

## THE FAMILY OR BOARDING-OUT SYSTEM,—ITS USES AND LIMITS AS A PROVISION FOR THE INSANE.\*

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It is no easy matter to present this subject in any new light. Not only has the ground been well covered of late by foreign observers and critics, both as to its general aspects and the operations of individual systems, but an account as well of the progress of the present experiment in Massachusetts, which would have had at least, the merit of novelty, and which I had intended to present at this meeting, has been forestalled by my recent report to the Massachusetts Board of Lunacy and Charity, of a special visit of inspection made at its request in November last† to the boarded-out insane under its supervision.

Nevertheless, it is quite probable that little more than local interest has attended the progress of a department of lunacy administration that is still in its infancy in a single State. On this account and especially because of the growing support this cause is receiving in one foreign country after another, through the increasing tendency to segregation of the insane arising from a better recognition of their diversified needs and capabilities in the way of care, it would seem that the time was ripe for more direct appeal to the attention of American alienists at large, than is possible simply through published statements, viz.: by personal presentation of the subject before our National Association with the opportunity thus afforded for its thorough consideration. This is especially desirable because the care of the insane in families as recently developed, has never come up for special consideration in this society, whereas the merits and demerits of the much criticised colony at Gheel, have been held as the sole criterion by which to judge of this means of providing for these patients. In this way not a little misconception has arisen regarding the special office, the proper limitations of such a provision, as one of the various modes of meeting the various requirements of these unfortunates.

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\* Read at the annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, held at Newport, R. I., June 18-20, 1889.

† Entitled the Family System in Practice, *vide*, Tenth Annual Report of State Board of Lunacy and Charity, Massachusetts.

In full knowledge of the advantages to many patients, in the large amount of freedom afforded them, at the Belgian colony and the incentive thus offered us, to turn to judicious account the possibilities there demonstrated, there is, I think, general agreement in this country, that its disadvantages far outweigh its advantages, and that the Gheel system can serve no useful purpose in the United States. The aggregation of so large and so indiscriminately selected a number of insane persons (one to seven of the whole population of the colony) living in a single small community, although in separate dwellings, must, and in fact does exert a demoralizing influence on the sane inhabitants, which can but react upon the patients. At all events, the most ardent advocate of Gheel plan can hardly gainsay its inferiority to a system which under proper central supervision and economical management distributes a limited number of judiciously selected cases in small groups over a large territory. Another tendency to be feared, if it has not already made headway, in a single community of the kind, is the gradual diminution of interests and pursuits natural to the guardians, and the development of a race of mere attendants, thus helping to defeat the very principle, the essence of the system, viz.: the assimilation of the patient as far as possible into a natural home life. Finally, supposing our estimate of the value of the family system as exemplified at Gheel, to be entirely erroneous, the characteristics, habits of life, social conditions and institutions, make it a model wholly undesirable if not impossible of imitation here. I shall endeavor to show that it is possible to avoid the defects of the Belgian methods, without losing its advantages in the way of domestic care to which, as all observers are agreed, many chronic cases are adapted.\*

The following observations have for their basis the operation of this provision in its most approved form as practiced in Scotland, where it has become a well nigh perfected department in its lunacy system, and also in Massachusetts where, although it must still be regarded as in an experimental state, the outlook appears most promising, and is so considered by those who have the department in charge.

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\*It is particularly unfortunate for candid judgment of the value of systematized family care, by State or Government, that while few alienists from this country have failed to visit Gheel, and to come away impressed with its defects, but very few, scarcely half a dozen, I am safe in saying, have seen the operation of the Scotch system, one which by its practical advantages to the patient and the public, is in much favor, and is fast outgrowing adverse criticism, never very pronounced, and necessarily based on institutional experience of the insane.

If we can free our minds of the impression that this measure is essentially a new departure in the care of the insane, we shall approach the subject in a proper spirit for impartial judgment. It is only in the one matter of competent supervision by the State, that the care of the insane in families is a novelty. To satisfy ourselves of this, we have only to recall the number of insane, acute and chronic, rich and poor, who are cared for in families in all parts of the country, some comfortably, many improperly, not a few shamefully. Suppose now that these patients could be under the inspection and control of competent central authority, every State would have its family system of caring for the insane, and there is no gainsaying the immense advantages to many of the patients to follow. It would no doubt be found that after sending to the lunatic hospitals all cases improperly cared for, a considerable number of chronic patients would remain, who could be comfortably and economically provided for, with little or no change of abode. At present, however, such a plan is impossible as these patients cannot be reached, and the day of compulsory registration of the insane is far off. Moreover, the problem before us is not how to multiply the charges of the State, but to decrease the public burden, through avenues best calculated to expedite their proper treatment, and to simplify their care. Finally, could the unknown home cases be reached, their proper oversight could only come as a final extension, the refinement of a system administered in the manner now to be described for the benefit of chronic lunatics in the public institutions for the insane.

The object of the boarding-out system is well known. It is to give to a selected number of mild, harmless, chronic patients in asylums, who no longer need the confinement, and necessarily artificial care and surroundings of institutional life, a more natural and domestic life by boarding them out in families under State supervision, and at the same time to relieve the hospitals from overcrowding, allowing more room for the proper treatment of cases more susceptible to cure or improvement.

To avoid a description of existing provisions for boarding-out which might be tedious, it may be well to give in outline the method of organization of such a department under the best conditions. A State in which the present institutions for the insane are overcrowded where there is a competent lunacy commission or board of lunacy, non-partisan in character, and commanding at least the entire services of one experienced alienist, and where farming is the principal occupation, offers the best soil for a suc-

cessful boarding-out system. The duties of this medical officer should be the selection from the State lunatic hospitals with the coöperation of their respective superintendents such harmless chronic cases (preferably but not necessarily those who are able to work), as shall have shown while in the chronic state, no seriously objectionable propensities, in other words the quiet, fairly tidy, not too infirm dements, always excepting for obvious reasons girls and weak-minded young women. These patients should be very gradually placed in private families not too widely distributed for convenient inspection, nor so near to each other as to form in any locality a colony of appreciable size, no family being allowed more than four patients. Their guardians should be persons whose character, household and general surroundings have previously met with his approval by personal inspection and inquiry, and who have been brought to apply for this duty through a published statement in the press, of the purposes and inducements of such care. Obviously new or amended statutes would be necessary to meet these requirements. In them it should also be provided that regular visits of inspection should be made by a paid alienist of experience in management of the insane, once in three months, who shall also give such instructions as may be needed for the care of each patient, and shall enter in a record book kept at each house, the condition in which the patient is found, whenever visited. This inspector should also be at liberty to cause the instant return of any patient known to be improperly treated, to a public asylum. The amount, time and manner of payment for these services, should also be regulated by law, the price *per capita*, and charge for clothing not to exceed the lowest rate paid by the State or any town to a public asylum for any patient. The clerical work, in the way of correspondence, records of condition of patients and families, statistics, financial matters, &c., should be systematized by the physician in charge, after the fashion of an asylum, thus making it a distinct branch of work in itself, at the office of the central Board.

This is practically what is being done to-day in Scotland where at least twenty-two per cent of the registered pauper insane are now comfortably and economically boarded out. That the measure has not made more headway in Massachusetts has been partly due to caution in extending an untried scheme, but much more largely to the fact that medical supervision by an experienced alienist was wanting until November last. The effect of this oversight has not been so apparent in the condition of the mass of the patients

as might be supposed, although several unsatisfactory cases appear to have been allowed to remain in families, who should have been returned to the asylum. A great obstacle has been the natural lack of interest on the part of the superintendents of our lunatic hospitals in an undertaking involving the care of the insane which was being conducted under lay auspices. At the same time there is already abundant evidence of the possibilities of its success. For if an unexpected amount of good has been accomplished under imperfect conditions, and this cannot be justly denied to the former régime, how much greater improvement must we expect under the more acceptable methods recently inaugurated.

A short summary of my reported observation of the condition and surroundings of the families and their charges, will help, perhaps, to substantiate this point. Four classes of homes were found; first, those in which the surroundings were unexceptionable, as to the housekeeping, the family in charge, and the comfort and contentment of the patients. About an eighth part of all the families, and a somewhat larger proportion of patients came into this category. Second, homes reasonably well kept, in which the patients' comfort and content were evident, and where they appeared to be more favorably situated, in many respects, than when in asylums, or probably in their own homes. These comprised the large majority of families and patients. Third, homes more or less squalid, and scantily furnished, in which, nevertheless, the patients showed little indication of a lack of personal attention, and were plainly content with their surroundings. But a few families and patients came under this head. Fourth, dwellings in which the surroundings were extremely poor, and afforded no comfort to the patients, who were also neglected by those in charge, and in poor condition. These were, fortunately, but two in number, and contained four patients.

As a rule, then, the patients were generally found to be comfortable, contented, and in good bodily condition. Except in the instances detailed in the report, no evidence of undue neglect was found, and no case of abuse or injury could be detected on the closest inquiry possible. The supply of food of good quality seemed abundant; the bedding was sufficient everywhere; the guardians of these insane, *i. e.*, the housewives, impressed one as without doubt desirable persons for this work in the great majority of the families. Their character, capabilities and interest in their charges were, so far as could be judged in a single visit, all that could be reasonably required. The defects that were most appar-

ent were the poor state of the clothing worn by the men, and to less extent by the women. In this respect there was generally a noticeable difference between them and the rest of the household. The few minor discomforts were shared by sane and insane alike. The houses themselves as a rule afford less proportionate comfort than the personal care on the part of the guardians, and it seemed probable that more homes of the first group above described might be found out of the number said to desire patients. Moreover a number of the more desirable class were without a fair complement of patients, while poorer houses had the full number allowed. Those insane were relatively the least comfortable who were in the least accessible part of the State and among the least prosperous families. Here also the patients ran away rather more than elsewhere. There were several instances of patients being given repeated trials in different houses, whose propensities made them evidently unfit for such care; also originally unsuitable cases left too long out of the asylum, and occasionally in not the best hands. There seemed also to be a lack of definite instruction as to the duties of the guardians towards the patients, which was, fortunately, in many cases, made good by their common sense and sympathy. There have been surprisingly few accidents. A suicide occurred in the first six months of the adoption of the system, in a man who had never shown any such propensity during a very long history of insanity. He had had severe attacks of excitement alternating with long intervals of comparative lucidity. It was during one of the latter that he was taken from the asylum, and probably at a time when a recurrence of mental disturbance was due. The seduction of a patient, by a "farm-hand," is also reported through the mistake above mentioned, in selecting young women of weak minds to be boarded-out. Runaways are not uncommon, but not more so proportionately than from lunatic hospitals generally. Sometimes a case thought to be a most suitable one to be boarded-out is returned to a hospital as unfit for such care, or even the worse for the trial. This happens occasionally of necessity, just as a patient discharged from a lunatic hospital on a trial visit to his own family as very much improved, may be unexpectedly returned. But in the case of the boarded-out patient such an occurrence is particularly unfortunate, as the hospital superintendent, through seeing in this way only the unfavorable side of the operation of this provision, can hardly fail to be very sceptical, to say the least, as to its value.

In spite of these defects the well-being of the mass of the

patients in the cardinal points of care as above described, appeared to be in advance of that which *as individuals* they would receive in a hospital for the insane, and of course immeasurably superior to the condition of many similar cases in town poor-houses throughout the State.

Personal observation also answered satisfactorily other important questions concerning the details of the operation of the system. Among these were, how it happens that without greater additional outlay the farmer is able to furnish an abundant supply of food for his increased household, and to save out of the meagre allowance of \$3.25 a week a sufficient sum as an incentive to proper care of his charges. The answer in brief is that much more produce is usually grown than is needed by the farmer's immediate family, and the added number of mouths to be fed stimulates them to make the most of their resources, an endeavor in which they are sometimes helped by the labor of the patients. It was learned that a fair proportion of patients who had formerly remained continuously in the asylum, (twenty-two out of an average of one hundred and four), had been found, through the advantages the plan offers of observation and actual trial of their trustworthiness under ordinary surroundings, to be capable of being supported by relatives or by their own labor, for three thousand seven hundred and forty days, representing a saving to the State of a year's support of ten patients in an asylum.

One of the first objections to boarding-out that arises, is the liability to improper treatment to which the insane are thus exposed in the way of neglect, the imposition of drudgery and perhaps actual abuse, through the supposed impossibility of procuring any but inferior guardians for the small allowance they receive. In fact this has been only lately given as an insurmountable objection to the plan in this country by a very high authority in lunacy matters here, on the specific ground that wages were so high in America that reliable persons who were possessed of the proper requirements could utilize their time to much better advantage. Strange as it seems at first glance, this objection has not been found to hold in practice either abroad or at home. From observations in a small settlement in Scotland, (Gartmore), and in my visits in Massachusetts, the insane inmates appear to receive at least all the comforts that the families themselves are accustomed to have, and a remarkable amount of consideration.

The probable reason why this objection falls to the ground in practice is largely the fact that it is the housewives as a rule, not

the men—the wage earners—who are the care-takers and practically the sole guardians of the patients. I cannot forbear repeating here that they appeared to be to a large extent patient, discriminating and kindly, and in but two instances did they give the impression of taking their charges on sufferance. They seemed also anxious to retain them, and more than one showed annoyance at having been unable to make comfortable certain patients who had required to be returned to the lunatic hospital solely because of their unfitness for boarding-out care. In but few cases were the insane denied the freedom of the homes, but were accustomed to freely use the day-room occupied by the family. Another objection which has been found to have less weight than was predicted, is the frequent supervision that would be necessary for proper knowledge of their condition. On the contrary, visits of inspection at intervals of three or six months, have apparently proved sufficient in the mass of cases.

Let us take up a more vital, because a practical question, the economic aspects of such a provision. The expense to the State is both indirect and direct. The former is embodied in several items. First, the elimination from large asylums of many chronic, quiet patients, (such as were suitable for boarding-out) has been thought as Dr. Rogers has expressed it,\* to increase the cost of those in the asylum. He also adds, that by associating a larger portion of the more excited, destructive and violent cases, the general excitement of the asylum wards was increased, and acted prejudicially on those who were left behind, as patients of a quiet demented class were not only useful workers, but acted also as a diluent in moderating the turbulence of the more excited class, a criticism which by the way also suggests greater cost through greater difficulty of administration. It has also been urged that the asylums are not relieved by their removal, as the overcrowding is not due to patients who could be boarded-out, for the latter are a class who do not need special accommodation but can be grouped in dormitories and (it might also be said) suffer any inconvenience which the separation of disturbed patients may make necessary. In meeting these very serious objections, we will lay aside the important and practical question how much expense for extra hospital construction might be saved were a number of chronic patients equal to that of an asylum population

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\* *Vide*: Discussion upon an article by Dr. Turnbull, Medical Superintendent of the Fife and Kinross Asylum, Scotland, entitled "Remarks on Boarding-out as a Provision for the Pauper Insane." *Journal Mental Science*, pp. 465 and 466.

removed to private dwellings, and also the reflection whether the mild and more appreciative cases although chronic should not rightly serve some other purpose than a quieting influence on the excited.

It will be admitted that vacancies will quickly be filled and very largely by chronic cases. In Massachusetts, during the past five years forty-two per cent of the yearly admissions were of this class. Among them, it is reasonable to suppose, a number will be found suitable to fill the disproportionately small amount of room which the former had occupied and to reimburse the hospital with their per capita allowance from the State or towns which their discharge stopped and which they and the most difficult cases had paid alike. Again, by transfer to the various town poor-houses, where, by the way, improper care is the rule, the lunatic hospitals in Massachusetts lose each year many more desirable patients who assist in the work or are but little care than would be the case under the boarding-out system, and yet the corps of workers and of the dormitory patients is rarely sensibly diminished in number through that cause for any length of time, new comers taking their places. In referring to the withdrawal of helpful patients from asylums, a foreign observer has remarked,\* that he had found this to be counterbalanced by the fact that when a useful patient was removed the attendant would generally train another to take his place, and therefore even in this respect benefit to the asylum community ensued.

Nor is it necessary to select working patients to any great extent for family care. In fact the number at present boarded-out in Massachusetts, who were of practical use when in the hospitals, is comparatively few in number. Those advanced in years, especially women, are found to be better adapted to this method of care than men, and as a former Massachusetts superintendent, the lamented Dr. Goldsmith,† has well said, it would be particularly a boon to those of advanced years, whom physical infirmities are likely to keep near home; as it is often noticeable that old people who have been long wonted to an uneventful routine of life about their own firesides are rendered unhappy and their lives shortened by the rigorous system of a large hospital, to which they cannot adapt themselves.

The actual direct expense the plan would involve has been the subject of much conjecture. A statement of its financial showing in Massachusetts, and that for the year ending October 1, 1888, is accordingly given.

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\* Ibid, p. 465

† Vide Annual Report Danvers Lunatic Hospital for 1883-4.

Average number of cases supported by State, .....	93.3
Average number of cases supported by towns, .....	10.7
Average number of cases supported by relatives, .....	9.0

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Total average number boarded-out, ..... 113.0

Cost to State, board, .....	\$14,222 47
Cost to towns, board, .....	1,422 33
Clothing and medical attendance, .....	693 49
Removal and return, .....	208 69
Visitation (approximately,) .....	600 00

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Total cost, ..... \$17,146 98

Average yearly cost per capita, .....	\$164 87
Average weekly cost per capita, pauper patients, .....	3 17
Average weekly cost per capita, including private patients,* .....	2 93

Total average weekly per capita cost at the five State Hospitals for all classes of the insane during year ending October 1, 1888, .....	3 88
Total average at the asylum for chronic insane only, .....	3 12
Total average for support of insane boarded-out, .....	2 93
Total average at the State farm, (for sane paupers and a small number of criminal lunatics), .....	2 23
Total average at State Alms-house, (for sane paupers with a department for chronic insane), .....	2 23

It will be seen by these statistics that the weekly per capita cost for those boarded-out was considerably below that of the inmates of either of our institutions devoted to the care of the insane exclusively.

As a means of relief to the lunatic hospitals from overcrowding, the plan has been, it is admitted, of little help thus far in Massachusetts. It therefore still remains a tentative measure, but none the less legitimate, as it is far from involving additional expense to the State or towns, or detriment to the patients.

The number now cared for in families is 110. This would, however, be increased to nearly 200 were it not for certain statutory restrictions which have recently necessitated the return of many suitable patients to one of the State institutions.

It is sometimes asked why these patients cannot as well be cared for at their own homes. The reply is that they could long since have been discharged to the care of their relatives had it not been that they still needed a certain amount of regular, medical super-

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\*The private patients have been here included as the same reason for including them in computing hospital averages seem to hold good in the case of this department where they are also under supervision by the State authorities, but of a different form.

vision such as cannot be properly given them in their own families. Some of them moreover have no homes of their own, and the relatives of others absolutely refuse to make the attempt to care for them. It has also been found that as a rule greater consideration is shown these patients by strangers who are paid for their services than by relatives.

A great obstacle to the success of the system in Massachusetts has been the unwillingness of overseers of the poor of the towns to coöperate, thus confining its field to patients supported by the State, recently, however, I believe, through the efforts of the newly appointed medical inspector, Dr. Moulton, the authorities of several towns have been induced to enter into the arrangement, and a more rapid extension of the system is hoped for. Could a way also be provided by which the unfortunates of this class of the insane might be taken from the town alms-houses and placed under supervision in families, an infinite amount of good would result, as the most sceptical will acknowledge.

I cannot leave the subject without calling to your notice another possible use for such a system, viz.: for properly selected private patients of small means. This was forcibly impressed upon me by the large proportion (relative to that of the same class in lunatic hospitals) who are boarded-out and their especially comfortable surroundings. The lack of separate and suitable provision for patients of this class, those for example whose relatives might pay four or five dollars a week for their proper care, is well known to be a crying need with us, as no doubt is the case in other States. Does not a family system meet these demands so far as the quiet, chronic class is concerned? The houses in which most of the private patients, under supervision, were quartered, and the care they received are, as I have stated, facts which to my mind instantly answer this question in the affirmative. Should this ever be found to be practicable a slight change in the rate for supervising such patients above that allowed for pauper lunatics, would do much to diminish the cost to the State of this department. Into this arrangement all those, who without authority take insane patients to board in families for pay, could be compelled to come and thus properly selected, sanctioned and supervised homes could be had, to obviate the growing tendency toward such care in families by irresponsible and often unworthy persons.

Finally, I would urge the consideration of this method of care upon all alienists in order that on the one hand a desirable provision may have the sanction and impetus, which I believe it

deserves, from within the profession rather than largely through outside advocacy, or that on the other, its inefficacy and consequent undesirability may, if possible, be shown by those best informed in all matters pertaining to the care of the insane as an off-set to the natural tendency of the public to favor any scheme for the insane involving additional liberty irrespective of their requirements, or of the conscientious and advanced care they are receiving in our institutions for the insane.

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NOTE.—The experience of Dr. Moulton, the present inspector of the boarded-out insane in Massachusetts, as to their condition and the operation of the system, is embodied in his remarks in the discussion of this paper which appeared in the preceding (October) number of this JOURNAL. They form a necessary supplement to the views above set forth. So decided an *ex cathedra* statement is of great value as corroborative evidence of the practicability of the measure advocated.