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Seguin (E. C.)

LUNACY REFORM.

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OUR ASYLUMS AS SEEN BY A COMPETENT FOREIGN
VISITOR.

During the past winter a German physician, skilled in the study of nervous and mental diseases, one of Professor Westphal's assistants in the *Charité* at Berlin, visited this country and made a careful inspection of all the asylums within a reasonable distance from New York. Dr. von den Steinen paid particular attention to the two City asylums on the Islands, and the editor of the *ARCHIVES* requested a statement of his experience.

The following are the editor's letters and Dr. von den Steinen's reply :

New York, Nov. 16, 1879.

DEAR DOCTOR :

In your capacity of expert and impartial observer, you have had an unusual opportunity of judging of the condition of the two City asylums for the insane—the one for females on Blackwell's Island, and the one for males on Ward's Island.

The medical profession in this City and State would, I am sure, be glad to learn your opinion of these institutions.

If you reply, pray do so frankly, as those of us who hope to see an improvement in the treatment of the insane are not afraid to hear the truth, even though it be not flattering.

Very truly yours,

E. C. SEGUIN.

DEAR DOCTOR :

I would not venture to accept your invitation had I not visited a number of American institutions for the insane, and found opportunities of forming an opinion in regard to the present condition of psychiatry in your country. There is, however, no claim to impartiality on my part, except in so far as personal remarks are concerned. I shall admit that in thorough discussions with many *confrères*, whose views did not agree with mine, I had occasion to observe, as I believe, the best intentions and interest of doing justice to the patients. In regard to the subject itself, my judgment is not at all unbiassed ; on the contrary, I should like to proceed as radically as possible to ensure in the American system of treating insanity an improvement in keeping with modern experience and the assistance so lavishly bestowed.

A visit to your asylums is of two-fold interest to a German asylum physician ; for what we are beginning to overcome, and the most difficult part of which—the resistance of the old school—we have already surmounted, is here still in a most flourishing condition. A *confrère* in Utica, of whose humane character I am fully convinced, even went as far as to assert that the crib was a “ humane ” means of restraint. Conolly has not yet lived for America ; but when a change occurs the asylum physicians will have let the glory escape them of having introduced the spirit of progress in their profession.

If most of your institutions are not as good as they might be, Blackwell's Island and Ward's Island are, I think, in as poor a condition as they possibly could be. In October, 1879, I visited these two asylums, and in January, 1880, also the branch asylum on Randall's Island. These visits were necessarily of short duration, but I fear that a prolonged stay would not have made the impressions received any more favorable. Even my views in regard to asylum buildings differ so materially from the system here employed, that I would probably not leave one stone upon the other on Blackwell's Island. I have heard of the new expensive institutions called “ palace prisons,” and I must admit that I

believe the name to be appropriate, since it brings to mind both their impracticable and cruel side. If proceeding from the idea that the buildings are for the patients, and not the patients for the buildings, then the two-story structures ought not to be so much neglected, where the inmates might live in the basement, freely move about in the court-yard and garden, and sleep in the second story. To be confined in the third or fourth story, just beneath the roof, to be released only at certain hours, to have the beautiful aspect of the surrounding country before one's eyes all day long—oh, what person in Poughkeepsie, Middletown or Danvers could place himself in the position of a patient without experiencing that it is hardly possible to make the deprivation of liberty, so keenly felt by many, more unbearable? But it seems as if the idea of providing a hospital for the acute patients and a home for the chronic inmates, had hardly yet occurred to any one; indeed it would seem as though the sole object were to keep a large number of human beings safely behind lock and key, and that what may be termed modifications of the workhouse and jail, are built for that purpose. Thus the "palace" prison of Blackwell's Island is located in a worthy neighborhood. In the "lodges" the refractory patients live in rooms where a high iron grating, provided with a door, separates a corridor running along the window from the main apartment, and I noticed that patients were kept outside or inside of this grating at the discretion of the nurse. To judge from the result attained, it would seem that the builder had before his mind's eye a menagerie for beasts of prey. In short, the style of building bespeaks the layman who is anxious to protect us from outbreaks of violence, but the physician who treats patients is not to be recognized from it.

So much for the plans of buildings. How is it with the mode of treatment? I am reminded of a scene I witnessed on Ward's Island. There was a pretty small cell, the window of which was provided with a wire grating and heavy wooden shutters; in this apartment, which was darkened at night, a patient having his arms in a muff was walking about. I now would ask, why did they not also put a gag into the mouth of this man, who was still able to abuse and scream?

I observed much during my visit that did not quite meet my approval. On Blackwell's Island I saw two fresh hæmatomas of the ear, and the physician could not tell how they originated; he was surprised that both occurred on the left ear; I requested him to question the nurses. In the one case he was fully satisfied when the nurse declared that "she didn't know;" in the other he accepted as an answer that the patient had got up in the morning with the fresh hæmatoma. Two female patients were running about bare-footed, but not a word was said about it. According to the physician's own assertions, one of them had already been sleeping in the "crib" for eight months! she had been successful in destroying the lock, and the lid was fastened every night by means of ropes. He showed me the straps and wristlets, of which a minute account was kept. I pointed to a girl who was tied to a chair by means of towels, and he remarked: "But that is not restraint."

I do not wish to cast unnecessary, and perhaps unintentionally, unjust reproaches, for the reply; "the asylums are crowded and overcrowded," is too true. The figures bear testimony of this. But I may assert that more could be done than is actually accomplished; for I have witnessed this myself. I visited Blackwell's Island twice. The first time I was shocked at the stupid inactivity to be observed even in the quiet wards, and the question involuntarily forced itself on my mind, "Must not one become demented here if he is not already so?" What are the patients doing the whole day? In response to my inquiries, the physician replied: "Well, they are doing the whole day what they are doing now." The second time I came in company with a Commissioner of Charities and Correction. What a different picture now presented itself to us in the three wards! A large number of patients were diligently sewing, one of the nurses giving them instruction; in the centre was a small table, upon which were heaped the materials and implements required; it was a pleasure indeed to behold this sight. I was really astonished at the order prevailing, which seemed to be even greater than that usually to be observed in an apartment where so many busy hands are at work, and the only

way in which I could explain this to myself was that we had arrived at the beginning of working hours, for the seams upon which they were sewing had in no case reached more than a foot in length. As they were all busy sewing, it was probably merely accidental that a large bundle of stockings was lying upon a chair, and could be triumphantly produced by the nurse to the Commissioner as a proof of past diligence. It was surely very wrong in the physician to have told me on the former occasion: "They are doing the whole day what they are doing now."

I presume that the impression received of Randall's Island in the same way would have probably been less disconsolate at another time. After passing through the dining-room, which was furnished with benches, tables and a side-board, we entered a large hall, where the patients had assembled. On narrow, low benches, fastened to the walls between each two windows, there sat closely crowded about a hundred insane persons, the sad pictures of chronic insanity, hopeless wrecks; the furniture consisted of two stoves in the centre of the spacious hall and a water reservoir in the upper corner. Even Death is inhuman! During the past six months only one of these unfortunates had died. And to him it may have happened as in a case in the Blackwell's Island reports, that the pathological surgeon has pronounced "exhaustion and dementia" as the "cause of death."

Before an end is put to the overcrowding of the asylums, it is naturally impossible to think of improvements; for the patients could not be kept sufficiently busy, and the number of nurses requisite not being procurable, non-restraint could not be introduced—even if that were desired. But I believe we have not much to hope from the present generation of Superintendents, unless the practical proof were furnished by an asylum in this country that psychiatry has at present a knowledge of a different mode of treatment, and is on the point of cultivating it. But how is a zealous cultivation of scientific interests possible, when the Association of Superintendents form an exclusive union, into which those gentlemen are refused admission who *de facto* have control of the really medical observations and of the treatment in asylums?

You will please permit me to offer reasons in support of my unfavorable opinion of the condition of the treatment of insanity in your country. All hinges on the questions of employment, and on the non-restraint system. They run parallel, and constitute, in fact, but one question, although the one more particularly concerns chronic, and the other more freely touches acute cases. The former has already been so discussed, particularly by Wilbur, that I think it unnecessary to dilate on it. There is a lack of confidence in the ability to accomplish that which is accomplished in other places, where easy forms of employment, the requirements of religion and amusement are estimated at their full value. Although idiocy is not everywhere looked upon as being within the province of psychiatry, I still believe that many of those who are pusillanimous in this matter might profit by visiting a well-conducted idiot asylum; they could there convince themselves how incessant employment is capable of spurring even more wretched minds than those of most chronic imbeciles to performances that could not have been anticipated; this result being accomplished by uniting energetic exertions with the highest psychiatric art—exact individualizing.

After many discussions, I must decidedly declare that my American *confrères* are not only lacking in courage but also in a proper understanding of the true nature and value of non-restraint.

When I mention the fact that under unfavorable conditions absolutely no restraint is exercised on the considerable number of refractory patients in the *Charité-Krankenhaus* at Berlin, I am always certain of meeting somewhat dubious faces, and invariably receive the answer: "But in our experience we have found that in a certain number of cases" (which, however, are always to be met with) "it is impossible without restraint to prevent patients from injuring either themselves or others, and our apparatus is the best adapted for that purpose." I must frankly confess that, in my opinion, they have no such experience as they believe themselves entitled to claim. The non-restraint system cannot be subjected to many experiments; it must *either be rejected or accepted*;

the essence, the nature and secret of it is its unconditional application. The transitory stage at which you stop includes the greatest difficulties; truce is not peace, but war. When you become doubtful of success, you put on the jacket again, but you cannot get along without it until you have none to use. Do not believe that we allow our patients to be abused by the fists of attendants and have their ribs broken; do not suppose that we poison them by substituting chemical restraint, or, as Neumann has ingeniously termed it, "the restraint of the pedunculi;" and, lastly, do not believe—for the contrary would be correct—that the number of suicides is greater than in your asylums; but still we do not require your means of restraint, because we are not in possession of them, and because we possess naught but a single jacket that serves to demonstrate to the students the method formerly in practice. But something else is true: when the new system was introduced in the *Charité*, all the attendants, with the exception of one or two, had to be dismissed. Neither physicians nor attendants should know that a system of restraint is in existence. In this point is involved as well the only possibility of solving the task, as the greatest benefit of treatment. The asylum undergoes an entire change. A superintendent of very humane principles told me that he never employed cribs, although they might be of service at times, because if he had one the attendants would demand more. And so it is. Restraint serves to ensure the comfort of the attendants,* while now they are compelled to treat free patients kindly and deferentially to accomplish those results that were formerly obtained by force.

In the better asylums I did not observe any of the cruelties for which they are reproached; but I did notice in all instances that the patients sat downcast in their chairs while the nurse was tending to his private affairs. In no case have I seen a ward for

* In illustration of the correctness of this statement, I may quote the following, which has been learned on unquestionable authority. An assistant physician in an asylum near New York, (not on the Islands) was asked by a medical visitor if the nurses in the violent wards (where many patients were in restraint, and where the din, etc., was horrible) would not like a temporary transfer to the quiet wards. "O, no," replied the Doctor; "they prefer to stay where they are; it's less trouble to take care of violent patients than of convalescents," or words to that effect.—[EDITOR.]

violent cases where the attendants were really intent upon subduing the excitement of the patient by kindly and intelligently adapting themselves to his humor. In at least four asylums I observed patients in bare feet, while neither physicians nor attendants seemed to take notice of that neglect. In a large asylum I found an enormous number of female patients with short-cut and shaven hair, and upon questioning for the reason of this procedure, which at other times stamps the convict, I received the answer "that there would be too much trouble otherwise." Just because the care for the respectable appearance of the patients occasions trouble to the nurses, they should be employed as much as possible in that direction. And there is really no better school for teaching female nurses patience and self-command than the procedure of dressing the hair of weak-minded and violent female patients. It cannot be too often impressed on the minds of attendants that they are dealing with *patients*: this simple truth, which we so fully understand, they are unable to comprehend when these so-called patients are bound. Where physicians are hard of access to the ideas of reform, attendants will fully be so. It is a matter of necessity that the physician live among the patients, and does not scorn to be himself the best nurse.

It is true that in rare exceptions we resort to hydropathic wrapping of the patient, for the most important reason of subduing his excitement, and they say in such rare exceptions we really have restraint. But it is absolutely *not* restraint in the opinion of nurses and patients, for we also employ this mode of hydropathic treatment where such an indication would be utterly false.

How are patients treated who have an inclination to suicide? The crib or muff is employed, or it is deemed satisfactory if the watchman looks after them every half-hour. Such a guardian is no protection at all, because the patient may accomplish his purpose while he is absent for a moment. We put such patients, with all others who require special care, into a large dormitory, where two nurses, who relieve each other, are on guard all night, and are subject to strict control.

We must admit, free treatment is not possible when the corps of

nurses is deficient in the qualities requisite. Nothing is more lamentable ; for the nurses constitute a part of the therapeutic appliances of the asylums, as bandages form part of the therapeutics of the surgical hospital. But there is a number of institutions where this fault has not to be overcome, and where restraint is nevertheless retained. If it is adhered to in asylums like that at Bloomingdale and in the Butler Hospital, Providence, it must, in my opinion, be ascribed to either a lack of knowledge or courage. I am told, "we have but little;" but even this little is a great deal too much. In stopping midway, by declaring the transitory stage as permanent, there is probably no less trouble occasioned than by introducing an energetic change.

"*Player* : I hope we have reformed that indifferently with us.

"*Hamlet* : O, reform it altogether."

There may be cases where it would be indifferent from the standpoint of humanity whether weak and violent patients were secured or not ; but I cannot emphasize too strongly that the value of strict non-restraint will be experienced from the wholesome influence it exerts on the hospital in general, and that even the few cases of restraint existing should be abolished ; two discordant notes will spoil the effect of an entire piece of music.

Free treatment is the only means of ensuring real medical observation and of transforming the institute of detention into a hospital.

The principal evil which at present checks the development of psychiatry in the United States, is, I believe, more deeply rooted at a point which is well known, but which, being obscured by too many personal remarks, can never be viewed in its true form. If I had not been aware of the fact I should hardly become cognizant of it here, that psychiatry has gradually developed into a respectable science, which, like all sciences, must be taught and learned. As in Germany, so it seems necessary here, to prove that a knowledge of the various forms of mental debility should be obligatory in the education of the physician. When does the general practitioner diagnosticate mental debility ? I am inclined

to believe that he does it very often after the family have made the diagnosis and the patient is in such a state that his immediate transfer to an asylum becomes imperative. But the many cases of beginning melancholia and hypochondria, the timely treatment of which would ensure gratifying results ; the interesting group of which we call "Zwangvorstellungen," which are almost solely confined to private practice ; the minor forms of "circular mania ;" who traces them ? Who would be able by timely intervention in the first stage of general paralysis, before the patient has accomplished a thousand fatal deeds, to make a diagnosis before motor troubles appear ? And must not the student renounce the greatest advantage which psychiatry offers, and which, like no other branch of medicine, teaches him to fully understand the humane duty of his calling—which shows him not only the diseased organ but also the diseased human being, and places him on so elevated a standpoint that the actions of the mental faculty appear to him as being introduced into the circle of lawful, natural phenomena ?

I now turn to the asylum physicians. A physician who knows nothing of psychiatry is entrusted with the treatment of patients, and great responsibility devolves upon him ; he becomes second assistant, first assistant, and will eventually be superintendent, if fortune and influential connections favor him. The superintendent is fully taken up by administrative duties, and has not the opportunity of instructing his assistants, and letting them profit by his practical experience. Nowadays no trade is learned autodidactically, much less a science. Or are *Griesingers* more frequent in this country, who after studying mental diseases for two years are able to write a work of great merit on them ? Without sufficient education, neither pathological nor clinical results can be attained. Since the neglect of pathology is frankly admitted in all asylums, and as Utica takes an almost isolated position in the interest it shows for these problems, I will simply speak of clinical knowledge, although this can hardly exist without pathology. I do not wish to criticize the reports which often give proof of very confused ideas in regard to the classification of mental diseases ;

but I was often astonished in passing from the classification of the apartments to that of their inmates to come across—I cannot otherwise express it—real ignorance. Even a layman is able to term a raving person as maniacal, one who refuses aliment as melancholic, and will soon learn that a demented patient who cannot utter an articulated word, and from whose trousers the urine is dripping, must be designated as paralytic; but of the physician we might expect a scientific analysis and classification of the cases. How nonsensical to term all mental derangements *ex puerperis* “puerperal mania.” I am well justified in uttering reproaches when I find that even so plain a disease as general paralysis is so insufficiently known, as I have constantly had occasion to observe. I wish to know the number of paralytics, and after a hasty visit I ascertain as many more than have been reported. General paralysis of the female, which is of comparatively rare occurrence with us also, was said to be found hardly anywhere; but in each of three asylums I was able to point out a typical case while passing through the wards in company with the physicians, whom I envied for having them.

I must necessarily suppose that these conditions are worse than I can determine. Without classification there is no prognosis; and the judgment in regard to the possibility of discharge cannot be based on scientific grounds.

I presume that my implications are fully understood. I know that there is in existence something like psychiatric instruction. That may be better than nothing; but the students will learn no more of psychiatry than I know of astronomy (being able to tell the names of a few constellations, and knowing a few astronomical laws), they will never acquire practical experience and independent judgment unless they have seen and examined a number of insane persons.

I believe the reformation of the asylums will be attended with lasting results only when the essential desideratum is expressed as follows:

Asylums for curable lunatics and for clinical instruction—clinical hospitals for psychiatry as well as for every other medical specialty.

Such cases as are pronounced incurable to be transferred to asylums for chronic patients. From the experiments about to be made in Germany, it would seem that the following are the principal points :

A two-story building with a few acres of land around it, connecting with a general hospital, and being able to receive not more than 80-100 patients who are presumably curable. For new patients and such others as require special care, a large dormitory is suggested ; many separate apartments ; isolating cells of superior construction ; as many bathing-rooms as possible. The superintendent to be a professor, with at least four assistants, appointed for a term of two years ; liberal allotments of space and apparatus for utilizing the clinical and pathological material ; one head nurse for the male and female sections respectively ; the proportion of the other nurses not to be less than one for three patients.

The advantages to be afforded and attained by an institution of this kind consist in the cultivation of science and a rational system of medical treatment. The results will be these : The practical physician will gain a knowledge of psychiatry ; the interest of those concerned is awakened, and an opportunity of training for asylum practice is afforded ; competent nurses are educated ; finally, a station for the examination of medico-legal cases is established.

These institutions are undoubtedly expensive, but they are an urgent necessity, and the time will come when the people who are now so liberally contributing money to the care of the insane, will learn to expend it in the right direction.