live in the house itself. Even if this arrangement offered any particular advantages, the erection of a separate house for the medical director—which certainly would be demanded by a physician in this position and which would also have to have its offices, garden and so forth—would again complicate the whole matter to a considerable extent and in the neighborhood of a large city would be quite impossible. It is amply sufficient that the chief physician should be expected to visit the institution and spend a considerable time there every day, should see urgent cases a second time in the evening and should take upon himself the full responsibility of the conduct of the establishment,

provided that two or three energetic young alienists, together with a suitable superintendent and one who understands the demands of such an institution from a humane standpoint, reside in the house. That thoroughly competent male and female attendants are indispensable goes without saying. It would be a very desirable arrangement that, whenever a call is received, one of the assistant physicians should be sent as soon as possible to visit the patient in his home, in order that he may be able to determine the exact situation of affairs, the urgency for commitment, and the suitability of the case. Moreover such an arrangement will be specially advantageous, not only because the physician himself can become acquainted with the previous circumstances of the patient and gain some points about the history of the case from the relatives or friends, but because he will then be in a position to take the proper measures for the transportation of the patient to the place that he shall deem most suitable.

These institutions can be and should be small. From 60 to 80 or 150 beds will suffice, according to the size of the city. The change of patients is relatively quick; no one ought to be retained there for longer than a fixed period—at most about one year and only in very exceptional instances for 1½ years. The acute conditions seldom last long—individual cases of so-called protracted although simple mania in women may be exceptions—the patients either recover or attain a state of quietude; they die or pass into a slow, chronic, quiet condition. The genuine recoveries in asylums in the large majority of cases are obtained in the first six or nine months. Moreover, the marked improvement or disappearance of active symptoms, which permit the incurable patient to be again returned to private life, belong to about the same period. At the same time it becomes easy to determine whether the condition or the means of the patient necessitate prolonged care in an institution for chronic cases. According to my experience in the Charité hospital few of the recent acute cases can be allowed to go as early as after two or three months without detriment. It is also of the greatest importance that the relations should not be allowed to take their friends away without the consent of the officers of the institution and that the latter may be able to readily make arrangements for the proper disposition of incurable patients.

It is absolutely necessary that the institution should stand in

near relation with those of other kinds, so that after due consultation the transfer of cases that are no longer suitable can be brought about without delay. If these facilities are not provided, there must inevitably result that curse to such institutions—overcrowding—which means ruination in every way; which robs them of their distinctive character and sphere of usefulness and converts them into ordinary asylums.

Nearness to a large city is of great advantage also from the fact that it enables a patient who has become quiet to feel that he is not far removed from his family and friends, a feeling which adds to his psychical welfare and contentment. At the same time it helps him to preserve his grasp on his old life and allows of frequent intercourse with the members of his family—a privilege which of course must be regulated by the physician. Again, under these circumstances, it is often possible to find some employment outside the institution. But after all, the most important advantage offered by it lies in the fact that the patient, when quiet, by means of visits to his home of several days duration can make a test of his condition. Next he can be paroled (being committed again at any moment if necessary), and for a prolonged period of time can readily remain under the supervision of the physicians of the institution.

So far as the internal arrangements of these asylums are concerned, the objects to be obtained by treatment afford the only rule to guide us. These are not very different from those which we obtain in the ordinary general hospital. There is no need of splendid buildings or gorgeous fittings; simplicity, but at the same time comfort, are the first considerations. Externally, the house need hardly be distinguishable from a large private residence; there need be no pinnacles and other like foolishness. If space allows the institution can consist of several small houses or pavilions which, however, must never be connected by halls and passages.

In the matter of the internal arrangements, it must be remembered that among its inhabitants will be a number of sufferers from bodily complaints with severe cerebral and nervous symptoms, and general disturbances of nutrition, as well as those who are in a profoundly weak condition. Still further, such places are called upon to accept patients suffering from marked

degrees of excitement. For this reason we shall be going rather below the average when we reckon that, of the inhabitants of the house, about 25 per cent are to be put down as needing perpetual watching and care day and night, so that for them we have to provide a separate suite of rooms (*à surveillance continue*), an observation department. It is important that every newcomer should be kept in this department, for a few days at least, after his arrival, until the physician has become better acquainted with him. For this observation department all that is absolutely necessary would be two rooms for each sex, not very large, but comfortable—a combination of infirmary and *division à surveillance continue*. In addition several separate rooms for bedridden patients or those who need absolute quiet must be provided. On his arrival the patient should not have to pass through long halls or corridors, but should come at once from the reception room, almost from the front door, into the observation apartment, with which are connected a bath room, a simple empty isolation room and a padded room. This forms in reality a separate organized department, and in large establishments of this kind may occupy a separate portion. Need I say that the part of the insane asylums of the present day devoted to cells, with their double corridors, their depressing rooms and their distinctive fragrance (?) are an abomination? The psychiatry of the mad division is as little to my taste as the strait-jacket. For the short isolation necessary, at times for a sojourn of a night, the two rooms mentioned are all that is necessary. This, the most important part of the establishment—which I have briefly described—must have the best and most reliable attendants and can hardly have a sufficient number of visits from the medical staff.

The remaining parts of the house are more easily organized. They are for patients who are not confined to bed, not disturbed, more quiet and more accustomed to their surroundings, for the relatively numerous individuals who waver so long between acute and chronic conditions. Each can consist of three rooms—with proper offices—and if possible each should have its own veranda, but not its own garden. They can be situated further from the center and can form under certain circumstances small wings of the building or even separate pavilions as the case may be. An important requirement that distinguishes these places from ordi-

nary hospitals is the provision of several attractively decorated, light day rooms and dining rooms and a relatively large number of separate bed rooms, which are an absolute necessity for patients of the more cultivated classes described above. Roomy, comfortable bath rooms, fixed up with all the possible contrivances for the use of water, constitute a very important feature of the house.

Furthermore, as an important part in such a scheme, it is necessary that a house, destined for the purposes just mentioned and briefly described, should be intimately connected with another hospital already existing or to be erected. Of this I shall speak more in detail further on.

These institutions may be termed *city asylums*, inasmuch as they are for the service of the city and supply one of its special needs. Whether they should be erected by the city authorities or by the State depends entirely on local conditions and upon the other purposes for which they are intended, especially clinical teaching. Where a whole county is no bigger than a single large city, these institutions should be supplied by the general government and should be established at the chief city or university town. Whether or not neighboring communities should be allowed to share in the benefits of the city asylum, no general rule or principle can be laid down here.

In close connection with the organization of such institutions there is a crying need and a new, most important interest—the question of *psychiatrical instruction*. This is absolutely indispensable. Men, in order to give the proper advice to families about the sickness of their relatives, or who are to come into the courts to clear up doubts and answer questions as to the mental condition of individuals, should certainly have a chance of learning something about the subject somewhere. Twenty-two years ago—in the preface to my text-book—I demanded regular psychiatrical teaching at the universities. Since that time not a little has been done, but the work is still in its infancy. In Zurich, in the last two summers of my stay there, I held a psychiatrical clinic with a scanty material obtained from the old insane asylum, but nevertheless the attendance was so large, my hearers so interested and the benefit so unmistakable that even to-day I look back with the greatest pleasure upon the organization of this small

clinic. Würzburg, Munich and Erlangen had previously been supplied with such clinics. For the last two and a half years Berlin has had a clinic with an organization which has introduced into its curriculum an entirely new element—the simultaneous clinical study of nervous diseases. This innovation opened up a new path for scientific study and will ever remain an example for imitation, of the import of which I shall have something to say further on.* Göttingen, likewise, for the last two years has had an excellently conducted psychiatric clinic. But in the remaining nine universities, up to the present time, nothing has been done on these lines, or at least we have seen nothing but fruitless, spasmodic efforts, often entirely barren of result. Surely it is high time that the matter should pass from the region of endless debate and be introduced into practical life.

In many places in this connection we have had just what happened when the questions of family treatment, non-restraint and so many other psychiatric advances were first introduced. The highest state authorities were in favor of psychiatric instruction, but when it came to the practical carrying out of the idea, there were introduced, asked and unasked opinions of men who, although probably influenced by the best of intentions, had absolutely no practical knowledge or experience in the question under discussion. Naturally, one might have supposed that, so far as psychiatric clinics were concerned, the judgment of such men would not have been allowed to have much weight—inasmuch as never in their lives had they conducted a psychiatric clinic or, may be, had never even attended one for a single hour. But despite this fact, up to this present time the “ifs” and “buts”—that have years ago a hundred times over been settled by experience, and that nevertheless ever and ever are brought out *ad nauseam*—the talk about the immense difficulties connected with the psychiatric clinics, the fear of enormous expense in connection with immense clinical insane institutions, the wild and perfectly imaginary statement that clinical demonstration injures the patient—all these influences, combined with the *vis inertiae* that clings to all human things—were able to delay in many places this work

*In another place in this volume there is a detailed report of the Berlin Clinic.

so profitable from the standpoint of the state and of so immeasurable importance, and even to turn the current backward.

I shall certainly allow myself a practical judgment upon this question and I insist most emphatically upon the truth of the following statements:

(1) The carrying on of a psychiatric clinic is a relatively easy task, provided that only experts in the matter are allowed to have to do with it; that we are not led far afield by meaningless objections; that we are ready to devote a sum, that will probably amount to only about half of that contributed to lying-in hospitals and gynecological clinics. And, after all, are these very much more important specialties than psychiatry?

(2) The benefit derived from the psychiatric clinic is so great that it bears no relation to the cost.

(3) In each university there is always to be found a goodly number of men who would wish to attend a well conducted psychiatric clinic, even when there is not the least compulsion in the matter. At the same time the importance of the subject would at first render compulsory attendance at the psychiatric clinic for native students perfectly justifiable.

(4) With regard to any injury that would be done to the patients—about which a good deal of nonsense has lately been talked—there can be no possible fear of any such result in a well conducted clinic. Out of several hundred insane patients that I have shown to my students, I have never found that a single one has experienced the slightest harm. On the contrary, one can often observe that the effect of the demonstration exercises a remarkable and favorable effect. Patients, who as a rule show but little self-restraint, seem to control themselves to meet the occasion; disturbed patients not rarely become more quiet; patients who at other times play the fool, make silly speeches and gestures, lay all such inanities aside; patients who have been sullen and speechless sometimes give expression to their thoughts in a remarkably clear and interesting manner. The patients who understand their surroundings, for the most part are cognizant that such demonstrations are given with a view to instruction, but are in no wise disgruntled by this idea; indeed many of them will do their best to further our object.

For the laity only it is necessary to add that all that I have said holds good for female as well as for male patients.

Thus it will be seen that as regards the benefits, the necessity and the ease with which such a scheme can be carried out, there can no longer be the faintest doubt, and the abundant material, that now year after year is wasted, so far as regards instruction, can finally be used for this important purpose and be made fruitful.

But the question may be asked, How can this be done? In the carrying out of the scheme, especially as regards the relations of the psychiatric clinic to the existing insane asylums, of course we must have experience before certain uncertainties and doubts can be solved. The man competent to make these experiments will be one who appreciates the fact that in the presence of a new task he must search without bias and take hold of the right, unhampered by prevailing opinions; nay, when necessary he must go even so far as to sacrifice some of the most cherished prejudices. This is my own personal experience. It took me a long time before I obtained a clear idea of the methods by which the scope of the psychiatric instruction could be rendered most effective and before my ideas, gained from the views prevailing in the existing insane asylums, after a longer experience gave way gradually to other opinions. It is true that, inasmuch as few men in Germany have been in a position to follow the same method and to arrive at an independent standpoint, I do not expect to meet with a universal acceptance of my views, but at least I can ask for a calm test of them. A very little time will suffice by experience to prove their truth and to show that opposing methods are impractical. I shall limit myself to formulating a few conclusions, which are as follows:

(1) The psychiatric clinic can never flourish as a source of instruction to all, not even though the course should be made compulsory, when the attendance is rendered difficult for students by extraneous circumstances. Nay more, special facilities should be afforded to the student to avail himself of these advantages. Above all, since he must be spared loss of time, everything (hours and places) must be made as convenient for him as possible. For these reasons the whole scheme must inevitably suffer if the psychiatric clinic be situated at some distance from the city, or, in the case of a large town, in a part remote from the other clinics.

Nearness to the latter is an indispensable feature. A walk of a quarter of an hour supplies a hindrance which can mar everything. The best arrangement would be for the psychiatric clinic to adjoin the other places of instruction.

(2) The psychiatric clinic must contain an abundant material of acute cases. The future practitioner must, above all, be taught how to grasp the situation, diagnose and handle such patients when he is called to see them in private houses. Only in acute cases is it possible to observe the real course, the genuine progress or retrogression of the pathological process, the onset, the convalescence, the interesting clinical picture afforded by further symptoms connected with the cerebral disorder, the success or non-success of treatment.

(3) As is only natural in an institution containing many acute cases, the rotation of patients is relatively speedy. On this account a clinical asylum can be small and yet at the same time good. We need not have over 100 or at most 150 beds; nay, if the majority of the cases are acute, and careful measures are taken for the transference of unsuitable cases, we can do with from 60 to 80 beds. My own demonstrations are provided from an average number of 120, and with one year's admissions, which in 1863, for instance, included 430 so-called insane and 86 epileptics. I demonstrate during every half-year from 80 to 100 cases, among which instances of the most important diseases, such as paralysis, with a great variety of symptoms, and for the most part the rarer forms with many modifications, are represented. This suffices, when united with an appropriate course in psychiatry, to initiate the students into the first principles, at least in so far as university instruction can do this for any of the practical branches.

(4) It is not in the least to be feared that by this arrangement the chronic and incurable conditions, the countless residua of processes that have run their course, cannot be demonstrated to the student in sufficient numbers and with satisfactory precision. No matter what kind of organization be established, in any given asylum it is inevitable that there should at all times be found a fairly large number of such cases—always sufficient for teaching purposes. What we have to fear, indeed, is just the reverse, namely, that these residua will far outnumber the acute cases, and consequently we must take energetic measures to pro-

vide for the possibility of a steady passing on of such cases as soon as they have served their teaching purposes—just as would be done in any other clinic.

(5) No less than the requirements thus far mentioned do all the others connected with the clinical asylum coincide with those of the city asylum. The latter can be situated in the same grounds or quite close to the clinical hospital. It can even form a part—although a separate department—of it. From the general rules of the management and discipline it is easy to make the relatively insignificant modifications which the special objects of this department would call for. If the municipal asylum in a university city be provided with all the appliances and conveniences which are necessary to make it a scientific observatory, and if in addition a lecture room be supplied, then out of the municipal asylum a clinical asylum has been made.

On these lines and in no other way is it possible to provide in a really satisfactory manner for clinical instruction in psychiatry.

Even supposing that it were not feasible, on account of local conditions, for the university to obtain a small asylum with a majority of acute cases, but that it were possible or for special reasons a matter of great urgency that a home for the insane (Pflegeanstalt) should be established in the immediate neighborhood of the university, of course the material from such an institution would not be so well adapted for teaching purposes—but at any rate it would be better than nothing. But only as a second best alternative would one be justified in the idea of using large insane asylums for teaching purposes. Moreover, there would always remain the great objection that all such institutions, in order to be really good, must of necessity have a rural character, and would, therefore, be at some distance from any city, so that for this reason they would not meet the main requirement previously mentioned, namely, the close proximity to the other clinics. Nevertheless, some such imperfect arrangement is better than nothing. At any rate it gives the teacher of psychiatry a chance to pursue his specialty. Hence it follows that in a country that possesses only one university and only one asylum is needed, this should always be established quite close to the university and all ill-advised counsels to place it in the seclusion of the country should receive no attention. In the vicinity of our

small universities, as a rule all the conditions are, to say the least, sufficiently rural.

From the instances in which the clinical asylums and even the city asylums can conveniently form departments of larger hospitals, much light has been thrown upon the idea, so generally accepted in German psychiatric clinics of to-day, that only special and distinctive institutions are desirable or appropriate. This idea owed its existence mainly to the conception which held psychiatry to be, as it were, a close corporation, and from too wide a generalization of what holds good only for a portion of the patients. Any one who has once recognized the unity of so-called mental disorders and other cerebral and nervous diseases, can readily see every day that in the case of many patients it is merely an arbitrary decision whether we are to call them mentally or nervously disordered, and whether we are to assign them to the nervous or insane department. Hence one can readily see from what standpoint we must take up the question. Nevertheless, in this connection I may be allowed to say a few words about still another question. Would it not also be possible to properly care for the mentally disturbed in ordinary hospitals, not only for those merely temporarily afflicted and in urgent cases, but also for those who need prolonged treatment? For a certain class of so-called insane cases and for a certain class of hospitals this question can be answered most emphatically in the affirmative. Chronic, perfectly quiet patients, with a residuum of disease manifesting itself in feeble-mindedness and especially genuine idiocy; simple mental invalids suffering from paralysis, fits and so forth, and at the same time the more or less mentally confused and the larger majority of dull epileptics, etc., of course, can very well live in the large infirmaries together with bodily enfeebled individuals. But whether these mentally sick, languishing and crippled ones, these social and intellectual nullities, ought to be associated with those who are merely enfeebled in body, or whether a separate place should be assigned them will depend largely upon their number. No fundamental or important principle is involved. Certainly these insane and feeble-minded individuals in such large hospitals should not be relegated—as we so often find it to be the case—to the most remote corners of the building, and crowded in damp,

grim yards, upon whose walls the cats roam around, where no tree or flower delights the eye, and where a bit of blue sky can hardly be discerned between the gloomy roofs. No. They should receive the same simple, but no less good, treatment and care as other inmates of these hospitals. They should have plenty of fresh air and light and always constant good medical care and in accordance with the humane spirit of our time these unfortunates should fill the places in life that nature has decreed for them. Religious societies can join in the care of this class of patients to the best advantage. But, above all, science must take note of them and must not allow to be lost the priceless material for instruction and research which they offer. But in the case of the insane a long stay in general hospitals must be limited to this class. Hapless inhabitants would be those individuals there who, vigorous and strong in body, although insane or mentally defective to a slight degree, need work, especially work in the open air. These unfortunates often stay here for years idle, behind barred corridors, in cells; their unused bodily vigor expending itself in cries and tumult. They indeed find themselves in hell, and they shake to their foundations the order and harmony of such a house.

From what has been said, then, it is apparent that a large portion of the so-called insane, acute as well as grave chronic old cases, can be better cared for in departments which need not have the character or the arrangement found in modern insane asylums. But such a statement must not be taken to mean that the latter are not needed. There remains a large number of chronic⁵ patients or those presenting what from a medical standpoint may be regarded as disease remnants or residua, who vary frequently between better and worse. There are many of the so-called demented or feeble-minded, who suffer from frequently recurring periodic or circular disturbances, from "moral insanity," etc., who bodily are more or less vigorous individuals for whom a peculiar kind of care specially suited to their condition must be provided. And these conditions are attainable in the

⁵ Chronic does not necessarily mean wholly incurable. What may be termed "recovery" can be attained by many of these even after years. The benevolent influence of a country life for years is very valuable in this connection.

majority of our present insane asylums. Among these individuals are many who cannot stay at home with their own families—even if they have any—because on account of their weakened intellectual powers the ordinary conditions of everyday life, simple as it may be, are no longer supportable; who, because in their original surroundings they are subject to frequent attacks of excitement or confusion, would be misunderstood and not fairly dealt with, and on account of their pathological manifestations might be subjected to cruelty; and who at any rate would prove a more or less disturbing if not dangerous element to those that surround them. Many of these individuals are still perfectly capable of rendering their lives, in part at least, serviceable to others, more especially in utilizing their bodily strength in suitable production and at the same time of adding a certain amount of pleasure to their own existence. But all this can only come about provided that they are allowed to live under certain peculiar, simple conditions, suitable to their needs. Under such conditions we see a number of these individuals, who in their own homes would not only be absolutely incapable of work, but would also be insupportable to those around them, quiet, relatively contented workers, who for many years pass an existence satisfactory to themselves and others. Their intercurrent times of excitement of various forms become milder and rarer under good treatment; their bodily health improves; mental needs become not altogether foreign to them; in their manner of speech and behavior they still retain some form of healthy life. In a word—but only under especially arranged conditions—the life of a human being is still more or less possible, and the man who cares for them must seek to preserve for each one of them, as far as possible, this human life, unless indeed the name humanity is on his lips only and not in his heart.

The individual—even the so-called insane individual—is no living machine whose functions are ended with the satisfaction of hunger, thirst and with the provision of purely mechanical work. He has emotions, he has interests, he has a heart. It is true that in many of the mentally diseased the soul is sunken in darkness, the intellectual nature is extinguished, the will is broken; but in others these emotions are still present, although too often they are like sparks glimmering under the ashes. But

sparks though they be, they are precious. The mental forces of human nature, the healthy emotions in these poor creatures must be fostered and cared for. They must be recognized at their true worth and must be exercised. The more and the better any system of care brings about this in the afflicted the better it is. The less it accomplishes on these lines the worse it is. I am well aware that this remark applies not only to the method, but even more so to the conduct and carrying out of it in individual cases. A method of care in itself bad can nevertheless by means of the spirit of love, good judgment and kindness on the part of those persons who carry it out, especially when they combine these qualities with the scientific spirit and with the honest instinct which searches after truth, can right well fulfil its object, whereas on the other hand a method devised according to the most humane intentions in other hands can be productive of misery to those which it would care for. But after all this correction of bad conditions by good individuals has its limits; those who carry on the work change and in all our arrangements we must seek to establish as far as possible an organization which shall be the best independently of the personal factor as regards the difference in individuals.

For the insane of whom we are now speaking, we have to arrange for a long stay, even for many years, often for half a lifetime. For this whole period we must guarantee to them, as I just now said, the utmost possible utilization of their lives, for themselves, for others and for society which cares for them; their bodily health must be preserved; every good instinct, every good emotion must be encouraged and a moderate degree of happiness in life must be assured to them. Above all things and under all circumstances, we must see to it that we protect them from sinking still lower.

These important ends the newer psychiatry has sought to attain by the barrack method—although in employing the term I have no thought of a secondary bad sense. In huge places or convent-like buildings, which, as a rule, are a source of the greatest admiration to the ordinary public—although to-day it would be an easy task for any good builder to erect one after the excellent models to be found in England and Holland—are to be found

several hundreds—in England here and there over a thousand—of these patients in a single institution. With the greatest and most thoughtful care, I might say with scrupulosity in the erection of these institutions, provision has been made for fresh air, light, nursing, employment and distraction of the patients. As a rule, the service is well regulated and there is apparent an energetic attempt on the part of the physicians to bring about still further improvements in the details of the arrangements.

The foolish excesses of luxury in some places and, on the other hand, the sad contrast which can sometimes be found between gorgeous halls and straw beds on which the patients sleep, between extensive parks and a starvation diet, must not be set down to the fault of the system itself. With pride we can point to these houses as beautiful monuments to the humanity of our century.

But from an economical standpoint there is another side to the question. In the realm of public beneficence the superabundance of one must be taken from another who is also needy. What we have to accomplish is to care for as many as possible, as well as possible, but as cheaply as possible. Whether our present way of doing things has satisfied these demands we may well doubt. It is calculated that in the new buildings, such as are now demanded almost universally by the psychiatrists of today, it costs about \$750 for the provision of a place for a single patient. Often indeed this sum is exceeded. A new German institution destined for four hundred patients has cost \$450,000 to erect. Foreign countries have not remained behind. The three new institutions in Paris—Ste. Anne, Ville-Evrard and Vaucluse, accommodating eighteen hundred patients—will cost twenty-two millions of francs, about \$2100 per capita; and these examples might be multiplied many times. Fortunately, this is not the universal rate, but if one considers that in the last twenty years places for about four thousand patients have been provided in German insane asylums and that in the whole of Europe probably nearly three hundred thousand insane patients are in institutions for whom finally good buildings must be provided; and when one considers that to the cost of the buildings the expense of keeping them up and the expense of caring for needy patients must be added, we shall certainly admit the fact that the expendi-

ture is out of all relation with that obtaining in other fields of public charity.

In order to feel sure that the money is utilized in the best possible way I should have to reduce the expenditure. But my own opinion is, that for many of the individuals who have been treated by this lavish method such an one is not necessary, nay more, that often it is not even advantageous. Who would wish to belittle the excellent purposes of the men who established these institutions and who have hitherto advocated this idea? I myself until a few years ago could imagine nothing different or better, and I still believe that the complete carrying out of the idea was a necessary intermediate step to further advancements. But at the same time I believe that this idea of applying exclusively the barrack system of care to the chronic insane, who are still capable of leading a human existence, is now a thing of the past and has no further future, and that for a considerable portion of the patients, who up to the present time have lived under this system, something better can take its place.

It is a misfortune that in the life of the insane the good must suffer with the bad. Because for a certain number of the chronic patients, of whom we are now speaking, a life resembling that of the sane man and which connects him with the sane man, is no longer possible, we take away these privileges from no insignificant a number who would still be able to enjoy them. Moreover, the idea that each category must be considered separately and in accordance with its nature, in many places has not yet been appreciated. We establish rules for these bad ones which are supposed to hold good for the "insane," and we make our arrangements to suit these rules. Because a certain small proportion of insane patients are a source of danger to those who surround them, a large number are treated as if they were so. Because a certain number are no longer capable of enjoying any freedom, we make this deprivation of freedom the rule. I do not mean that the mentally diseased should be granted the same liberty as the sane, but I do say that they should be given that amount of freedom that is consistent with the safety and welfare of the public and that is consonant with the condition of the patient. I mean that to very many of these afflicted ones much more of a wisely con-

trolled freedom can be given—and therefore should be given—than we in Germany at the present day are willing to allow. This is our bounden duty not only because we are doing an injustice in restricting the freedom of any individual more than is absolutely necessary, but even more because the healthy mental faculties, whose conservation and utilization for the establishment of a really human life are necessary in dealing with the chronic cases, as a result of a prolonged mechanical mode of life and in a constant association of the patient with others, are blunted and destroyed. Of this fact we have hundreds of examples among patients in infirmaries, because these forces can only be nurtured in the presence of a certain amount of freedom. To my worthy colleague Roller we owe the dictum, expressed in 1861 on the last page of my book, that many of the insane could be allowed much more freedom than is generally considered advisable. Since that time I have become convinced of the truth of this dictum from personal observations in many places and I am heartily in accord with this view. But, provided that such patients can support it, it is our bounden duty to give it to them.

But this is by no means all. So far as regards a number of these individuals we cannot save them from confinement to a definite locality, or from a continuous existence among fellow-sufferers; nevertheless, we must recognize the fact that from a steady close supervision and a strictly mechanical mode of life they can derive much benefit. These patients are all dangerous, turbulent, disturbing elements, no longer to be tolerated in social life and such of them whose proper place is not in hospitals at any rate need to be confined in institutions. As to which of the so-called insane are dangerous, much has already been said. My firm opinion based upon experience has convinced me that the most important factor consists in the surroundings among which the patient is placed. Provided that these are suited to the particular case, provided that the treatment is good and appropriate, the vast majority of the patients are not dangerous. On the other hand, in the presence of unsuitable surroundings, external sources of irritation and bad treatment, almost all can become so. This much is certain, that even twenty years ago the freedom now given to a number of patients in the agricultural colonies with the greatest benefit to them was considered in the

highest degree dangerous. Thus in Gheel, with a free insane population of over 1000 souls, years can pass without any dangerous manifestations on their part, or at least not oftener than might occur among the same number of sane people.⁶

Moreover, it is certain that occasional dangerous manifestations, just like other exceptional accidents in the outside world, cannot in any way be effectually guarded against, despite the most rigid precautions, even although all the patients should be kept in prison or in chains. On the other hand, it is also certain that there are patients who at times, no matter under what treatment they may be or what may be the external surroundings, can become dangerous to the highest degree. This applies more especially to certain epileptics with hallucinations and individuals with rare forms of moral insanity. For such cases when there exists a reasonable probability that this danger is to be feared from any given individual, prudence of course would indicate the adoption of such measures as would be appropriate if such a danger was actually present.

Briefly, then, as belonging to the class of individuals, who on these general grounds require permanent safekeeping in a "closed" asylum are to be reckoned: (a) Those who have already committed dangerous acts,⁷ or who on account of their threatening language or peculiar conduct really justify the expectation of acts of violence. (b) Individuals who have frequently attempted suicide, or who have morbid inclination to alcoholic or sexual excesses or frequent thefts. (c) Individuals suffering from fixed delusions so that they utterly fail to appreciate the real conditions existing in the world around them. (d) Individuals who use any freedom granted them to run away, to

⁶It may be objected that by virtue of Art. 27 of the regulations adopted in May, 1851, no dangerous lunatic is received. But as a matter of fact in practice this article cannot be enforced, and of necessity is often disregarded. In any case how can insane patients be as dangerous as many would have us suppose, seeing that over 1000 are readily gathered together, who are not dangerous?

⁷This statement also is to be taken with a grain of salt. I do not believe that an individual who when twenty years of age has killed a man during an epileptic delirium should necessarily have to spend the rest of his life—perhaps 50 years—shut up in an asylum. Society would in these cases pay dearly for excessive caution.

become vagabonds, to render themselves unprofitable citizens in every way, those who cause disturbances and are always coming into collision with the public authorities. (e) Individuals who are subject to fits of intense depression or a restless, excited condition or outbreaks of uncontrollable anger. Among these last are especially to be mentioned a relatively large number of epileptics even of the better class, who so often exhibit such passionate outbursts and who besides, on account of accompanying psychical anomalies, already of a severe grade, have become intolerable in general society.

But the "closed" institution has, moreover, to keep for a greater or less length of time chronic patients who on account of bodily affections are in need of a prolonged medical treatment, e. g., with hydrotherapy or the like, or who are bedridden and demand especial care without being fit subjects for ordinary hospitals or infirmaries. Thus one can readily see that there is no lack of patients for whom a stay in a closed asylum must be recognized as not only salutary but necessary; and that with sensible men there is no talk of doing away with closed insane asylums; but on the contrary, that such institutions, where they do not exist, are absolutely necessary and should be provided at once.

But there is another kind of chronic insane—those who are capable of that larger share of freedom mentioned above, and must have this allotted to them. I mean the better ones who should not suffer with the worst types. In every asylum—if we only look around in an unprejudiced psychiatric spirit—we shall find quite a number of individuals who can never return home to their old conditions, in whose cases, at any rate, the disease has often destroyed their most cherished interests in life; who in any case could never carry on or support the life in the outer world of men of sound mind, but who, nevertheless, do not need a lifelong absolute seclusion. Such persons are found in the asylum, although everybody, probably best of all the director, feels that they really need not be in such a place, that they are too good to live among idiots, maniacs, paranoiacs and epileptics. They have been there for many years solely because no one knows what else to do with them. They are harmless, quiet, capable of work, have a certain degree of sense, are useful

under simple routine conditions, composed and peaceable—occasionally, it may be, noisy but quite inoffensive. But in the monotony and uniformity of the asylum their intellectual faculties, such as they are, die inch by inch and become duller and duller. This is the fate of these inhabitants who have accepted the seclusion of the asylum as a necessity. For this unfortunate class of patients public charity could do much. It must seek measures to provide for them the conditions of which they stand in need. It must bring them out of the closed prison into the freer forms of care—a general outline of which will be given later on. As a result of such changes not only will these unhappy individuals themselves be rescued from the misfortune and monstrosity of this continuous deprivation of freedom, but at the same time also the closed asylums will be relieved from the uncomfortable crowding with individuals, many of whom do not need their help. In this connection, therefore, important economical questions also call for proper consideration. For instance, a shoemaker's wife has become feeble-minded; she declares herself a princess, rushes to the palace, writes senseless letters and has all the street urchins shouting after her—in a word, she has become impossible for ordinary life. At an expense of some \$2000 we establish for her a place in a palace with lofty, well ventilated halls, where everything is done by the clock and where she feels very miserable. On the other hand, in a small room in a village, living with people, plain but her own equals, she could have found all she needed; she could have done a little housework, such as she had been accustomed to do all her life long; she could have taken care of children, helped her neighbor and in fact have found a relatively happy life in freedom and appropriate work. This example holds good for countless others of the more or less feeble-minded insane, periodic maniacs and others.

In my opinion the "open-door care" which such individuals need, must always be closely associated with a "closed" asylum. Thus all the necessary provision for a long or permanent sheltering of these chronic sufferers is supplied by a combination consisting of (1) a closed asylum, and (2) the establishment of one or more annexes in which the open-door method prevails—the two systems forming together a harmonious whole. Such an arrangement offers a plan for the disposal of chronic patients

which meets the development required by the wants of to-day. Thus the asylum must in no way be done away or made of secondary importance; on the contrary, it must be still further developed by the addition of new and most important departments, enlarging and enhancing its peculiar work.

These asylums are in every way different from the institutions intended for acute conditions, the clinical and city asylums. They should be in the country and should have a really rural character. All the arguments that certain alienists have brought forward against the placing of institutions near large cities, hold good only for this class of asylums. Nevertheless, isolation in the country is not absolutely necessary. If, as exceptionally might happen, a few miles from a large city a suitable site could be obtained, there could be no objection to it provided only that the patients could be afforded a country life. For this reason I would term these institutions "rural" asylums. Agricultural pursuits should form an important part of their life and existence.

Their extent must, therefore, be large, 60 to 120 acres, according to the number of patients. A larger expansion will be profitable only in exceptional cases as, for instance, at Clermont. Again, the number of patients must be considerable, otherwise one will not be able to find sufficient workers. The economical administration is much easier where the population is large; the question of medical care offers but little difficulty among a class of patients, many of whom for years need make no demands upon the time of the physician. Four hundred, five hundred, under exceptional circumstances even six hundred patients, can be received. Numbers which I have not hesitated to condemn utterly for the strictly "closed" asylums, by a wider development of the open-door system can be received here with profit to themselves and others. Both sexes should be together in one institution, just as they are in any house in the outside world. Asylums are no monasteries or nunneries, and a proper apportionment of the various duties is more readily arrived at when both sexes are represented.

All the arrangements must be suited to a long stay of the patients—for years or tens of years. Well organized and diversified forms of work furnish one of the fundamentals for everything beyond. Idleness for still vigorous insane people, just as

for the sane, is the most destructive thing that can exist as regards the intellectual faculties. For farm and garden work, for workshops for a proper distribution of the various duties for all the seasons of the year and for all the various kinds of inhabitants provision must be made. All must work—invalids no longer capable of doing any part belong not to an institution of this kind, but to an infirmary. Their work must be made to supply a certain proportion of the expenses. Any inhabitant of the institution who becomes absolutely demented, paralyzed or absolutely incurable and unfit for work must be at once transferred to the infirmary whenever this can be done without cruelty.

But this does not mean that we are to establish a work-house; even the closed portion of the asylum should never be a prison. The institution must also offer something which shall provide a partial life to those to whom a complete life is no longer possible and to whom the insane asylum has become a second world. On this account, for these asylums, a beautiful or at least an agreeable situation must be provided and the benefits of a shady park and the provision of all the various but not too costly devices for the distraction and amusement of the patients must not be forgotten. Above all things—and this point can hardly be emphasized too much—in the closed portion of the asylum all the arrangements must have a cheerful, homelike character—everything must be in good taste although not luxurious. In the best part of themselves, in their esthetic and moral sense, the patients will be elevated, if life is made no mere existence and not reduced to a matter of absolute necessity—if it be presented to them not in its sad and unlovely earnestness, but in a kindly light and simple garb. At a small expense, if this end be kept in view, an incredible amount can be done for the welfare and comfort of these unfortunates. In this connection Germany has much to learn from English institutions where this fundamental principle has long been officially recognized.⁸ Moreover, as regards other internal arrangements of the “closed” portion in general, and more particularly their practical comfort, but not in their luxury, we might imitate the English models. Maniacal depart-

⁸ See the excellent observations on this point in the Comm. of Lunacy Reports for England, xvii, 1862, p. 41.

ments—long rows of cells and the like—are no longer found. On the other hand, it is well that a part of the house should consist of small private rooms on the ground floor, and separate sleeping rooms are very necessary. Fine facades, halls, corridors and the like, in the scheme of these institutions, are simply foolishness. The barrack style must be limited to the main building. If the amount of land permits, a not too regular row of cottage buildings is much more desirable.

Another great difference between the rural and the city and clinical asylums might at first appear paradoxical. Admission into the two last must always be made as easy as possible, whereas into the former it must be rendered difficult. Any individual that is not suited to this little world must without any hesitation be assigned to other places. Above all, these persons who need only care in a hospital or who can very well be looked after at home must never be thrust upon the rural asylums.*

On account of the numbers of those who apply for admission to these asylums the tendency to overcrowding is naturally very great and unless the utmost strictness is employed such an institution would be utterly ruined and a good part of those who really need such a place would be shut out.

For the second principal department of the asylum, for the open-door form of treatment, we possess very much fewer patterns that admit of complete imitation than for the closed part. And just because up to the present time no cut and dried method has been established in this respect, to many the matter seems impossible to be carried out. Objectors speak of innovations which cannot be controlled, and of dangerous experiments made. As a matter of fact, we must go and study the matter on the spot. So far as regards the man who wishes to form a judgment about such practical matters from easy-chair studies, his voice, no matter how loud it is raised, is not worth listening to.

Two main kinds of the open-door care can be carried out in the

* These people, for example, or slightly demented individuals who for eleven months in the year are perfectly quiet and capable of being at large, but who are excited for about one month, during the latter period belong to the clinical or city asylum and for the rest of the time should be kept at home.

present and each of these is capable of manifold modifications. They are not absolute alternatives of which we must choose one or the other, but run, so to speak, parallel to one another and under certain circumstances can with great ease and advantage be combined.

(1) The *agricultural colony* offers to a certain class of patients in itself a totally different life from that which belongs to the closed part of the institution. By it a much wider part of the world is laid open to the inhabitants of the former, a freer existence and a more lively exercise of the working powers. In the Fitz-James farm, founded in 1847, in the great economic results, the good order, the activity and in the well-being that reign there, we have, up to the present time, the most splendid example and future picture of this form of care. In fact all authorities to-day are united in recognizing the value of this institution. The idea also has had so wide an influence that in many places the carrying out of it is imminent. Thus, for instance, the communal authorities of Lüttich, after four years of indecision as to the best system to be chosen, last year decided to found a large institution on the lines of the agricultural colony (farm asylum).

As to the question whether the farm should be closely connected with the closed institution or should be placed at some distance from it, in general I am decidedly in favor of the latter, but at the same time I admit that local conditions may at times justify the former arrangement. In this connection the following factors are of importance:

The agricultural colony—as has been said—is only suitable for large asylums. A successful carrying out of the scheme is only possible on a somewhat large scale. The work of the insane individual is only about a fifth part that of the average healthy man; in this connection, therefore, 100 patients would equal about 20 normal energetic men. Even when the strictest rules for admission obtain for the whole institution, so that any one who is bodily incapable is debarred entrance, there will always be found, on an average, only about one out of five capable of field work. Hence it follows that to obtain the work of 20 ordinary active laborers the whole institution must be able to accommodate about 500 inhabitants. Despite the objection of theorists, the Fitz-James has abundantly proved that individuals, who had previously

been unaccustomed to rural occupations, take to them with the greatest enthusiasm and carry them on with the most satisfactory results. But the so-called educated class—the men who have read about everything but have never learned to make any practical use of their forces—are almost totally shut out from the atmosphere of well-being, work, sociability and freedom which the agricultural colony offers to its inhabitants and which is so wholesome for them. Hence, when there is question of erecting a rural institution for a province containing one or several large cities, it is advisable to make sure whether or not the many cities offer a good element for an agricultural colony. Nevertheless, in these cases also, other circumstances being favorable, we shall often be justified in making at least a small beginning.

But, as Mundy has correctly remarked, even in the agricultural colonies the insane individual lives all the time in the midst of other insane people and attendants in an artificial freedom, although for many, indeed, this may be too great, and in an atmosphere which limits his independence and intellectual elevation. From its very nature the colony is adapted only to the robust insane and the benefits of this free open-door form of care cannot be taken advantage of by many patients who in other respects would need it. Generally speaking, then, there are to be found influences still more beneficial than those of the colonies. These are to be found:

(2) In the *family care*, which for a certain proportion of the insane is the right and only appropriate method. It offers, what the finest and best managed institution can never give, a full life among the sane, the return from an artificial or monotonous existence to a natural social atmosphere—the benefits of family life. Quiet, absolutely inoffensive patients, still receptive to the influences which belong to this kind of existence, who are not altogether estranged from life, and who are still capable of benefiting by the majority of the healthy forms, on the whole, females rather than males are admirably adapted to this kind of open-door care and stand in urgent need of it. With such patients, more particularly, the family life can be begun. Gradually and almost imperceptibly it will take in all those who are not included in the categories of the permanent inhabitants of the closed institutions.

The family system can be realized under two kinds of modifications: (a) In the case of a rural institution in the neighborhood of small villages or towns a certain number of patients can be entrusted as boarders to honest respectable farmers, artisans and the like—one or at most two patients to each house. The whole care, employment, nutrition and accommodation must be under the supervision of, but not actually provided for by, the institution. An inspector or assistant physician every day, or according to circumstances every second day, should visit all these houses. At first the patients, for half a day, twice every week, can come into the institution, until caretaker and patient have become well acquainted with one another. The patients should share in the work, meals and in fact in the whole family life of the caretakers. The latter, therefore, should be people of about the same station in life, of the same education and calling; the former tailor should be assigned, when possible, to a tailor, the farmer to a farmer. Of course the assignment of the individual patients to appropriate families is part of the duty of the institution and should never be left to the relatives of the patient. The cost of board will be arranged with the family, some slight allowance being made for the work done by the patient. Further details need not be given here.

Is this method practicable? In Gheel, with over a thousand patients, in Scotland with several hundred and in the Devonshire County Asylum² it is already an accomplished fact, and it must inevitably be carried out in other places also. But it might be asked, How about the care of the patients? Can it ever be so good anywhere as in the closed institution with its airy sleeping apartments, its garden, its water supply, its three meals daily, at which is served excellent food prepared by means of the most modern and best kitchen arrangements? To this question there

² Here I first saw the method. For the rest of my life I shall remember with pleasure the evening on which in the presence of these small beginnings but also in the face of incontrovertible facts I laid aside my own theoretical doubts. It was not only possible—it actually existed—the errors of years were destroyed in a single hour, and although the idea itself should be given up again and denied by those who had themselves made it an accomplished fact, it has worked and will work for all times.

is but one answer. Ask the patients who are now under family care, but who were formerly in excellent closed asylums, whether they would like to go back. The well-being of man, i. e., the real personal recognition that it is well with him, depends but very little upon such things, but is largely a matter of feeling. He that is not fitted for the closed asylum and for whom it is not a matter of necessity, looks upon such a place as a prison-house, for the flesh-pots of which he never pines. And he is right.

(3) On the other hand, in places where, as regards the second main requirement of the asylum, conditions suitable for the introduction of the patients into families do not yet exist, these should be created. The idea is simply that one portion of the asylum, instead of forming a part of the central building, should from the very beginning be built apart and separate from it. In the neighborhood of the central building—ten minutes or half-an-hour's walk from it—a number of cottages should be built, not arranged stiffly in a row or built every one exactly according to the same pattern, but scattered about so far as the land at our disposal will allow. Each house should, when possible, have its own garden, even though it be small. At first we might begin with a few—from 6 to 10—such detached cottages, which can be inhabited by the families of attendants. Later—and this result is certain if the system is properly managed and barring exceptional bad luck—to these original attendants' families could be added others especially those of artisans; more of such dwellings could be created and gradually a colony would be formed. To each family, then, two or at most four patients, belonging to the oft-mentioned category, would be assigned and the same regulations would apply as in the case of the first method of family life. Here also there would be daily visits of the patients by the hospital physician, and continuous close relations between the colony and the central closed portion of the asylum. Each new arrival would have at first to remain for a certain period of observation in the main asylum, and as soon as an acute condition or a period of excitement befell a patient in the colony, he would at once be sent back temporarily to the central building. The economic administration need not be gone into here in detail; it mainly depends upon the principle that the families that live in the cottages (the caretakers) should occupy the position of attendants of the asy-

lum, that the work of the patients is given over to them and their earnings are taken into consideration in the agreement " and that according to the value of their earnings the payment made for board also varies. Upon this fundamental principle everything else is built up.

Whereas in the case of the first modification of the family form of care in a pre-existing village the establishment of buildings for this whole part of the asylum costs nothing; with the second plan, although they must be provided, they would be much cheaper than those of the closed asylums. In the provision of proper but cheap dwellings for the poorer classes (workmen's houses) modern advances have done much and many of our ideas on the subject are liable to change. The greatest names of the century have taken part in such efforts and a still more rapid and wider progress is to be confidently expected in this connection.

The workman's house with four rooms, after the model of the *cité ouvrière* of Mulhausen, which can accommodate two patients, costs at most about \$600 and the expense—supposing four patients be reckoned to a larger dwelling of a similar kind—would not be more than \$250 a head. This is a great difference as against \$750 a head in our new buildings of to-day and a difference which first receives its true significance when we recognize the fact that with less outlay the class of insane in question receives better care.

The method which I have proposed last is not new. The main idea has been suggested and recommended by Mundy. The plans have been worked out by him in detail and have also been published. Never would this scheme have become possible had it not been for the extensive experience afforded us by Gheel. In this unique village we have a picture that we should not seek to copy mechanically, but which, to every man who has at heart not alone the psychical but also the moral welfare of the insane, shows the way in which he should go. But my plan differs in important respects from that afforded by Gheel—in one way perhaps to its disadvantage—but a complete copy and reproduction of Gheel in an-

" In Gheel the same main principle holds good, but the valuation is a general one. On the smaller scale, with which we are now more directly concerned, an accurate reckoning is possible.

other place is simply impossible and other necessities call for satisfaction. According to my plan the majority of acute cases are absorbed by the clinical and city asylums, while the mental invalids and cripples belong to the infirmaries. To the rural asylums are left the chronic cases and able-bodied individuals, but among these are many who need a closed institution and who are excluded by the regulations of Gheel; I mean the suicidal, the homicidal, the erotic insane, etc. The closed asylum in my scheme must ever remain the center of the whole. The colony for family care, which I am convinced is a no less necessary second part of the asylum must, as things are at present, develop at first gradually near the center which in the beginning must still preponderate, until through its benefits the family portion comes to be recognized as having an equal birthright. Still later in all probability in most places it will be developed into the more important and more useful part of the whole. In my plan it will hardly be possible for the closed center to stand in the relation of a simple infirmary to the colony, as is the case in Gheel—a state of things which is so eminently suited to the conditions there—for whereas the infirmary at Gheel simply serves for the strictly temporary reception of certain patients,¹³ our central closed portion must and will always hold a large number of patients, who will have to stay there for a long time and some of them for all their lives.

Naturally there is nothing to prevent several or indeed all the various modifications of the open-door care from being connected with the closed asylum. Only let us have no pedantry and no so-called systems which would make all shoes by one last. In an asylum of any considerable size the healthy and otherwise suitable patients can be kept on the farm; another class be lodged in pre-

¹³ According to Article I of its regulations I would here insist upon the wholly erroneous idea that by the erection of an infirmary, Gheel has attached itself somewhat to the system of closed institutions and has given up its peculiar character. In the fall of 1866 out of about 1000 patients at Gheel I found a few more than 30 in the infirmary. The regulations, the practice of the worthy director, Dr. Bulckens, and the ideas of the permanent advisory commission of Belgian asylums, Ducpétiaux, Vermeulen and Oudart, are all opposed to this false interpretation (see Neuvième Rapport de la Commission permanente, etc., Bruxelles, 1866, pp. 10 et seq.

existing cottages, and, when there is not room enough for the provision of family care, at least a number of cottages for attendants' families can be erected. To get away from the system of the mechanical herding together of patients and arriving at a decentralization which will afford to the patient capable of it more freedom, a greater retention of his individuality and as far as possible the benefits of a life among healthy men—this aim can be reached by different roads and no one of these need necessarily exclude the other. A moment's consideration shows that the agricultural colony—if one wishes to give this the preference—after all is only suitable for a strictly limited number of individuals, but because it is not adapted for others who, nevertheless, need the open-door treatment, shall not it be afforded to the former? One should neither affirm that the freedom of the colony for the insane should be the rule and the closed institution only the exception, nor exactly the contrary proposition. It is far better to give to each individual just the measure of freedom which can be allowed to him. As to this exact modicum further experience is still needed. The other great reform in practical psychiatry, which we owe to the efforts of the immortal Conolly, has already caused to disappear the greatest part of violence and so-called mania from our asylums and has made us acquainted with a totally different lunatic—as a result of much milder treatment and one that never takes from him the use of his limbs—a very different person from the one we used to see in the mad cells and the strait-jacket. And perchance the insane individual under the open-door treatment will again appear to us as another and a better individual than the inhabitants of our asylums of to-day. If that be the case, the number of the free colonists will more and more surpass that of the inhabitants of the closed asylums. But this is a question of the future, and in its solution we can with contentment leave at least a part for others to do, provided that we ourselves in the present perform our full duty.

I have often been asked, What will become of our present asylums after the introduction of the freer forms of care? I know of many of my colleagues who would join in the movement of reforming institution life were it not for the fact that only just lately huge, expensive institutions had been built. And yet it is very evident that we shall always need closed asylums and that

a large proportion of the existing institutions, in so far indeed as they have the characteristics of a rural asylum, can be utilized. But instead of building new wings and thus increasing the crowding together, a second portion for a more open-door method of treatment, can and should be added either in the immediate neighborhood or at some distance off. Where this is absolutely impossible, let the closed asylum go on with the work, but let its admissions be more and more limited to patients who are really in need of it, and let it ever more and more introduce within its walls at least the spirit of the freer forms of care. In many such institutions this is already being done.

In not a few places, however, we have a clear field. In many districts and provinces of Germany earnest thought has been devoted to the erection of new institutions. Quite a number of the German universities are looking anxiously for the provision of thorough psychiatric instruction. It is unfortunate that in so many places the care of the insane is still so neglected, but nevertheless it would seem as though a certain instinct had often suggested to the leaders of the movement that the organizations established in the last thirty years and considered then almost universally as the acme of perfection were not to stand as the final result which science and practical humanity could hope to realize in this field. The very retardation of the movement—no matter what may have been the cause—can now be used advantageously in attaining our objects.

No doubt we should regard as good and well meaning the opinions of that numerous class of people who think that our whole duty can be accomplished by multiplying as many times as possible the insane asylums according to existing models. Nevertheless, experience ought to teach them that they are standing before the Danaids' jar and that a procedure which would ever place new asylums next to those that have been over-filled almost as soon as built—in other words asylums that have become bad—must find a limit on economic, therapeutic and social grounds.

The new need for clinical instruction demands clinical asylums. For the old evils caused by the ever-increasing demands for the care of the insane help is to be sought in the establishment of the open-door forms, which are capable of unlimited expansion at very much less cost. Indeed sometimes the system, economic-

ally, is so advantageous that by careful management in all probability it can become nearly self-supporting. But this matter cannot be put off into the distant future and it would be unpardonable in the face of the over-crowding of the central asylums—or in other words in the face of a condition in which all the aims of the institution and all the welfare of the patients are severely hampered—to be willing to wait until one can establish a method of care that would exactly apply to a whole class of patients. No! in the first plan of every institution this method must be considered as a necessary, important and absolutely justifiable part.

Go to Clermont, go above all to Gheel. This is what I would say to the doubters, the uncertain and the weak-kneed brethern. It is a mark of a small intellect to see everywhere only the difficulties and with an ignorance, that would simply shrug its shoulders, we can no longer be forbearing. See and compare. Do not think that everything can be made better in a moment, nor be willing to make everything after the pattern of what you yourselves see. Let your spirit become fruitful from what you see and take from each place what is best. For by rightly using what we have at hand and what is given to it the talent for organization may set itself to the great task; that talent that many a time up to the present has exhausted itself on the construction of the best cells and closets and things which can be made in any of a dozen ways without exerting any influence whatever upon the welfare of the patient.