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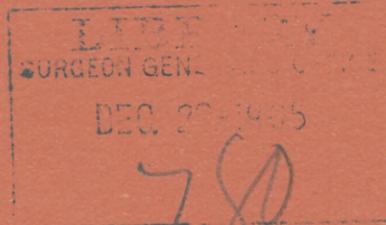
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# The New Massachusetts Board of Insanity

By WALTER CHANNING, M.D.



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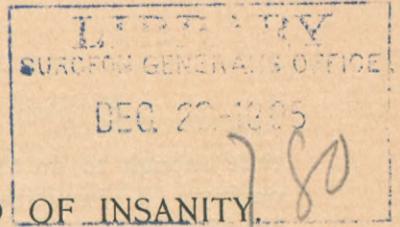
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## THE NEW MASSACHUSETTS BOARD OF INSANITY.

BY WALTER CHANNING, M.D.

[Reprinted from THE CHARITIES REVIEW for October, 1898.]

The law creating this Board marks a step forward in the care of the insane, and is an indication of the progress being made in many parts of the world in the proper treatment of the indigent and defective classes. Little by little the needs of these classes have become more clearly recognized, owing to the investigations of competent observers, and the natural result has been to subdivide them into groups suggested by experience, so that they might be the more directly and specially dealt with.

The advantages of this direct relation are quite what they would be in a well conducted private business, where the effort is made to find out what a special class of patrons wants, and to see that it is provided. Many persons seem to believe that public and private business are entirely unlike, and that any one is competent enough to carry on the former, whereas a man must have skilled knowledge to make a success of the latter. Nothing could be further from the truth. The business of the State is like that of the individual—a wise adapting of means to ends, and not a process of unthinking almsgiving.

It may be said of the insane as a class that they have not received as specialized supervision in many states as their needs and number

have entitled them to. The idea is still somewhat prevalent that they are wilful and perverse, or wholly undeserving, and the public is satisfied to provide for them as paupers. A somewhat melancholy illustration of the truth of this assertion is furnished by the hundreds of insane persons still wretchedly housed and cared for as paupers in the almshouses of Massachusetts.

Coming now more directly to the subject of this paper, we find that the new Board of Insanity in Massachusetts has not sprung into existence as the result of sudden agitation, but has been slowly evolved in the natural order of things, though a fortunate concatenation of events may have hastened the final result.

The insane first came under some formal supervision, as a small class among many others, when the Board of State Charities was organized in 1863. The duties of this Board, which has since undergone two changes of name, were heterogeneous and numerous at the beginning, and have continued to be so to the present time, though some have been lopped off and others restricted. It must be admitted that a large and intelligent board might be able to supervise public institutions of various kinds in a very satisfactory manner, provided the number of inmates was so small that there would be

time enough to do the work thoroughly. If, however, administrative functions were added to the supervisory ones, and the number in the institutions immensely increased, the question would be largely one of time. Manifestly, no board could give as much attention to a thousand persons in a given time as to one hundred. Just this difficulty has arisen with our State Board. The numbers under its supervision have rapidly augmented, and, even with improved facilities and self-sacrificing efforts to meet the increased demands, the time has been insufficient to meet them.

While I believe the interests of no class of the State's indigent have been neglected, it is true, nevertheless, that the Board has not had sufficient opportunity to work out and solve some of the problems which have arisen and now press both for consideration and putting to the test. This is especially true of the insane, of whom there were in 1863, in the State hospitals, 1,164, against 6,426 in 1897. This rapid increase alone makes the question of what shall be done with our insane a most perplexing one. Why has the question not been solved? Not because it is not possible of solution, not because the Board has not realized its importance, but partly, at least, because it has had to scatter its force in so many directions that it has not had momentum enough left over to accomplish this purpose.

In any discussion of the care of the insane, it must be remembered that they are mentally weak and

often in impaired bodily condition, and hence the medical side of the case can not be omitted. This fact introduces new and added difficulties which can be successfully dealt with only by persons possessing skilled and scientific knowledge of insanity. A very good illustration of this statement is furnished by the report of the Board of Lunacy and Charity for 1894, in which the shortcomings of hospital superintendents are referred to anent an address by Dr. Weir Mitchell at the Fiftieth Annual Meeting of the American Medical Psychological Association. The report first quoted from its report of the previous year, in which the statement was made that "the care of the insane in the State hospitals was not altogether satisfactory, especially if regarded from a medical and scientific point of view," and then goes on to consider the hospital situation, and what is desirable to raise the standard of the medical service. Though the report did not in the writer's opinion do full justice to the excellent work already accomplished in some of the hospitals, it was very suggestive and timely. Two facts were distinctly brought out. First, that such improved methods of medical work as were enumerated had been inaugurated by the hospital authorities themselves of their own volition, independently of the Board, and, second, that the most of the suggested changes and improvements could only be successfully carried out under the supervision of men of the highest skill and scientific train-

ing, and it is no disparagement to the Board to say that it did not number among its members men of the required kind.

These facts and various incidental occurrences served to arouse the interest of the medical profession, both in the hospitals and out of them, in the matter of more expert and extended supervision of the institutions for the insane. This it was felt could only be brought about by a separate Board of Lunacy which should devote the whole of the time at its disposal to the care of the insane alone. While this was not a new idea to many hospital men, the time had never before seemed favorable to attempt to realize it. Now, however, the prospect was more hopeful, and an effort was made to see what could be done.

It so happened that the years 1895-6 were auspicious ones in which to inaugurate the movement. The separate care of the insane of the city of Boston was being urged by the Boston Medico-Psychological Society, as well as by various public-spirited citizens, and incidentally the evils of having criminals, paupers, and insane persons under the jurisdiction of one person or board were strikingly brought out. A strenuous effort was being made by a number of interested persons, later organized into a "Citizens' Committee," to place the juvenile wards of the State, then under the jurisdiction of the Board of Lunacy and Charity, in the hands of a special Board of Trustees. Various physicians, interested in the care of the insane, organized a com-

mittee to work for their interests, and the Relief Officers' Association, composed of overseers of the poor throughout the State, petitioned the Legislature for the appointment of a Commission to investigate the charitable institutions of the State, especially having in view the adjustment of pauper settlements and State care of the insane. Petitions were also presented by medical men for a separate Board of Lunacy.

The result of this and other agitation was the passage early in 1896 of the following vote by the Legislature: "*Resolved*, That the Governor by and with the advice of the Council be and he is hereby authorized to appoint a Commission consisting of three persons to investigate the public charitable and reformatory interests and institutions of the Commonwealth: to inquire into the expediency of revising the system of administering the same and of revising all existing laws in regard to pauperism and insanity, including all laws relating to pauper settlements; and furthermore, to inquire into the relation of pauperism and insanity to crime, with a view to securing economy and efficiency in the care of the poor and the insane in this Commonwealth." The Commission was asked to present its report by February 1, 1897.

The Summer of 1896 was passed by this Commission, which was promptly appointed, in carefully investigating the subjects specified. In its report it recommended the creation of a State Board of

Insanity, to consist of five persons, two of whom should be expert in insanity, give their whole time to their duties, and receive an annual salary of \$5,000 each. It also recommended that all the powers of the present Board of Lunacy and Charity be transferred to the new Board, and added various new duties in accord with the progress made in the care of the insane. It also recommended that all insane persons supported at public expense be placed under the care, custody, and control of the State and the expense borne by it.

The report of the Commission was presented too late in the Spring of 1897 to receive consideration by the Legislature, though hearings were held in reference to it before one of the Legislative Committees, and its recommendations were made public.

During the Summer of 1897 the Board of Lunacy and Charity was kept constantly before the public by virtue of a deadly conflict which was waged between it and some of the advocates of the "Children's Bureau," and this rather served to keep alive the interest in the report of the Commission. This was further stimulated by the successful working of the new law separating Boston's insane from other dependent classes. Medical opinion had also unanimously expressed its approval of a new Lunacy Board through the largest medical societies in the State, and committees had been appointed to take such action as might be necessary to bring this change about.

By the time the Legislature met at the beginning of the present year, it was found that the consensus of public opinion was strong for a separation of the lunacy duties of the Board of Lunacy and Charity from its other duties. If there was any opposition it did not make itself openly felt. Even the Board itself in a formal manner in the pages of its report was willing to say: "If the new Board were to have more complete control, and so were enabled to bring about without unnecessary delay a better classification of the inmates of the several institutions for the insane, and a much needed reduction in the expense to the State of caring for the pauper insane, the Board would be disposed to advocate its establishment."<sup>1</sup>

Various hearings were held during the Winter by the Joint Committee on Public Charitable Institutions of the Legislature to consider the "Report of the Commission to Investigate the Public Charitable and Reformatory Interests and Institutions of the Commonwealth" already referred to. Those on the Care of the Insane were well attended, largely by physicians, though the public also expressed its approval of a new Board through well known citizens. Some of the members of the Board of Lunacy and Charity were present and offered no opposition, and the Committee itself appeared to be in favor.

The hearings covered the State Care of the Insane as well as the desirability of a new Insanity Board.

<sup>1</sup> Nineteenth Annual Report, Board of Lunacy and Charity, 1897.

All of the medical profession, nearly all laymen, the "Citizens' Committee," and the Board of Lunacy and Charity were in favor of the former measure, and even the committee was able to recognize the inhumanity of keeping over nine hundred insane persons in almshouses, in many of which they were neglected or wretchedly provided for. It was strenuously urged by members of the medical profession and others that it was a disgrace that such treatment should be continued, and the only remedy was to have the State care for them. While many members of the Legislative Committee agreed that this was all true, it was afraid, from motives of expediency, to put State Care into the bill, covering the interests of the insane, that it was to introduce into the Legislature.

After much hard work by the Committee and others interested, and several conferences between them, a bill was drawn under the general direction of the Chairman of the Investigation Commission and was favorably acted upon by the Legislature in the Spring of 1898. October 1 of the present year was set as the time when the law would go into effect.

While this bill does not include all of the recommendations of the Commission, it does include a large number of them, and paves the way for undertaking reforms later, that have now been passed over. The bill provides for the creation of a Board of Insanity to be composed of five persons, two at least of whom shall be experts in insanity. The

Board is to appoint an executive officer who shall be a physician and expert in insanity and who may be a member of the Board, and his salary is to be fixed by the Governor and Council. It is to present annually a full report of the institutions under its supervision; and to include in its report "information embodying the experience of this country and other countries regarding the best and most successful methods of caring for such persons as come under its supervision; and it shall also encourage scientific investigation by the medical staffs of the various institutions under its supervision; and shall publish from time to time bulletins and reports of the scientific and clinical work done therein."

It is impossible in the limits of this brief paper to state many of the provisions of the bill. Only a few of them which indicate the thoroughness with which it has been drawn can be referred to. Among these are the following: The authority to exercise the powers of boards of trustees in managing institutions when directed by the Governor to do so; the inspecting and approving of all plans for new buildings (no expenditure of more than \$2,000 can be made for alterations or extensions of buildings without the approval of the Board); the authority to act as Commissioners of Insanity under certain conditions either in the case of persons inside or outside of institutions; the very careful directions in regard to visitations of institutions and the

records of such visits in a book kept for the purpose; the prescribing of a uniform system of bookkeeping for the different institutions; the prescribing of the form of certificate to be used in commitments; the arrangement for semi-annual conferences between the Board and the trustees of the State institutions or their representatives. All the powers of the old Board are to be assumed by the new one, except those in reference to the settlements of the State poor.

One of the most important provisions of the bill is, in part, the following: "The State Board of Insanity shall report to the Legislature on or before the first Wednesday in January, in the year 1900, such method or methods as in its opinion will most effectually provide for the care and support of the insane poor who, under existing laws, are cared for by or supported at the expense of the cities and towns of the Commonwealth." While there can be little doubt that, as the result of such a report, the necessary steps will be taken to ultimately remove all the insane poor from our almshouses, it will remain a lasting discredit to the State that she was so dumb to the voice of humanity as to be influenced by a slight whimper of disapproval, and delay the righting of a glaring injustice. Had she fearlessly done her duty, even at the sacrifice of a little money, the great majority of the public would have applauded her. The Dorothea Dixes are still needed as much as ever to sting the slumbering legisla-

tive conscience, and waken it from its self-indulgent sleep.

The new State Board of Insanity has a great opportunity before it. "Forward" is now the watchword in philanthropic work, and public opinion will generously recognize any good work done. The whole medical profession is committed in favor of it. Scientific clinical and laboratory work has rapidly improved in some of the hospitals in recent years, and is capable of great development in all. The state institutions are almost without exception under the management of excellent boards of trustees. The total number of the insane in the State is not too large to be carefully supervised and to have records made of its movements. Such are some of the favoring conditions of the situation.

The new Board is intended to be a supervisory and not an administrative one, which will vastly simplify its duties. While the law under which it is to act is specific in many directions, it appears to be broad enough in its scope to allow great freedom of action, so that it need not feel trammelled by the limitations of what the law allows.

The end, no doubt, which the new Board will endeavor to achieve will be the inauguration of a broad and comprehensive State policy, in which the care of every dependent insane person in the State will be adequately provided for. Such a policy must be humane, scientific, and economical. If it is all three it will be wise, and if it is wise it will succeed.







