

ON PROVISION FOR THE CHRONIC INSANE POOR.

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At the last meeting of this Association, it devoted a considerable portion of its session to the discussion of a paper presented by my professional associate, Dr. Cook. This article, inspired by an effort to defend, and correct erroneous impressions regarding recent movements made in behalf of the insane poor, of the State of New York more particularly, announced certain principles which might have a wider application. Notwithstanding the unanimity with which the members of this body agreed upon certain resolutions as the embodiment of their opinions, it is hoped that the writer, in presenting this subject at the present time, will not be considered lacking in deference to its expressed views. It is its peculiar province, constituted as it is, largely, of gentlemen occupying official positions, and holding legal relations to the insane of their respective States, to discuss a question of social science, having an important bearing upon the well-being of a large number of our fellow-men. The opinions of its members will be sought on all questions pertaining to the economic disposition of the insane poor, and the architectural details necessary for their proper care; but they will be respected and adopted, according as they commend themselves to the intelligence and common sense of those who are called upon to act in a legislative or executive capacity.

The opinions of men, however, change with the ever-varying circumstances by which they are surrounded. This fact we observe in the political world. The mutations in the practice of medicine can not have escaped

our attention. We need not point out the marked changes that have taken place in the care and treatment of the insane within the present century, with which you are familiar. These changes have not pertained solely to the medical treatment of insanity, but have embraced the architectural arrangements of buildings for their care. What this Association thought proper at one period to regard as the maximum number to be treated in an hospital, it deemed expedient to alter last year. As it is a maxim that a legislative body, while it aims to adjust the changing relations which a higher or more active civilization induces, can not bind its successor to its acts, so it may be questionable whether this body can wisely do more than endeavor to conform its principles to the wants of the present. The attempt to lay down rules for the guidance of those who come after us, may meet the same fate as would have attended the effort of our ancestors to hand down their "chains," "composing chairs," and "baths of surprise," with their accompanying architectural fixtures, by formal propositions to their successors. Any attempt to fetter inquiry by similar enunciations is equally repugnant to that freedom of opinion which characterizes the present age; would paralyze all progress, and make us the blind adherents to the past.

Undoubtedly, the first provision for the insane in any State should be made for the recent cases. They present the greatest probability of recovery, and have the strongest claims upon our sympathies. It has been the history of the large proportion of the early efforts to establish new institutions for the insane in this country, that appeals have first been made to the legislative branch, based upon "memorials," or through "reports," which, invariably, represent the necessity of improving the condition of the insane confined at the time

in poor-houses, jails, and out-buildings. During the last winter a report of a commission appointed to locate a new hospital for the insane in the State of New York, represented to the legislature the sufferings and privations of the insane poor in the alms-houses, based upon statements in a report upon the same subject by the late Dr. Willard. No question has arisen as to the unfitness of these places for the care of the insane, or as to the condition of the persons confined there. It is deplorable in the extreme, and we hesitate to touch the wretched subject, because the solution of the questions growing out of it is not clear at the present time, and demands the most careful examination. But, it has happened in the State of New York, as it has doubtless occurred elsewhere, that when the legislature, actuated by its philanthropic impulses, has created the asylum asked for, it has found that when it is organized, it is not purposed to provide for a single one of that class whose sufferings had formed the burden of "memorials" and "petitions." It comes to appear that there was no intention of doing anything with this class, aside from making it subserve a temporary purpose. To serve a theory rather than accomplish results, it is announced that "hospitals for the *cure* and prompt treatment of insanity in its incipient stage afford the only solution of the question of lunacy provision, by arresting the constantly increasing stream of chronic lunacy." Hence the new establishment is for the benefit of a class of cases not yet in existence, the recent cases, leaving the insane in the poor-houses where they were found, with a provision in the law giving to the physician in charge the power of adding yearly to the population of these receptacles, by discharging patients with "the stigma of incurability upon them." This we are to understand is the hospital system, supplemented of necessity by alms-

houses, as presented to us in New York; and we are told by high and respected authority that "the action of the legislatures of New York and Connecticut seems to have settled conclusively that our American state institutions are hereafter to be curative ones." The editor of the JOURNAL OF INSANITY proceeds to call the attention of "communities" and "legislatures" "to the pressing duty of the moment." "This duty consists in the establishment of more hospitals for the *cure* of insanity, and not in the construction of great reservoirs of chronic lunacy, 'chronic pauper insane asylums,' 'hamlet homes,' cottages, or other conceits of medical diletanti, ignorant of the real life of the insane." In this connection it is important to notice a statement that has been made, foreshadowing what may be hoped for under the system it is proposed to initiate. It has been stated by an eminent medical authority, that "in a perfect state of things, where the best appliances which the science and skill of the age have provided for healing, are offered to the lunatics in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably eighty, possibly ninety per cent. would be restored." In a perfect state of things undoubtedly our occupation would be gone; inasmuch, however, as we are not told what appliances, science and skill are necessary to such results, we are at a loss to perceive what advantage is to accrue to the profession, or to community, by gilding public reports with such extravagant expectations, other than to aid the legislative digestion of the subject. It is not believed any institution in this country has ever attained such results, or will ever reach them. Dr. Richard I. Duglison collected the reported result of 58,607 cases, admitted into thirty-three hospitals of this country, of which number 42.5 per cent. recovered; while of 22,000

cases, treated in the best English and French hospitals, thirty-nine per cent. recovered. The percentage of cases discharged recovered from the Pennsylvania Hospital for the Insane is fifty-one, and from the asylum at Utica forty-two. If we exclude from this result the number of individual cases who figure a number of times, in the course of their lives, in the list of recoveries in every asylum, the percentage will be further reduced. It is certainly proper to represent under what circumstances the most favorable results are obtained, but communities and legislatures must not be led to expect more than they are going to receive.

If we accept the result in the State of New York as an approximation to the correct ratio, fifty-eight per cent. have been discharged not recovered, or have died. Many of these discharged persons have been removed to the care of friends, and still a larger number go to swell the stream of chronic lunacy, which it is now proposed to arrest by the creation of hospitals for the *cure* of insanity.

Of a given number of persons becoming insane a certain number will recover without any treatment. Under a provisional system the number of recoveries will greatly increase. Under any system, however, large numbers, designated by the law as paupers, because not possessed of any means of support, and dependent upon the public for maintenance, do not recover, and are thrown back upon the hands of public officers to provide for. The question which presents itself is, then, what practical plan can be devised which will be acceptable to the public, and which will dispose of this unrestored chronic class, in accordance with humanity, justice, and the highest professional requirements.

This question is not a novel one abroad, where the profession is by no means agreed as to what course it is

best to advise under the pressure that exists for admission to the asylums. It will be found to be a perpetually recurring question in this country, as population with its accompaniments increases. We need not persuade ourselves that it will remain settled upon the basis of resolutions adopted by this Association, unless we embrace in them principles that commend themselves favorably to those who are asked to carry them into effect.

At the meeting last year a resolution was adopted increasing the capacity of hospitals for the insane from two hundred and fifty to six hundred, without any adequate reason we have been able to discover in the published report. We must infer it was done to accord the Association with institutions already completed. At the same meeting a proposition in the following language was rejected, with one dissenting voice :

The subject of provision for the insane poor, especially for the chronic insane poor, having been brought before the Association, and discussed at some length, and the question raised as to whether some modification of the propositions heretofore adopted in regard to the construction and organization of hospitals was not required to meet the necessities of this class, the Association would take the opportunity to record its decided preference for hospital provision for all the insane, whether in the acute or chronic stage of the disease. But it is willing to qualify the proposition so far as to admit that if the question presented in any State be, Shall the chronic insane poor continue to be confined in county poor-houses, or shall provision be made for them in special asylums at a less cost than in hospitals? On this question the Association would accept the special provision, if hospitals were not attainable, and abolish the county poor-house receptacles.

It will be inferred from this action that the only plan the Association endorses and recommends, is the erection of hospital structures after the style usually adopted, to be multiplied as circumstances require; a plan which

has been tried, and found wanting in its adaptation to the existing state of things.

If, after a deliberate examination of this question by legislative bodies and public officers, it should be deemed best to proceed to act in accordance with the views set forth by the Association, and with the plan of the editors of the *JOURNAL OF INSANITY*, "to cure insanity," we believe no hope can be indulged that provision for the insane now in the alms-houses and jails will ever be made, to any considerable extent, if indeed any of that class can be found after the startling proposition before us. It may be that gentlemen here who have had more experience in public affairs than the writer, indulge sanguine expectations. The future will, however, repeat the past.

In 1855, an exhaustive report was made upon the subject of insanity and the insane in the State of Massachusetts. Twelve years have elapsed, and one hospital has been erected. With three hospitals in the State the number of insane in the poor-houses is not reduced, but is greater than at the date of the report. The State of Ohio has three hospitals, and still there are one thousand insane persons cared for in the poor-houses. These two states present examples of the most extensive public provision for their insane in this country, and there is the same lack of comprehensiveness that characterizes the system everywhere—hospital care for a few in the recent stage of the disease, and a refuge in an alms-house in the chronic, and often more helpless stage.

It is a distinguishing feature, as well as defect, of the hospital system, to assume that an establishment for the reception of the insane is a curative one, and not an asylum or permanent residence. Hence the organic law is framed to conform to this idea, especially in the

disposition of the poor. Preference is given to recent and curable cases, but as many of these become chronic and incurable, the law provides for their discharge and remission to the custody of county officials. The result of returning old cases to the poor-houses has been to depreciate the value of asylums. Counties, seeing the necessity of making provision for some of their insane, and succeeding, according to their estimation, in caring for them, gradually come to make provision for all classes, the recent and the chronic. The tendency is invariably to seek exemption from every law relating them to the State institution, in those cases where the expense of maintenance is charged directly to the county. Dr. Bell justly deprecates the practice of discharging old cases, in these words:

This returning of patients as harmless and incurable, throws much odium upon the direction of an asylum. A class of patients gathered with some view to capability of rewarding, by their improvement, the care bestowed upon them, would by their recoveries, their amelioration where cure was hopeless, their happiness, their healthful condition, their amount of self-supporting labor, tell such a story in behalf of the institution as to commend it to the good will of every citizen of the State, and render its future extension acceptable to the public.

The practice of discharging old cases did not arise from motives, as now alleged in its favor, of doing "the greatest good to the greatest number." If it was ever justifiable it was in the early history of lunacy provision in this country, when the question naturally presented itself, who should be first received; and the laws implied that the earliest admissions should be from that class presenting the strongest probabilities of relief.

Attributing the evils and failure of the present system to the imperfection of our laws, with the light and experience we now have upon this subject, and with the knowledge we have of the educating power of statutes

framed upon the basis of right and justice to advance and elevate public opinion, has not the time arrived when this Association should declare itself in favor of abolishing all discretionary power now possessed by county officers, of sending patients to an asylum or to a poor-house; constituting an asylum the only proper and legal location of an indigent insane person, and prohibiting by statute the discharge of an indigent or pauper patient, unless restored?

If this will not be conceded by this Association, and by our State legislatures, then we shall insist and urge in every legitimate manner that, while provision is made, specially, for recent cases in hospitals, accommodations, equal in all the requirements of humanity and of our profession, shall be made other than poor-houses for that class which is cast out by the law as incurable, or, having passed into a chronic stage of disease, rejected as improper for admission to the hospital.

If the suggestion we have made is adopted, the second requisite is the adaptation of our present establishments to the new demands that would devolve upon them—the care of the recent and chronic insane. In this direction, in our opinion, earnest inquiry should be directed by this Association, if it would continue to exert that influence in the future as in the past upon all questions pertaining to the insane, which it seems most desirable it should do.

One year ago my colleague, Dr. Cook, laid before the Association an account of a movement in the State of New York, intended more particularly for the relief of the chronic insane poor. Coincident with this movement, and with no concert of action, similar efforts were initiated in Western Canada, and in the State of Massachusetts under the auspices of the Board of State Charities, for the same purpose. During the year which

has now elapsed, an able paper upon this subject was presented to the State Medical Society of New York, by Prof. Chas. A. Lee; a recommendation for some special provision for "incurables" has been made by the managers of the Western Pennsylvania Hospital; and more recently a commission, instituted by the French government, consisting of three eminent senators, the attorney-general, one counsellor of state, Paul Dubois, and Girard de Cailleux, inspector-general of asylums in the department of the Seine, having had before them certain questions pertaining to the insane, adopted recommendations having an immediate connection with the subject before us.

I need not take up your time with a repetition of what was stated to you last year, by Dr. Cook. It was hoped the "*Willard Asylum*" would constitute in the State of New York an asylum restricted by law in its operations, so far that it should first receive the chronic insane poor now in the poor-houses. Let me briefly refer to what has been suggested elsewhere.

Dr. Workman, of the Provincial Asylum, at Toronto, in the administration of his institution finds himself embarrassed by the accumulation of chronic and incurable cases, amid the pressure for admission of recent cases, inasmuch as the Canadian law forbids their discharge. This subject is presented to Dr. Workman as it seldom is to any American superintendent of an asylum, and I must refer you to his report, to peruse at length the reasons which have operated to induce him to recommend for this class "secondary asylums," in preference to the necessary adoption of a system of "poor-house care," "as disgraceful, and as indicative of public barbarity, as it has been shewn to be in the State of New York." While it is proposed that these "secondary asylums" are to be distinct from the parent

institution, it is recommended that the affiliation with the parent or curative hospitals should never be broken up.

In Massachusetts provision has been made for one hundred and twenty chronic cases of insanity, in a building erected for the purpose in connection with the State alms-house at Tewksbury, and called an *Asylum for Harmless Insane*. These cases have been taken from the alms-houses, where they had been sent from hospitals, or from towns and cities. The Asylum is committed to the Board of State Charities. Provision is made for regular medical attendance, occupation, and employment; and more rigid regulation, we should infer, as to weekly inspection than usually prevails in our State asylums.

It will be observed that while this establishment is not in immediate connection with any hospital, yet, as all the insane and all the hospitals are to a certain degree under the supervision of the Board of State Charities, it may be considered as an appendage to them, and supplementing them.

The institution is regarded very properly as an experiment, intended not to lower the standard of the State hospitals, but to render them more efficient; not to abate any of the requisites for the proper care of the insane, nor "to be considered in any sense a substitute for a lunatic hospital, but as simply an addition, and as being an improvement in the care and provision for the class which it will receive."

We hope to see a more extended analysis of the Report of the French Commission published hereafter. We now lay before you their views bearing upon two questions, which have already received some consideration by this Association; viz., that of the employment of, and the propriety of separate provision for, the

curable and incurable insane. In connection with other recommendations the following occurs :

1. "The employment of the insane in various useful arts, and, particularly, in out-of-door occupations.

2. In discussing the practicability of providing separately for the curable and incurable, a majority of the Commission voted in the affirmative. It was agreed that about four-fifths of the insane belong to the chronic or incurable class, and it was conceded generally that those who had not recovered at the end of two years, were not likely to do so. That some few, out of a considerable number, should get well after that period, was held to be no argument against the attempt to separate the recent and acute from the chronic and incurable, particularly as in asylums occupied by the latter the hope need not be ignored, and the means of cure would not be wanting. On the other hand, it was admitted that the separation is desirable on economic grounds, and the treatment of recent cases could more thoroughly be cared for in specially adapted asylums of small size, and with a full complement of medical aid. The expedient of transferring chronic cases to an asylum, and *vice versa* to a hospital, would be a simple one, and it would not be necessary to call any of the institutions an *asylum for incurables*."

It remains to notice, lastly, the suggestions of Dr. Lee. These may be briefly stated to be the establishment of a hospital "for acute and recent cases, and an agricultural colony, situated at a proper distance, but in the vicinity, with suitable buildings for the accommodation of the chronic and quiet, all upon the same farm, and under the same medical superintendence."

We do not deem it necessary to present the reasons which urge Dr. L. to his conclusions. They are fully and fairly set forth in his paper. In the light of our

present experience, of the several plans proposed we believe his suggestions are best adapted to existing hospitals, and would meet the approval of the largest number of persons and interests concerned.

The detached buildings would supplement the hospital. One-third of all the patients would probably require the accommodations of the hospital structure, in a given establishment, and be under the immediate observation of the physician-in-chief, while the remainder could very properly be cared for in the detached buildings. The obvious advantages of this plan appear to be, that a large number of insane persons usually discharged and transferred from our hospitals as incurables would here be provided for in connection with the parent institution; the establishment would permit of considerable enlargement, and the average cost of support thus be materially reduced; the buildings would cost not exceeding one-half *per capita* the amounts usually expended in this way; and, lastly, a most important result would be accomplished in the great reduction of personal seclusion and restraint that would ensue.

The plans which have been briefly referred to, while they differ in the means, unite in the great end to be attained. These differences are inevitable, and grow out of the peculiar circumstances and social organizations which belong to different states and nations. It will remain for each State to devise for itself its own line of domestic policy in this regard. The questions growing out of this subject are, however, fairly within the province of this Association to consider, and announce its views. It is hardly to be expected that any departure from its expressed sentiments can be hoped for, yet we can not but indulge the wish that the extreme positions of last year may be modified.

There can be no doubt but this Association would witness with great satisfaction the practical and successful realization of any one of the plans presented, whatever may be its present opinion of their merits. It is by no means certain any one of them will fail under favorable circumstances, yet one may on trial prove more generally acceptable than the other. We express the hope, in conclusion, that this subject will receive that continued reflection and consideration we believe it still requires.

ASYLUMS FOR THE CHRONIC INSANE IN UPPER CANADA.

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Legal provision for the therapeutic treatment and custodial care of the insane in Upper Canada was first made in 1841. The population of the Province was then 465,357. Temporary quarters were found in a jail, then vacant, and other edifices. A large percentage of the first admissions were chronic cases; and, as the law was based on the principle that every lunatic, when once admitted, should have a home for life in the Asylum, if incurable, unless removed by relatives, the probability might have been perceived that under such a system, unless the accommodation provided should be equal to to the incidence of insanity in the Province, the capacity for admissions would, in course of time, be foreclosed by the accumulation of chronic cases,—thus pointing to a coming embarrassment, which has since been painfully realized.

The keeping of the insane in edifices such as I have indicated was only a temporary arrangement. Provis-