

BANCROFT (J.P.)

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OF THE

Pauper Insane of New Hampshire :

A PAPER READ BEFORE THE

New Hampshire Medical Society,

AT ITS ANNUAL CONVENTION HELD IN CONCORD
JUNE 18 AND 19, 1878.

BY J. P. BANCROFT, M. D., ✓
SUPT OF THE N. H. ASYLUM FOR THE INSANE.

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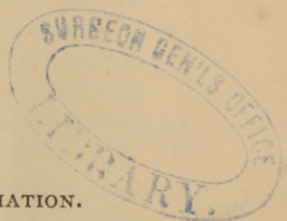
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THE PAUPER INSANE OF NEW HAMPSHIRE.

At a former meeting of this society, I had the honor of reading a short paper upon insanity. In that I undertook to show that, in its varying forms of manifestation, insanity is symptomatic of bodily disease, and always dependent upon some form of physical disturbance. It was stated that, if our means of investigation were sufficiently delicate, we should find anatomical lesion in the nerve structure or blood vessels, underlying and producing all the various aberrations of the mind. In a word, it was argued that we know no such thing as disease of mind in the abstract, but that all disorders of mind are the result of disorder of its physical organ, or some of its parts. The legitimate inference from this position was, that insanity, which, until a recent date, has been a foreign subject virtually, is brought within the domain of medicine; that for study and practice it is a branch of medical science, and should have a place in every curriculum of medical study. Every year finds this claim recognized more and more by our profession in every part of the world. If this be so, the diseases of the mind should not only be classed among medical studies, but should attract the interest and sympathy of the medical profession in a practical way. In respect to all other diseases, our profession, with the greatest propriety, assumes to instruct the public as to its protection and welfare; and has been recognized as the natural custodian

of the public weal in questions of health and disease. It is not assuming too much to say, it has been ever prominent in sympathy for those suffering from disease, and foremost in devising and executing measures for prevention and relief. Most of the great sanitary instrumentalities for the prevention of disease owe their origin directly to medical men.

The history of the hospitals of the world, which have borne so conspicuous a part in the removal of curable diseases, and in the mitigation of the evils of those incurable, would show that most of them originated in the minds and hearts of physicians. The whole time allotted to this paper might be taken up with facts to prove this, if it were the object; but it is not. It is sufficient now to say, that history and public consent yield to our self-sacrificing profession the province of especially watching over the interests of sufferers from disease, of devising the best means of relief, and of leading the general public in the adoption of such means.

If this is accepted as correct, I need no apology for asking the attention of this body, for a short time, to a class of those in our midst suffering from disease of the most dire form, who are entitled to the sympathy and interposition of the medical profession. I refer to the pauper insane of the state of New Hampshire. The claim of this class of persons for special sympathy and interposition from the medical profession, over and above that of other dependent classes, arises from the fact that they are not only dependent, but are also the victims of disease. Indeed, more frequently than otherwise, disease precedes and is the cause of the dependence itself. The calamity following disease is measured by the importance, in the economy, of the organ affected and the function interrupted or perverted. The loss of a general is greater than the loss of a private. In these cases disease has fallen upon those powers which nature has made the prime custodians of the individual welfare, and hence the dependence is more sweeping and complete. Other classes of the destitute are still in possession of those powers which serve the instinct of self-preservation, and may, at their option, watch for protection, and bring within their reach many compensations. But this mitigation is not spared to the insane. In the direction of self-care and provision, disease has crippled

them and left them prostrate. It is this fact which creates for them this added claim to sympathy and protection, beyond that called for by the dependent whose mental faculties are intact,—a claim for special compensation for suspended or lost faculties.

This claim has long been recognized in civilized communities, and earliest and most distinctly in the foremost in progress. Nearly half a century ago the foremost leaders of social progress declared the insane entitled to the guardianship and protection of the state. The doctrine has generally been accepted and reduced to practice. In nearly every state in the Union, legislation has proceeded upon the assumption that the dependent insane, owing to the fact of mental disease, should be distinguished from ordinary paupers, and made the objects of *special* surroundings and care, adapted to the peculiar necessities springing from the loss of voluntary self-control by reason of disease. In no state except our own, so far as I am informed, is the insane pauper left to take his chance for protection and care with the ordinary pauper, the tramp, the vagabond, and the heterogeneous crowd which make up the average almshouse in these times. In the few cases within my knowledge, where insane paupers are provided for in connection with ordinary almshouses, these are made exceptional, subjected to state rules, and placed under state supervision. There are a few instances of this kind in the states of New York and Pennsylvania, but they are treated as temporary receptacles only, to be superseded on the completion of special institutions sufficient for the accommodation of all the insane; and in no sense is it a part of the policy of those states, both of which are now, as rapidly as practicable, erecting asylums under state direction, for all their insane. Massachusetts has already accomplished the same thing. England, and the countries of the Continent, have all adopted the same principle, and long since abandoned attempts to combine the almshouse with the receptacle for the insane. The principle, to provide wholly separate institutions for the care of the insane and the ordinary pauper, is the outgrowth of Christian civilization. It is only another manifestation of the same spirit which contributes from the public treasury for the blind, the deaf and dumb, and the feeble-minded, to procure such special surroundings as will best compensate for

their defective senses and powers. When the classes are compared, as objects of public beneficence, those who have only been deprived of a single sense can hardly be held to have a higher claim to public charity than those in whom disease has invaded that faculty which nature has constituted the supreme director of all others—the reason. The loss or absence of a single sense is a calamity calling for sympathy and help; but this, without loss of reason, leaves much capacity for self-help and enjoyment in the use of the remaining faculties. But disease which drives reason from its seat not only deprives the individual powers of their natural director, but introduces new and disturbing forces impelling to hurtful and dangerous acts, sends devastation through such human lives, and cuts the anchorage for personal peace, safety, and enjoyment.

Those of the insane, who to a considerable extent have lost the power of self-regulation, and thus have become troublesome or dangerous to those about them, are on this account made dependent on their surroundings, not only for *one class* of comforts, but for all the reliefs granted to their sad lives. Either the public safety or their own calls for restriction of their liberty, and makes them dependent on an option outside their own. It is this special disability which entitles this class of persons, when paupers, to provisions and attentions not required by those in possession of their mental powers, and hence able to watch for their own safety and comfort. As this general principle lies at the foundation of suggestions to be made further on, it should be expanded a little more in detail.

Dependence for subsistence does not deprive the *ordinary* pauper of a large share of the most enjoyable things in life. To him, the light, the air, freedom of exercise and labor, a good degree of social cheer, and the choice of associates, are open and free. His physical wants are supplied; and, within the limits of order and propriety, he is free to consult taste and inclination in the choice of enjoyments. Not so with his fellow-pauper who is insane. He stands at an immense disadvantage. Disease comes in and deprives him of the faculty of living safely under such conditions. The bitterness of his misfortune is in the fact, that, while disease deprives him of the self-control required to enjoy these common blessings *safely*,

without special limitations, it does not destroy the *capacity* for their enjoyment; and hence it makes him a special sufferer, and to the extent, it would seem, to entitle him to extraordinary sympathy and care. This fact is brought to notice on account of the opinion so often expressed, that after insanity has become confirmed, and hope of recovery reduced to a low point, the obligation upon the public to furnish special care and treatment is discharged, and that the public can be rightfully relieved by allowing such insane to take the common chance. This theory, when practically carried out, ends in the virtual imprisonment of a large fraction of the chronic insane. A better knowledge of facts would lead to a more liberal and humane theory of management. The condition of a large majority of this class of the insane is such that they cannot, under the guidance of their own volition, go forth safely to enjoy air, light, exercise, and the sight of mankind; and at the same time all these blessed stimuli are fraught with as much pleasure to their minds and as much health-giving influence to their bodies as they are to us, their more fortunate fellow-men; and all that is necessary to make these pleasures available for them is the presence of those organized methods of guidance which experience has proved to be perfectly practicable. But these surroundings cannot be realized at the ordinary pauper rates of living: and here we conflict with the theory of those who are satisfied to make no exception in favor of the pauper insane in the adjustment of public charities. If any one should doubt the correctness of the statement just made, in regard to the capacity of the insane to enjoy privileges which they are incompetent to control, and thus invalidate their claim to exceptional treatment, I may say that it is practically demonstrated in thousands of cases every day all over the land. And now nothing is better settled in medical science, than that even the acute and excited maniac can safely enjoy large liberty and latitude of privilege, when influences are properly adjusted for that end. But there is another class to be considered, furnishing other considerations in favor of my position. I refer to those in the advanced stages of mental disease—the demented and the imbecile. These ever incline, when left to themselves, to lapse into lower and lower states, to form lower and lower

habits and tendencies. Hence they need the constant presence of attendants, the constant support and stimulus of the healthy mind. Nothing in physiology has been better proved by observation, than the fact that when disease has impaired the power of the intellect and will to guide and regulate the movements of a human life, the tendency of that life is to drop down into the sphere of reflex action, the excitants to that action being the animal instincts in the absence of those which in health come from the higher faculties. Here the misfortune of insanity appears in its strongest light. The person whose powers were once quick to obey the commands of a proud intellect is now groping in a lower sphere, and obeying simply animal instincts, without plan or purpose. I will not offend the intelligence or the moral sense of the members of this society by offering proof that the person whom brain disease has deprived of that force which is set to rule and guide all other forces in the system, and which makes the broad distinction between human and brute nature, is entitled to special sympathy and special instrumentalities for relief, if such exist. It has been fully settled that effectual help can be rendered; that is to say, care and skill *can* so apply the stimuli of healthy mind to these broken natures as to put in motion the same automatic forces for a higher order of manifestations.

It is a fact of daily observation, that persons whose intellect and will-power are so abolished by brain disease, that if left alone their manifestations would be nothing above the brute, are passing the rounds of daily life with decency and a degree of propriety of manner of which society need not be ashamed; and this is all effected by supplying the place of the diseased mind and will by the healthy mind and will of another as an excitor in the automatic processes of the patient; and the motor acts are thus transferred from the lower to the higher plane of life. The attendant in psychological medicine is to the faltering patient what the crutch is in surgery; and the mental product is as much better in the one case as is the gait in the other. I could show you, to-day, in any well regulated institution for the insane, wrecks of human beings neatly clad, in the enjoyment of much latitude of out- and in-door life, using their various powers with propriety and decency, conforming, appar-

ently to the general demands of society, and so carrying themselves that a superficial observer would think them quite self-sustaining, who, if their exterior helps and attentions, which take the place of their own lost faculties and give direction to their movements and habits, were to be withdrawn, would lapse at once into habits and conditions differing little from those of the lower orders of animal life, and become simply objects of disgust and pity. The reason of this wide difference of results, under the different circumstances, will be at once apparent to medical men.

When it is considered how large a portion of the actions of a human life, in the normal state, is simply automatic, excited by the remote influence of the reason and will; and when it is borne in mind that when once thus set in motion it is the nature of this reflex action to continue to do the same thing, with ever increasing facility, acquiring the momentum of habit,—when such facts are fairly estimated, it is not difficult, in case of loss of the self-directing will-power, to appreciate the value of any foreign agency which, at this unpropitious moment, may assume the place and function of the lost powers, and furnish the stimuli capable of holding the motor acts and habits up to the highest practicable place in the scale of human life. Modern experience has demonstrated that the best known agency for this work is found in an institution organized and operated for the specific and only purpose of treating and influencing the insane.

I have dwelt somewhat on this general topic, as it furnishes the only true philosophy to guide us in any practical efforts at ameliorating the condition of the pauper insane in our state, as well as a good reason why the subject is brought before the members of this society. What I have desired to say thus far is this: that the insane portion of our pauper population is emphatically a distinct and separate class of sufferers; that, since disease has deprived them of the use of their higher and self-protecting faculties, they have extraordinary claims on the public,—claims for means to mitigate calamities which ordinary beneficiaries of public charity have not suffered; and that for these reasons they should be made the objects of that special provision and care without which their peculiar dis-

abilities cannot be relieved. This distinction is now universally admitted and acted upon in the dispensation of public charity throughout the civilized world. Fifty years ago the pauper insane were supported in alms-houses; and because it was not safe and practicable to give the latitude afforded to sane inmates, they were found in secluded, dark, and foul places, often, for the safety of others, chained, and deprived of all liberty and the enjoyment of all society. Their condition attracted the attention and enlisted the sympathies of the philanthropic everywhere; and inquiry soon resulted in the general acceptance of the principle just announced, that these sufferers are entitled to separate care, and that it is the duty of the state, by proper legislation, to make them directly its wards. In every part of Great Britain the care of the insane is assigned to institutions constructed to meet their peculiar wants, and placed under direct governmental supervision. There is no such thing there as authority to dispose of the insane pauper by any power not directly delegated by the government and answerable to it. Institutions organized expressly for the insane, and for no other object, are provided in sufficient numbers for all the insane who require special care, and these are committed and detained only under the established forms of law; and no pauper officer can place an insane person in any general pauper or criminal receptacle. The same is true in Germany and other countries on the Continent.

Most of the United States, also, have proceeded in their legislation on the same principle, and as rapidly as practicable provided institutions to keep pace with the increase of the disease. In some instances the increase of the numbers of the insane has been greater than that of accommodations for them; but still the principle has been fully recognized by legislation. Thus, the state of New York has taxed itself millions within the last few years to provide institutions for the insane; and now these institutions, so far as completed, are filled with persons many of whom had previously been kept in town or county almshouses. The states of Pennsylvania and New Jersey have been for many years, and still are, doing the same thing. In Pennsylvania there is now in process of erection an asylum sufficient for the accommodation of 800 pauper insane

persons, who have heretofore been in a department of an immense almshouse in Philadelphia. Every effort to do justice to these people in connection with the general establishment has failed, and an enlightened public will no longer tolerate the attempt. That state pursues a settled policy to provide asylums for all its insane, and hold them under direct state supervision. The state of Massachusetts, as you know, pursues the same policy, although much less economically, in some instances, than many of its citizens deemed wise or necessary. Some years ago it was proposed, in that state, to provide for the most quiet portion of the chronic pauper insane, as a department of a state almshouse, and the experiment was inaugurated at Tewksbury. This experiment was unsatisfactory to the public, and has been virtually abandoned, by gradually transferring the institution into a state asylum, with a medical head and other special features found in their regular asylums.

I need not take more of your time in adducing historical facts to prove that it is the accepted theory of Christendom that insanity entitles its victim to special care, and that that care should be provided in institutions devoted to that alone, and in their construction and organization adapted to their peculiar work, and under direct state supervision.

Having now shown what is the almost universal verdict of public opinion on this subject, and what are the grounds of that opinion, I come to its practical application, as related to the pauper insane of New Hampshire. How do we stand as compared with the rest of the world?

In the first place, it is well to consider the legal relations of the insane in this state, and see to what extent they are placed under the protection of the law, and to what extent their disabilities are legally provided for. This state has from time to time shown its sympathy with the spirit of the age, and its solicitude for its unfortunates, by enacting laws for their better protection and care. These laws guard jealously three points: first, against improperly taking the personal liberty of the insane; second, for the good care and treatment of those whose liberty has been taken, according to the forms of law, while they are in custody; and, third, against the continued detention of these after the cause of commitment ceases. The first of

these objects is secured by the following statute, namely, "No person shall be committed to the asylum for the insane without the certificate of two reputable physicians that such person is insane, given after a personal examination made within one week of the committal; and such certificate shall be accompanied by a certificate from a judge of the supreme court or court of probate, or mayor, or chairman of the selectmen, testifying to the genuineness of the signatures and the respectability of the signers." The second object is accomplished by the statute requiring some one of the board of trustees to visit the asylum, without previous notice, at least twice in each month, and to give suitable opportunity to every patient who may desire it, to make to him, in private, any statement he may wish to make; also to examine into any facts relating to the welfare of the inmates, and order a correction of any practice which may not be found judicious. To guard still more carefully the welfare of the insane while in custody, the law makes the governor and his council, the president of the senate, and the speaker of the lower house, a standing committee, with unlimited authority to exercise such supervision as their judgment may deem necessary to secure the ends of the law. To make good the third point, and prevent the unnecessary continuance of confinement, the law provides that any three trustees may discharge any inmate if they think it proper, and requires them to do so if they find the cause of commitment has ceased, or a further residence is not necessary.

Thus it appears that our laws carefully close the doors against improper committals; provide for vigilant observation of those actually in custody; and, lastly, keep the doors open for the earliest practicable discharge. Now, this is admirable, and all that humanity could ask. It is as good and carefully guarded a law as exists, and I have no doubt it is faithfully complied with, for, in my long observation, I have never seen more than a single instance in which commitment was sought for any other motive than that contemplated in the law, and in that instance the object was to shield from justice. Now it remains to inquire whether these admirable laws accomplish all they seem to do on the surface. It will be observed that all these statutes apply in terms to the "New Hampshire Asy-

lum for the Insane," and *no other institution*. This would be all-sufficient, and secure its humane intention, if there were no other institution in the state liable to have custody of the insane. So far is this from being true, that there are probably to-day more insane persons in the custody of *other* institutions in the state than there are in the New Hampshire asylum.

That institution has in its charge a large majority of private boarders, and these have the double protection of the laws referred to, and the watchful interest of relatives and friends. A small number, also, of pauper insane are there, and these, too, get the full protection of the statutes; but beyond these the laws are a dead letter. More than three fourths of the pauper insane of the state are disposed of without the slightest reference to the statutes supposed to exist for the security and benefit of the insane as a class. This fact would probably surprise many intelligent citizens, and perhaps even legislators, who, in enacting the statutes already referred to, supposed they were doing it for the protection of the whole insane population of the state. As briefly as possible, I will explain the situation.

As the laws of settlement have from time to time been modified, reducing the number of town settlements, the care of the larger pauper population has fallen to county authorities. The insane paupers as well as other classes are subject to the same authorities. As no law has been enacted making any exception in favor of the pauper who is insane, the county commissioners have full power to dispose of them as they see fit; and these officers are wholly exempt from the conditions supposed to be and made necessary for all other classes of citizens in dealing with the insane. There is only a single exception to this statement. If the county commissioners should propose to place an insane pauper in the New Hampshire asylum, they would then be obliged to comply with the requisitions of the statutes above named. Unless the courts should direct as to the disposal of any particular insane pauper, the county commissioners are as independent of any restrictions as though no law existed on the subject. As large county establishments have sprung up, it has been assumed to be in the interest of economy to support the insane as well as other paupers in them; and as no law opposed, this became the general rule. In this

attempt it was soon learned, as before suggested, that the liabilities to danger and other evils were so great as to render it wholly impracticable to domicile the insane with the general pauper families. This fact led to the erection of separate buildings, in connection with most of the county almshouses, for the more safe keeping of the insane portion of the inmates. In this way there have grown up several asylums in the state aside from the state institution. Owing to the incidental manner in which these institutions have sprung up, no legislation has been had in regard to them, with a view to make the existing laws applicable to *them*. The result is, that the insane, in any numbers, if they chance to be paupers, can be placed in custody in these asylums, without reference to their conditions of mind, health, or necessities, at the mere option of county commissioners. Institutions operating on these conditions have in charge not much under three hundred persons at the present time. The number, however, is not material, for it is not my object to criticise these institutions, or at present to discuss the merits of their construction or management, but simply to refer to them in a general way, so far as they illustrate the main subject in hand, and show the present exposed condition of the pauper insane. I make no quarrels with *them*: it is the whole plan that is objectionable and faulty, and it needs no abuses to show it so. The most faithful administration under it cannot succeed. The great wrong, then, is this,—that while the public rests secure in the assurance that the state has thrown around the insane the shield of law, it appears that the dependent portion of them is entirely cut off from its benefits, and subject to the option of political officers responsible to no tribunal for their proceedings. Constantly persons are being placed in these independent asylums without medical examination, or a vestige of any legal proceeding. The only things requisite for admission are, that the candidate should be dependent for support, and the consent of the county commissioners. These conditions existing, the alleged insane person may remain in custody indefinitely; and no legal authority is charged with the duty of inquiry whether such residence be well or ill for the subject of such confinement. I have just stated that one of the requisites for admission to these asylums is poverty; but

this is not strictly true. So far as any law prevents, a candidate for admission need not be a pauper: any citizen or person can be made an inmate of one of these asylums on the simple agreement, upon terms, between a party desiring a proposed committal, and the officers controlling such asylum. Here let it be understood, I am not saying this possibility has yet been abused; that any person has been in office who would misuse such a power. It is the legal possibility of such wrong that is open to objection. Unless all the laws heretofore enacted for the protection and benefit of the insane are a farce, the absence of any law regulating the relations of the insane to these institutions is a fatal oversight, and one which opens wide the door to all the evils supposed to be provided against in the statutes already enacted. Under the existing state of the laws, there is no difficulty in the way of perverting these institutions to the vilest and most mercenary purposes. If you or I had a heart for such an enterprise (and history shows men capable of it), and had, also, a relative with large wealth which we might wish to manipulate; if that relative were of defective mind, and our convenience would be promoted by having this person out of the way,—there is no legal barrier in the way of quietly using one of these institutions to further our ends, providing terms could be adjusted between us and the authorities in charge.

I will not take your time to multiply possible cases which might arise under this state of things. It is enough that the facilities exist for the commission of such wrong. If no official now in power could be made a party to such transactions, time may bring such persons to the surface. All history shows that it is not prudent or wise to throw temptations in the way of the weak points in human nature; and I know of no special gift of virtue, inherent in the constitution of any class of political office-holders, exempting them from the common liability to wrong-doing, and thus relieving them of the need of supervision of their acts, and of accountability to a higher tribunal in the management of delicate social and personal interests.

But the laws are defective, not only in leaving the doors of these asylums open for the indiscriminate reception of inmates alleged to be insane, without any responsible medical voucher for the fact, or the fitness of the person, whether pauper or

independent, for confinement ; but they are equally faulty in not providing any standard of care of such after they are in custody. Civilization has pronounced against the practice of leaving institutions, having in charge those rendered helpless by disease, to do duty at their option, without the supervision of law. It has become the universally and cheerfully accepted doctrine, that institutions for the custody of the insane shall be under the direct legal supervision of the state ; and all history shows the necessity of this. But our county asylums in this state have no shadow of such supervision. There is no vestige of law in existence requiring any inspection by any officer of the state government of one of these institutions. The state authority has no instituted channel of information as to their condition, the methods of care, or the treatment adopted in them. What may or may not be done, it is entirely at the option of the county commissioners to communicate or not. The good or bad condition and treatment are suspended on the slender accident of the fitness or unfitness of the ever-changing officials, subject to all the uncertainties incident to the fluctuations of political affairs. It is simply repugnant to the common judgment and sentiment that such numbers of unfortunate persons, helpless for their own comfort, should be thus laid aside from the public interest and sympathy ; and the facts only need to be stated to settle the verdict of the public on such a state of things.

Taking the most guileless view possible of human nature, the state of our laws on this subject is a fearful strain upon the virtue of those in charge of these institutions. The entire absence of state supervision throws a heavy responsibility upon them, and one of which many of them, at least, desire to be relieved.

For a quarter of a century the public mind has been highly sensitive in regard to the insane in asylums, and they have often been made the subject of legislation. Some silly and absurd acts have been passed in a few states, where ignorance and passion were for the time in the ascendancy ; but, as a whole, sensible and wholesome laws have been enacted in most states, which thoroughly protect the interests of the insane ; and the liability to the occurrence of any wrong is exceedingly small. This is true in our own state, so far as the state institution is concerned, but no further. It would seem a matter of surprise,

that in the midst of all this interest, while the press has been teeming with its discussion, and sympathy for the insane has been supposed to be at fever heat, several asylums should have sprung up in our very midst, and have taken into custody an actual majority of the insane of the state, and quietly placed them beyond the operation of existing laws. And yet this is unvarnished fact;—at least six such asylums exist, and receive the insane for care and treatment. They are received without medical examination or certificate of disease. No person is required by law to visit these insane patients, to learn whether they are in cleanly rooms, have proper food, medical treatment, light, pure air, and warmth; to learn whether requisite intelligence, skill, and kindness are employed in their daily personal care; and to report to state authority the facts in any form. As before designated, they are independent, and are left to dispose of all the psychological and hygienic questions involved, without any of the aids deemed vitally necessary in the organization of state institutions for the same purposes.

It does not invalidate the objections I am urging, to say that these asylums receive only chronic cases, and that therefore a full equipment of these appliances is not necessary. If it were true that their operations were limited to chronic cases, which it is not, and cannot be, still that would not relieve the difficulty. To say the least, two thirds of the insane, in a majority of the asylums of the country at any one time, are chronic; and yet the highest medical authorities, and nearly all state legislatures, pronounce it no less necessary to make elaborate provision to secure the best hygienic conditions in all the particulars just named, and skilled service to render them practically available. Moreover, it is known to all who are informed on the subject, that the fact of chronicity does not remove the case from the necessity of many of the special appliances required for the acute. The chronic insane are often subject to such variations of condition as to transfer them practically into the acute or active class; and at these times their welfare requires the same surroundings and the same skilled management demanded for the recent and acute; and without these no justice can be done to their morbid liabilities.

It is in view of this fact that institutions, organized under state authority for chronic cases exclusively, are placed under the care of medical men, and all other departments made subordinate to that. It is because the main work is provision for *disease*, rather than the discharge of political duty. For the same reason, the state makes all departments answerable to itself, and sends servants of its own selection to inspect, regulate, and report results. The principle underlying all this is, that in the care of these insane, the state recognizes disease as the prime feature, entailing special weakness and dependence, and thus creating a valid claim to public sympathy and protection. Hence, it makes them the subjects of special legislation, instead of suspending their comfort and welfare on the intelligence and skill of mere political servants, who, to say nothing of qualifications, can spare only a small fragment of their time and attention for this distasteful part of their duties. The state of New York has established an asylum for the chronic exclusively, and still it follows the same principle of organization and care required in those for the recent and acute. The state of Massachusetts, some years ago, in the supposed interest of economy, commenced a receptacle for chronic quiet cases in connection with the Tewksbury almshouse, without a medical head, or the special appliances deemed necessary for recent and acute cases. The inmates were placed under the care of the general manager of the establishment. Experience proved a better teacher than theory, and soon steps were taken gradually to recede from the plan, by adopting the methods and usages of regular hospitals. Every year has witnessed more or less changes in that direction, and now it is placed under the direction of a competent resident physician; and the theory that the insane, though chronic, can properly be made a department in a general pauper establishment, and under the business superintendent, is virtually abandoned.

I have said incidentally, that so far as the law is concerned, these asylums in our state are not limited in their operations to chronic cases, or even to paupers, but are open to recent and acute, and private patients as well. To what extent they are so used I have taken no pains to learn, since it is not the object of this paper to arraign these institutions or their man-

agement, but to discuss the general plan of their organization as bearing upon the interests of the pauper insane; but I will digress so far as to remark, in this connection, that private cases *have been admitted* without medical examination, and on no other authority than an agreement on terms between the committing party and the overseer. The simple fact is enough for our purpose, namely, to show that these institutions are open to misuse. Therefore the insane are not properly protected; for if there is any reason in the nature of insanity for legislative interference in its management in any case, there would seem equally valid reasons for it in all cases, unless it be true that there is some special guaranty of such preponderance of intelligence and rectitude, when you enter the domain of county institutions, as to supersede the necessity of protective legislation. On this question of fact I offer no opinion. It has been the popular belief that instances have occurred, however rarely, in which persons have been admitted into institutions for the insane, and detained, who were not proper subjects for such treatment. If such facts are *liable* to occur, then there is good foundation for the general sentiment that all such institutions should have their authority directly from and be answerable directly to the state. To this there should be no exceptions. It is a salutary principle, not to tempt human nature in the direction of its weak points, or to overburden with trust the sternest virtue.

I will now return to the distinction between recent and chronic cases, already referred to. I know it is the professed rule with the county asylums to receive the chronic only; but the line between the acute and chronic, the curable and incurable, is a very vague and uncertain one, and it will seriously task the skill of the most learned and experienced in mental diseases to trace it in a large number of cases. The exact time when curative efforts may be abandoned, without too much risk, it is difficult to find. And even if it be found, it may still be a grave social question at what point the state can afford to drop alleviating and mitigating influences, and leave its fallen ones in the march to a simply vegetative existence. In point of real economy, and as a pure financial question, the state gains nothing by a too early abandonment of effort to save the

victims of mental disease, for this is the point where figures tell both ways. One added to the hopeless list is one subtracted from the producing list. The principle in the operation of these county asylums being simply cheapening the expense of support, the tendency of officers is always to press the patient forward from the acute into the chronic and incurable stage as rapidly as possible; or at least so to construe them, especially if they belong to the quiet class, that they may pass at the earliest possible time from the more into the less expensive division. The pressure of this motive is so great as often to reduce the period of curative effort to a very limited time, much, I think, to the damage of the patient. This is the unavoidable result of the situation. The whip of economy is ever hanging over the commissioners, reminding them of the strict account soon to be rendered to the exacting public; and the struggle between private moral conviction on the one hand, and the supposed demand of public duty on the other, is not to be envied. I have known some, at least, in whom this struggle has been the bitterest ingredient in the official cup. If it be objected to these views that they are too liberal for application simply to paupers, and that the public will not tolerate more liberal outlay for them, I may say, that while I do not think the objection valid as relating to any class of paupers, yet there would be more force to it if none but the tramp, the criminal, and the refuse of foreign countries were among them; but it is not so. Many now paupers were but yesterday producing, tax-paying citizens. The insanity in some is the last weight which turned the scale to the side of dependence; and that disease itself was the product of the long, hard struggle to maintain independence, against sickness and misfortunes not self-inflicted. I know today an insane professional brother, intelligent, honest, honorable, generous, respectable, the fruits of whose arduous labors have ever been freely used for public welfare; and now that disease has invaded his brain, and borne his mind from its anchorage, he is dependent on the public for all that he is to have for the remnant of his sad life. This is no solitary case. Does the state owe such as these no debt but that of simple subsistence of the cheapest kind, stripped of all amenities? When in health we give up the fruits of our industry, to support public

order; of our contributions, to sustain public institutions whose benefits are to run on into the future; our charities, to lessen the sufferings of the unfortunate, and thus lighten public burdens,—does the public incur no obligation in return when the day of our calamity comes? The voice of Christian civilization answers the question; our individual hearts all answer it. If it were put directly to them to say, the overwhelming majority would give an emphatic affirmative to the question of affording from the public treasury special offsets, mitigations, and reliefs for the victims of mental disease. The public generally respond heartily to measures for the relief of those suffering minor disabilities,—the blind, the deaf and dumb, the maimed: will they not much more respond for the relief of sufferers in that organ the integrity of which is essential to the use of all others? When the question can come up as a simple one, complicated with the success of no scheme or party, the popular voice will be cordially given for the furnishing of such surroundings for the dependent insane as will afford the best chance of relief to the curable, and a wise and reasonable share of amenities to those who may have no hope of restoration. I am no advocate of palatial residences and expensive furnishings for those in behalf of whom I speak. The essential reliefs, which it is impossible to realize on the system of county asylums, *are practicable* without extravagant expense, when the subject is approached in the light of knowledge and experience, and with the single purpose to accomplish the greatest good in a modest and prudent way.

This leads me to the last branch of the subject; and what remains to be said is in answer to the question, Is there a better way for the state to discharge its obligations to its unfortunate victims of disease of the mind, and one consistent with that degree of financial prudence which characterizes our state policy? I fully believe there is such a plan,—one which is entirely practicable, efficient for the end in view, and, in the long run, hardly more expensive than the present impracticable and exploded plan of county asylums.

This is not the place to propose any plan in detail; but I must be content to suggest, in skeleton form, the leading features which are essential to any plan adequate to the wants of the

case. In the first place, as has been already implied, it may be said, negatively, that it is a financial impossibility for the several counties to provide and operate *small* asylums which will satisfy the intelligence and moral convictions of the public; for, no sooner will they attempt to erect suitable buildings, and throw around the insane privileges beyond the most simple subsistence, the expense will transcend the bounds prescribed, and thus defeat the only object of the whole attempt; for I take it no one seriously proposes our county asylums for any other reason than economy. Undertake in one of them to provide efficient ventilation, exercise in the open air, mental and physical occupation, and social contact for the agitated and irresponsible, and failure is certain,—for success would entail heavier expense than the prescribed limit. Every attempt to make the small county asylum a success has so far failed. It was exhaustively tried in New York, and condemned by public opinion; and the Willard asylum, now with 1,200 chronic patients, was organized by that state for the very purpose of emptying the county asylums, and bringing their inmates under direct state care. On the county plan the whole cost allowed must be expended in mere subsistence, and no margin left for wants arising from disease. This is the reason why the agitated and untrusty in these small asylums must spend, as they do, most of their time in seclusion. Liberty would be dangerous without supervision, but supervised liberty cannot be afforded; so the management is in a dilemma. What it would do, that it cannot; and what in truth it would not do,—namely, confine the restless inmate,—that it must, for lack of means to do more. The asylum with twenty-five patients will have as many classes represented as a larger one. There will be the aggressive and the timid, the exalted and the depressed, the frank and the treacherous,—and to attempt to meet their varying needs there must be variety of resources: the bed of Procrustes will not do. It is plain to common-sense that these peculiar wants cannot be economically met on so small a scale. It needs no argument to make this plainer, more than it would to show that the house-wife, with her spinning-wheel and hand-loom, cannot compete with the cotton mill.

The inference from all this is, that if the presumed 300 pau-

per insane in the state could be provided for in one institution, a long step would be taken towards a union of efficiency with the desired economy; but any attempt of the several counties to establish and operate a common institution, would be, for obvious reasons, impracticable.

This leads to the first, and, in my estimation, the indispensable initiatory step in the solution of the problem. The dependent insane, who by reason of this disease may need special surroundings and care, should first be made legally the wards of the state. I have already stated features in their condition entitling them to this protection in the day of their misfortune, aside from claim on the score of duty done for the state. It has been proved, too, by experience elsewhere, that a state can accomplish vastly more with a given expenditure under its own single administration, than can be done on any plan of subdivision. It has also been made clear, I trust, that the interests involved, both to individuals and the public, are too sacred to be left absolutely to any authority not answerable to the state. These considerations are a solid basis for the measure proposed. This is the policy adopted now in nearly every state in the Union, and in the countries of Europe; and it has been adopted after many experiments and the failure of all less comprehensive plans.

In this way this important public charity will be taken at once out of the category of politics, and placed on high humanitarian grounds. There is no reason in the nature of the case why the dispensation of this noble charity should be made a mere incident in the duties of a political officer without knowledge of its peculiar demands, as it now is. While the state makes a specialty of education, even agricultural; of the improvement of delinquent youths; and every other interest requiring special knowledge or skill,—why should it leave the care of its dependent insane, with all their exceptional and peculiar needs, as a minor charge in the hands of men whose principal duties are anything but a fitting for these? I have no doubt if the private feeling of our various county commissioners on this simple question could be obtained, it would be that provision for their insane is a difficult and unwelcome duty, one for which they have not proper appliances, for which they are not quali-

fied, which they cannot discharge to their own satisfaction, and which they would most gladly surrender if they could. This, I know, has been the avowed sentiment of many of them after due experience, and an honest attempt to harmonize their sense of duty to the insane, as men, with their official obligations to their constituents under the financial limits imposed on them.

Suppose, then, the state should take into its direct care such pauper insane as demand exceptional surroundings, and many times medical treatment, and thus relieve the counties of this embarrassing part of their charge, much would be gained. They would at once be in the charge of the highest authority, and have a guaranty of humane and enlightened treatment equal to the pride and dignity of the state. This plan is not objectionable on the score of expense, for it commits the state to no particular grade or style of living for its beneficiaries. The field is all left open, from the most elaborate to the most simple and plain surroundings.

The state would then doubtless do justice to its intelligence and its humanity, as well as to its economy. It would at once hold an immense advantage, in point of economy, over the present system, for it would make no attempt at provision on the plan of distribution into smaller or larger groups, but provide for all its pauper insane in a single institution, which, in its plan of construction, should be fitted for its special work, and be charged with no other function. Although the number in the state is not sufficient for the highest degree of economy, simply considered, in building and operating, still it is a very favorable number for a happy average of economy and general efficiency for the best results.

It is not the province of this paper to advance any opinion as to the exact degree of liberality with which the state should provide for its dependent insane; and hence it only remains for me to point out some of the objects which should be secured, at all events, in any plan which might be adopted,—objects without which no plan can meet with final and permanent approval.

First, buildings must be constructed on such a plan as to give all classes the hygienic advantages demanded by the laws of life. These must include abundance of sunlight, means for

free circulation of fresh air through every apartment, and facilities for graduating temperature to the degree of vitality and state of health of all classes. Space must be so divided and adjusted as to afford facilities for associated life, and classification according to the varying conditions resulting from temperament, habits of life, and results of disease. Reasons for these practical necessities have already been given.

Second: any plan, to be successful, must embrace, as its leading feature, the presence and guiding influence of attendants; that is to say, the adjustment must be such that healthy mind shall be brought in contact with mind diseased, and by its presence, its enlightened support, and its invigorating stimulus, supply the guiding force which disease has taken away. It has already been shown that this is the prime and necessary condition of liberty of the insane, and that the alternative of supervised liberty is the doom of prolonged seclusion; and this is a bane the world has, for half a century, been seeking a way to avoid. I hardly need repeat, by way of application, that, in our county system, the financial inability to establish intelligent supervision sufficient for liberty is its fatally weak point, and marks the difference between an equipped asylum and an institution where the care of the insane is subordinate and incidental. The state will either adopt a system in which personal attendance for the chronic as well as recent stands at the head of measures, or it will lapse into the whole sad train of evils which Christian civilization long ago pronounced against. The public will not long be satisfied with the political plea, that, when the curative period of insanity is passed, special supervision is not needed, for the result is, to doom the chronic victim of disease to a fate worse than we visit upon the criminal,—that of solitude.

What has been said has already suggested the third condition which should enter into any institution for the care of our pauper insane; and this is the last I shall name. Under the authority of the state, it should be placed in the immediate charge of a resident medical man. If I were addressing a committee of legislators, it might be necessary to set forth specifically the reasons for this position; but to medical men, who are familiar with the forms of cerebral disease, of which insanity is the manifold result, with the subtle sympathies existing between

the great nerve centres and all bodily organs and functions, and with the grave disturbances constantly liable to arise therefrom, seriously affecting the comfort and welfare of the patient,—to you I need only to name this requisite to have it appreciated and endorsed. You will see at a glance, that questions of physiology, of pathology, and of medicine will meet one everywhere,—questions not readily settled by the business man, however expert in finance or in the management of the tramp and the vagabond,—questions requiring another education and other experience.

You will agree with me, then, that it is not too much to ask for these sufferers that they should be committed to the care of those who can make a study of the mind, and acquire skill in devising ways to alleviate the sufferings of its disorders, and of infusing into the balance of the sad lives, even of the hopelessly insane, as much as possible of cheer and indirect compensation for the crushing loss they have sustained. To do less than this is to retrograde, to court sympathy with the discarded faults of a past age.

Fellows of the Society: As I said in the beginning, our profession has always been foremost in devising means to relieve the sufferings of disease. It has been ready always to step to the front, to contribute its knowledge, its skill, and its moral influence to advance sanitary reforms for the public welfare. Here is a demand for our help. We have in our midst a class of persons suffering from the worst of diseases, who are not, at present, provided for in accordance with the best knowledge of our times. I ask for them the sympathy of those who know a better way.

Let the state hear the voice of her medical profession, uttered through this society, reminding her of her duty to those sufferers within her borders who have fallen, and are helpless for their own relief. Let it not be said of us that we were not true to our mission as medical men; that we did not in time advise the state of her duty, in a matter of which it is our special province to know and to counsel.



