

RAY (1.) ✓

PHILADELPHIA

THE FOLLOWING IS A LIST OF THE PAPERS READ BEFORE THE  
ASSOCIATION

---

SOCIAL SCIENCE ASSOCIATION.

---

Isolation of Persons in Hospitals for the Insane.

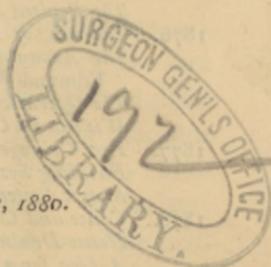
READ BEFORE THE ABOVE ASSOCIATION, OCTOBER 23D, 1879.

—BY—

DR. ISAAC RAY. ✓

---

*Reprint from PENN MONTHLY for January, 1880.*



---

PUBLISHED BY THE  
PHILADELPHIA SOCIAL SCIENCE ASSOCIATION,

720 LOCUST STREET, PHILADELPHIA,

THE FOLLOWING IS A LIST OF THE PAPERS READ BEFORE THE  
ASSOCIATION.

1871. *Compulsory Education.* By Lorin Blodget. Out of print.  
*Arbitration as a Remedy for Strikes.* By Eckley B. Coxé.  
*The Revised Statutes of Pennsylvania.* By R. C. McMurtrie. Out of print.  
*Local Taxation.* By Thomas Cochran.  
*Infant Mortality.* By Dr. J. S. Parry.
1872. *Statute Law and Common Law, and the Proposed Revision in Pennsylvania.*  
By E. Spencer Miller. Out of print.  
*Apprenticeship.* By James S. Whitney.  
*The Proposed Amendments to the Constitution of Pennsylvania.* By Francis  
Jordan.  
*Vaccination.* By Dr. J. S. Parry.  
*The Census.* By Lorin Blodget.
1873. *The Tax System of Pennsylvania.* By Cyrus Elder.  
*The Work of the Constitutional Convention.* By A. Sydney Biddle.  
*What shall Philadelphia do with its Paupers?* By Dr. Isaac Ray.  
*Proportional Representation.* By S. Dana Horton.  
*Statistics Relating to the Births, Deaths, Marriages, etc., in Philadelphia.* By  
John Stockton-Hough, M.D.  
*On the Value of Original Scientific Research.* By Dr. Ruschenberger.  
*On the Relative Influence of City and Country Life, on Morality, Health, Fe-  
cundity, Longevity and Mortality.* By John Stockton-Hough, M.D.
1874. *The Public School System of Philadelphia.* By James S. Whitney.  
*The Utility of Government Geological Surveys.* By Prof. J. P. Lesley.  
*The Law of Partnership.* By J. G. Rosengarten.  
*Methods of Valuation of Real Estate for Taxation.* By Thomas Cochran.  
*The Merits of Cremation.* By Persifor Frazer, Jr.  
*Outlines of Penology.* By Joseph R. Chandler.
1875. *Brain Disease, and Modern Living.* By Dr. Isaac Ray. Out of print.  
*Hygiene of the Eye, Considered with Reference to the Children in our Schools.*  
By Dr. F. D. Castle.  
*The Relative Morals of City and Country.* By Wm. S. Pierce.  
*Silk Culture and Home Industry.* By Dr. Samuel Chamberlaine.  
*Mind Reading, etc.* By Persifor Frazer, Jr.  
*Legal Status of Married Women in Pennsylvania.* By N. D. Miller.  
*The Revised Statutes of the United States.* By Lorin Blodget.
1876. *Training of Nurses for the Sick.* By John H. Packard, M.D.  
*The Advantages of the Co-operative Feature of Building Associations.* By  
Edmund Wrigley.  
*The Operations of our Building Associations.* By Joseph I. Doran.  
*Wisdom in Charity.* By Rev. Charles G. Ames.
1877. *Free Coinage and a Self-Adjusting Ratio.* By Thomas Balch.  
*Building Systems for Great Cities.* By Lorin Blodget.  
*Metric System.* By Persifor Frazer, Jr.
1878. *Cause and Cure of Hard Times.* By R. J. Wright.  
*House-Drainage and Sewerage* By George E. Waring, Jr.  
*A Flea for a State Board of Health.* By Benjamin Lee, M.D.  
*The Germ Theory of Disease, and its Present Bearing upon Public and Per-  
sonal Hygiene.* By Joseph G. Richardson, M.D.
1879. *Delusive Methods of Municipal Financiering.* By Wm. F. Ford.  
*Technical Education.* By A. C. Rembaugh, M.D.  
*The English Methods of Legislation Compared with the American.* By  
Simon Sterne.  
*Thoughts on the Labor Question.* By Rev. D. O. Kellogg.  
*On the Isolation of Persons in Hospitals for the Insane.* By Dr. Isaac Ray.

## ON THE ISOLATION OF PERSONS IN HOSPITALS FOR THE INSANE.

---

WHEN a man loses his reason, it becomes necessary that the reason of others, in a greater or less degree, shall supply its place. To that extent, the movements of the person thus afflicted are subject to the control of others, and his property is taken from his management and disposal. Humanity demands this; the peace and safety of society demand it, and the ultimate good of all parties is promoted by it. Thus, of necessity, one of the hardest penalties of the criminal law is visited upon men who have not only committed no crime, but are themselves the victims of as sad a calamity as any in the long catalogue of human ills. The manner in which this consequence is determined, however, differs very much in the two cases. In the one, it follows a judicial investigation conducted according to the strictest forms of legal procedure, with all the safeguards and indulgences which, in the progress of humanity, have come to be regarded as unquestionable rights; while in the other, in most instances, it is determined by the arbitrary will of individuals proceeding under none of the ordinary formalities of law, and guided by none of its principles.

The inquiries which this first view of the subject suggests are deeply interesting, because the idea now prevails that the legislature should prescribe under what circumstances this interference with the inalienable rights of men, on the ground of insanity, is to be allowed; to whom this privilege of interference is to be entrusted; by what safeguards against abuse this trust is to be protected; by what solemnities this deprivation of liberty and property is to be accompanied and recorded. Precisely what legislation the exigencies of the case require, is one of the much vexed problems in social science. To solve it satisfactorily to all is simply impossible, because much of its difficulty proceeds from the circumstance that well-established facts and incontrovertible reasoning are deprived of their legitimate force by the influence of passion, prejudice and temperament.

In the first place, let us understand the requirements made necessary by the nature of the disease, the social and domestic relations of the patient, and those attentions that are instinctively prompted by the ties of blood and friendship. In the next place, we are to see how these requirements are provided for by law.

Beginning, then, with first principles, let it be observed that in the more sudden and violent forms of insanity, the patient is necessarily placed under unceasing surveillance, his wishes are disregarded, medicine and food may be forced upon him, and his limbs subjected to restraint. And yet all this—because necessary to the patient's welfare—is justified by the common sense and common feelings of mankind. No outrage is supposed to be committed, no right is trampled on, no apprehension of abuse is excited. On the contrary, the friends are regarded as under a moral obligation to interfere, as far as the circumstances require, and substitute their will for the will of the patient. So, too, nobody would question the right of a man to confine his wife in his own house, were she bent on self-destruction, or disposed to injure her children. The same position would be rightfully held by the wife towards the husband, by the parent towards the child, by the child towards the parent. No one would question the propriety of such a measure. To abstain from it, in fact, would be justly regarded as a most reprehensible neglect of duty. Now, it is not very obvious how, in the subsequent stages of the disease, this obligation can be lessened, or any different one created. Does there necessarily occur a period when society is bound to assume, in any degree, a charge for which the friends are no longer fitted? Neither does it appear how this right can become a wrong, by making the place of confinement some other than one's own home. If, in the progress of knowledge and philanthropy, institutions have become established expressly for the care of the insane, in which they are supposed to be more successfully treated than they can be at home, it would seem as if the natural right in question would be all the more heartily recognized by making choice of them for this purpose. This right has been distinctly recognized and established in this commonwealth by an act of General Assembly, passed in 1869. The act declares that insane persons may be placed in a hospital for the insane by their legal guardians, or by their relatives or friends if they have no guardians; but it also provides that the measure must be sanc-

tioned by two physicians who shall certify under oath that the person is insane, and a fit subject for hospital treatment. The act does not require, but the hospitals do, for their own protection, that the application shall be made in writing by some person, either a member of the family, or some responsible friend.

The question now before us is, whether upon a broad consideration of the various forms of insanity, of our social habits, of the liability to mistake, of the sacredness of private grief, and the requirements of justice, anything more than this is necessary. The inquiry will take a two-fold direction, because we must consider not only the amount of abuse which any proposed restriction is intended to prevent, but also the amount of mischief which it may itself occasion, when not really required. If we dismiss all thought of the latter result, we shall have little hesitation in adopting any restriction for which some plausible reasons may be given.

It is not denied that, for the most part, the medical certificate fulfils every requisite purpose. It is not denied that exceptional cases are, at the most, exceedingly few, and there seems, at first sight, a peculiar fitness in a measure which secures the performance of a painful duty without adding to the motives for delay, and shields the friends from all unnecessary exposure of domestic affliction. It is in accordance with our national habits and customs, and especially with the right of persons—nowhere so extensively recognized as among us—to manage their own private affairs in their own way. But, it is alleged, the physician may be biassed by his relations to the party or his family; he may be deceived by false representations, or be honestly mistaken in his opinion. The friends, too, who make the application may, from fear or a worse motive, be too ready to confound caprice, or oddity, or passion, with insanity, and thus favor isolation when not strictly necessary. The liberty of any person in the community, it is said, is at the mercy of one or two doctors who may be induced by one motive or another, to sign a certificate of insanity. Such is not an uncommon style of argument, and it sometimes makes an impression even on men whose culture might be supposed to place them beyond its reach. Hence, a prevalent idea that here is a frequent opportunity for flagrant abuses which should be met by stringent legislation. By some, it is proposed to make the isolation of the insane, in every case, the result of a legal procedure in the nature

of an inquisition, to be conducted either by the municipal authorities, or some magistrate, or a board of commissioners appointed for this purpose. Now, in regard to these two courses, it is not very obvious, at first blush, that either the possible abuses charged upon the former, or the advantages claimed for the latter, are so great as to set the question at rest. If there is to be an inquisition who so competent to make it as a physician? If he has been acquainted with the person, as is very likely, he has materials for forming his opinion, which no one else may have. If, on the contrary, he is a stranger, he is, of course, as far beyond the influence of prepossessions and biases as any functionary whom the law might designate for the purpose, while his decision would be attended with this advantage, that no unnecessary trouble or publicity is given to a domestic affliction, in the case of those of whose mental disease there can be no doubt whatever. To argue against the use of a thing from its possible abuse has always been regarded as very poor logic. It may be that the liberty of any person in the community is at the physician's mercy, and so is the life of every person who calls in a physician when he is ill; but who hesitates to employ a physician from the fear that he may be bribed by wicked relatives to poison him? In signing a certificate of insanity, a physician performs a professional service in which he is amenable to his own sense of right and wrong and responsible to the laws of his country. Under what stronger obligations and sanctions can any one act?

Under stress of these objections to the medical certificate, it has been proposed to have the measure supervised and sanctioned by some executive or judicial officer of the state or county. In Scotland, the sheriff is entrusted with this duty; and the Legislature of Massachusetts, last winter, provided that no one should be placed in a hospital for the insane without the knowledge and consent of a judge of a law court. It is not supposed that these functionaries are going into an exhaustive investigation of every case, because other duties would not permit it, so that it becomes a mere matter of form.

Whatever course be adopted, no one thinks of dispensing with the medical certificate. But its value cannot long remain, unless physicians, in the performance of this professional duty are better protected than they now are. Indeed, leading physicians in this

community, to avoid the peril of a suit at law, have concluded to sign no more certificates of insanity.

Nothing evinces this distrust of any and all the known means resorted to for the purpose of preventing abuses, than the fact that in one State—Illinois—a trial by jury is provided for deciding the fact of insanity, in every case that offers for admission into a hospital for the insane.

To remove a person from his own home at the very moment when he seems most in need of the care and attentions of his friends, and place him in the hands of strangers, is always a painful duty, to be reluctantly and hesitatingly performed. The advice of physicians, the remonstrances of friends, the failing strength of nurses and attendants, the increasing illness of the patient, are often disregarded, while the voice of affection pleads for a longer trial. To be obliged, under such circumstances, to call in a stranger to witness the private grief, or, worse still, a band of strangers, as jurors, with a following of newspaper reporters, and hear those revelations of trouble and trial and sore calamity, which the coarsest sense of delicacy would keep within the bosom of the family, would serve as an additional excuse for delaying so disagreeable a measure. The sensitiveness on this point is so strong and so natural, that it is entitled to respect. The effect on the patient himself, provided he is conscious of what is going on, and especially if, as is frequently the case, his mind is full of apprehensions and suspicion, is highly objectionable. Fresh excitement is furnished to that dread of impending evil, or bitter hostility, or some other morbid emotion, which may have possession of the mind, and thus bad impressions are made, not to be soon effaced.

But, admitting these objections to the use of any other restriction than the medical certificate to be conclusive, still, it is contended, it is not improbable that persons may be held in confinement, who either never were insane, or are detained unnecessarily long after their recovery. Many firmly believe that in every hospital for the insane may be found persons who are simply victims of outrageous wrong, torn from their customary sources of enjoyment and subjected to associations well calculated to craze the strongest intellect. To those who are practically acquainted with insanity, it is easy to see how an impression so utterly destitute of foundation has gained such currency in the world. With a large part of mankind, insanity

implies noise, turbulence, confusion and incoherence of thought, folly and delusion. The more quiet and undemonstrative forms of the disease are utterly ignored, because not discernible to a superficial or unpracticed observation. The coolness, coherency and good sense which often mark the conversation of the insane, and the correctness of their conduct, are supposed to preclude the existence of any mental disorder whatever. And even when some questionable traits are too prominent to be ignored, they are attributed to the common infirmities of our nature rather than to mental disease. The insane are not conscious of their insanity, and by ignoring altogether some facts, explaining some in a manner to suit themselves, and charging others with wrong-doing, they easily convince the incautious inquirer of their own mental soundness, as well as the dishonesty and malice of their friends. A story plausibly told is presumptively true; and in the case before us, nobody troubles himself to hear the other side, unless it may be, probably, with a mind already made up. Considering the number of the insane who have been discharged from hospitals uncured, and of course with all their feelings of hostility towards those who have been instrumental in promoting their isolation unchanged, it is not strange that the impression in question should prevail extensively. Indeed, it would be more strange if it did not prevail.

Again, it is alleged that in every hospital for the insane are many who, though technically insane, are not proper subjects for confinement, neither their own welfare nor the good of society requiring it, and that some outside party should pass upon the propriety of their detention. Here, too, we see the influence of those false notions respecting the nature of insanity, just mentioned. A complete and correct account of such cases would show, with scarcely an exception, that, instead of being unjustly dealt with, they have been humanely placed where they enjoy as much of comfort, and suffer as little of discomfort, as their own mental condition will permit. Some of them, for instance, may pass for patterns of propriety and injured innocence, suffering bitterly from the abuse of those to whom they had a right to look for kindness and protection, while, in fact, they were completely destroying the peace and comfort of home by their jealousies and suspicions, their bursts of passion, their irregular ways, their disregard of domestic proprieties, their unhesitating mendacity, and even by scenes of violence.

There is another class whose manifestations of disease are not very demonstrative, or are such as might pass for eccentricity or strong peculiarity. They talk sensibly, behave correctly, and may make themselves somewhat useful. The stranger sees nothing of an abnormal character, unless it may be a proclivity to exaggeration, an excessive self-confidence, and an indescribable hurry and restlessness of movement. At home, they were careless of the little, perhaps the greater proprieties of life, were up late at night, went out regardless of weather, and, though never violent or mischievous, were prone to get into trouble, and were a source of much anxiety to their friends.

Persons belonging to one or another of these various classes easily enlist the sympathies of those whose acquaintance they happen to make. They come to be regarded as victims of domestic cruelty, and the popular wrath is kindled by charges against faithless husbands, or unfeeling wives, or heartless children. The utmost rigors of legislation are invoked to deliver them from duress, and to punish those who, under the guise of humanity, thus perpetrate a great wrong. Now all these persons, probably, have proved by actual trial, prolonged perhaps for years, and repeated again and again under different forms, to be very unfit inmates of a private family, especially when made up, in part, of children and women of a nervous temperament. To turn them adrift upon the world, where they find no welcome in those domestic circles whose peace and comfort they have persistently marred, and roam about from one boarding house to another, in a round of perpetual worry, would be no kindness to them, but rather the severest kind of cruelty. If they have no home of their own, and no claim for one upon relations or acquaintances, where can they better find the protection and care which they need, than in a hospital for the insane?

In the firm belief, however, that, after all, much wrong is actually committed by depriving of their liberty persons who are but little if at all insane, many discreet and intelligent men are of the opinion that a supervising power should be lodged somewhere for the purpose of correcting mistakes, preventing abuses, and doing justice generally in this matter of confinement. They would have a special permanent commission whose duty it should be to investigate every case of doubtful insanity in the hospitals, or of alleged

unfitness for hospital treatment, and to discharge, or advise the discharge of, the patient, if they think proper. And in other respects, the interest of the insane might be confided to their oversight. The favorite remedy just now for all the ills of hospital confinement seems to be a roving commission, with plenary powers to visit all persons wherever confined on the ground of insanity, and discharge, or cause to be discharged, all such as they may deem not insane.

The arrangement looks well and it is not strange that it should have found favor with some intelligent men. Considered, however, under the light of practical experience, and our knowledge of the ways and habits of men, it appears to be calculated to do immense harm, in the attempt to prevent an evil confessedly small. Such a commission would be led to its decisions by no fixed principles of law or science. Indeed, it is regarded, probably, as the principal merit of this provision, that it would be governed solely by an enlightened sense of honesty, justice and fair dealing. This might be a merit were the questions to be decided such as could be readily understood and appreciated by ordinary men. But here are professional points to be considered, which, even with the best intentions, cannot be decided correctly without the knowledge of an expert. A disposition to do what is right is but a poor qualification for a scientific inquiry. It may even be a dangerous one. What cares a man for the scientific bearings of a question, who looks only at its moral aspects, and is sure that he cannot be misled by his own honest intentions? In the class of cases where the interference of the commission would be most expected, there are always facts on the true significance of which the question of sanity or insanity must turn. If in any given case the conclusions of the commission coincide with those of the officers of the Hospital, the fact may inspire fresh confidence in the latter, and, to that extent, be of some service. But if, on the contrary, they differ, it is not easy to see why the decision of the commission, not one of whom may have had any practical acquaintance with insanity, can be more reliable than that of the officers whose field of observation may have embraced thousands of cases. How they are to proceed, by what course of inquiry they are to reach their object, is not very apparent. They visit a hospital containing three hundred patients, and make known to them their official character and the purpose of their visit. The

patients are invited to tell them their grievances, with the assurance that if any among them are not insane, they shall be discharged forthwith. It is not overstating the matter to say that from fifty to a hundred would declare that they are wrongfully detained, and nothing in their conduct or conversation might belie the truth of their declarations. If they entertain delusions, no clue is furnished whereby they can be reached; if they are disposed to mischief, no opportunity is afforded by the occasion to display the propensity; no provocation leads them to relax the self-control which many of the insane possess in a remarkable degree. In this dilemma what is to be done? The testimony of the officers and directors is excluded by the conditions of the case, they being, it is supposed, interested parties. The minutest inquiries of the patients themselves fail to bring out anything but the same uniform tale of wrong and outrage on the part of fathers or children, husbands or wives, guardians and relations, who, to conceal their own iniquities, take this means of consigning their victims to a sort of living death. There is obviously but one course left, if they would discharge their official duty so as to procure any satisfactory results. They must summon the friends and all who have been anyways connected with the patient, to appear and show cause why he should be confined; and, in order to secure an impartial hearing of both sides, public notice should be given, inviting all who have any knowledge of the case, to attend the inquisition and give their testimony. The hearing of each particular case would occupy not less than two days. Supposing twenty-five per cent. of the three hundred cases in the hospital to claim an inquisition, which would be a low estimate, the commission would be employed in one hospital alone, one hundred and fifty days. At this rate, the hospitals in Pennsylvania, containing about twenty-six hundred patients, would require thirteen-hundred days. True, the commission might be large enough to work by sub-committees, which would shorten the time, and, perhaps, diminish the expense; for, of course, they must be paid, as well as the people who are summoned. And by the time they have gone the rounds of the hospital, the new comers, who have been steadily accumulating, will equally require their attention. If this simple statement of the proceedings carries with it an air of the ludicrous the fact does not proceed from any false coloring of the incidents themselves. They are given precisely as they must occur, if the

commissioners are determined to satisfy themselves by reliable evidence, whether any person is detained in the hospitals of this commonwealth, who is not really insane. To hurry through a hospital once or twice a year, listen half an hour to a few of the large number who claim their attention, and, on the strength of that conversation, decide to recommend the discharge or farther detention of the patient,—this would not be to meet the requirements of their office. A thorough judicial investigation, be it long or short, cheap or costly, in every doubtful or disputed case, is what the popular sentiment concerned in the matter, if it means anything beyond a windy sensation, implicitly demands. If this involves a practical absurdity, it ought to convince us that the present method is, with such a provision of law as I shall presently mention, under all circumstances, best calculated to prevent abuses. The officers and trustees of our hospitals have no interest in retaining patients not insane. Whether kept or discharged, their compensation remains the same. In fact, however, in doubtful cases, their natural tendency is to discharge the patient, in order to avoid the odium and annoyance which they occasion. Nothing but a strong sense of duty, supported by the most satisfactory reasons, will induce them to retain a charge which brings them into the most unpleasant relations to others.

Thus far I have gone on the supposition that there are actual abuses, however people may differ as to their extent. But the evidence in favor of the fact is far from reliable. The diseased impressions of the patients themselves and the clamors of their self-constituted friends, are not evidence; and yet upon these chiefly the current belief is founded. The observations of those who have had the most abundant opportunities to learn the real facts in the case, tell a very different story. I have never met with a patient in any hospital for the insane, who, I had good reason to suppose finally, had never been insane, but had been committed, under pretence of insanity, in order to accomplish some iniquitous purpose; and my observation embraces about three thousand persons mostly under my own charge. I have been told by other gentlemen who have had charge of hospitals for the insane, that their experience has been much like mine. In two instances that came under my care, I had strong suspicions that there was no real insanity in the case. I thought that an irritability of temper caused by bodily disease

might have been provoked into violence by relatives who had some selfish purpose to serve by keeping the patient away from his home and customary pursuits. The sequel showed that my suspicions were groundless, and that the removal from home and the scenes and persons that were connected with unpleasant associations, only kept in abeyance for a time the manifestation of a disease which had been obvious enough at home and serious enough to require the restraint of a hospital. In England there has existed for more than forty years, a Board of Commissioners of Lunacy, as they are called, appointed by the crown for the purpose of visiting all the hospitals for the insane, public and private, with this very object in view among others,—of detecting the much alleged abuse of confining people who were never insane. I have been a diligent reader of their annual reports, in which their transactions are minutely described, and I have not found that they have advised the discharge of a single individual on this ground; and, certainly, the manner in which their official duties have been discharged, has indicated no undue leniency towards the officers and directors of these institutions. The Earl of Shaftesbury, who was, for many years, a member of this commission, and who has been deeply interested in insanity and institutions for the insane, once declared in Parliament, that he had never known an instance of a sane person being held in confinement on the pretence of insanity. And this is in England, where, of all countries in the world, the abuse in question is supposed to be most frequent. This testimony would seem to be conclusive that it has no real existence, and that the safeguards already provided have been sufficient for the purpose.

But, admitting all this, it is contended that, considering the public sensitiveness on this subject, it is necessary, in order to secure the popular confidence in the management of our hospitals, that there should be a supervisory power appointed by, and responsible directly to, the government. If, as has been already shown, such a power is entirely inefficient for any practical purpose, then it must be desired only as a sort of tub thrown out to amuse the whale. The tone of feeling in England, after a trial of more than forty years, shows conclusively that it would not even have this effect. There, although the commission has been watchful and suspicious to the last degree, the whale refuses to be amused. This must be apparent to any one much conversant with the newspapers, maga-

zines and books, of the day. It is notorious that anybody can obtain the ear of the public, who can tell a tale of false imprisonment, however improbable; and, on evidence that would not be listened to in a court of justice, the newspaper-press is swift to pour out the vials of its wrath on the supposed offender. The horrors of the madhouse have become a favorite element in the plot of sensational novels. There is no reason to suppose that the result would be otherwise in this country. A sentiment like that in question cannot be affected by facts or arguments. The testimony of the wisest commission would avail nothing against the statements of a disordered mind still manifesting some degree of coherence and plausibility. We may as well, therefore, take things as they are—satisfied that the present safeguards are all that could be reasonably expected, and also that some popular distrust is one of the unavoidable results of all correct hospital management.

There is another view of the subject that ought not to be overlooked in considering the expediency of restrictive measures. All persons engaged in that speciality of the medical profession which is concerned with the treatment of insanity, tell us that the greatest difficulty they have to contend with is the reluctance of friends to bring the patient in the earliest stage, and the impatience which leads to a premature removal. Under the operation of these feelings, the number of recoveries is unquestionably lessened, and it cannot be doubted that they would be still farther lessened by the proposed restrictions. Their effect on the first mentioned feeling has been already alluded to, while their operation in England furnishes abundant testimony as to their effect in causing premature removals. During that period of the disease when the patient is coming to himself and, outwardly, seems free from all irrational thoughts and ways, great care is necessary, in order to conduct the process of restoration to a complete recovery, that he does not use his renewed powers too much or too soon—that he does not resume too soon the control of his own movements, nor mingle too soon in the scenes and associations of ordinary life. The patient himself, however, may see no necessity for so much caution. He never felt better in his life, to use his own expression, and he sees no propriety in being detained any longer. In this impatient, fretful frame of mind, he pours his complaints into the ears of the commissioners, who, observing no manifestations of insanity, and unable to under-

stand the reasons which influence the physician (because they are purely a matter of professional experience) are readily induced to advise his removal.

The mischievous effects of the restrictive measures now used in England, are strikingly manifested in another class of cases, by no means a small one. The more active and obvious signs of disease have disappeared, the patient is quiet, orderly, and behaves like other people, and his remarks are shrewd and sensible, indicating neither delusion nor extravagance. But there is something in the air, manner, tone and way of the patient, imperceptible to the ordinary observer, but real enough to the expert, signifying that disease has not entirely vanished, but is only kept in abeyance—that freedom from restraint and the necessity of self-control, with opportunity to gratify a morbid impulse, would soon be followed by acts of mischief or violence. He knows, however, that his apprehensions will not be appreciated by the Commissioners, and that a delay of the patient's discharge might, probably, be followed by an action for false imprisonment, ending in a verdict of heavy damages. To obviate such a result he discharges his patient, with fearful forebodings that are too often realized. In England, some fifteen years since, a man was admitted into a private asylum, who had made, at least, two homicidal attempts. After a few month's stay, he was so far improved that no trace of disease was obvious on a casual inspection. His physician strongly suspected that the disease was only masked, not removed, but he feared to detain him longer, on grounds that could not be appreciated by ordinary observers. So he discharged him, but his apprehensions were so keen, that he sent him home in charge of an attendant, with injunctions to the family to exercise unceasing vigilance over his movements, but it was not long before he committed an atrocious homicide, without the slightest provocation. The case is a fair specimen of what may be expected where a physician in charge of an establishment for the insane is hampered in the exercise of his duty by considerations that ought to have no influence whatever on his professional conduct.

To meet this contingency of persons being kept in hospitals when no longer insane, the act of 1869 contained the following provision: "On a written statement, properly sworn to or affirmed, being addressed by some respectable person to any law judge, that

a certain person then confined in a hospital for the insane is not insane, and is thus unjustly deprived of his liberty, the judge shall issue a writ of habeas corpus, commanding that the said alleged lunatic be brought before him for a public hearing, where the question of his or her alleged lunacy may be determined, and where the onus of proving the said alleged lunatic to be insane shall rest upon such persons as are restraining him or her of his or her liberty." The bill passed through its first stages with the same provision in this case as in that of persons committed to a hospital, viz., a commission composed of three members, and this was chosen in order to avoid the publicity, exposure, trouble and excitement incident to a public trial in court, and the cause of incalculable mischief to the patient. It was thought, however, by some persons who had the power of giving their opinions the force of law, that the offence of keeping a person in confinement after his recovery should be dealt with in the swiftest, sharpest manner known to the law. And so, at the request of any one calling himself a respectable person, any judge in this city is obliged to transfer any victim of suffering from the rest and seclusion of an asylum to the repulsive scenes of the old Quarter Sessions court room, and deal with him as if he were a criminal on trial for his offence. To obtain anything like an adequate idea of this gross impropriety, we must put the case to ourselves, and conceive the subject of it to be a wife, or mother, or daughter or sister.

The fallacy so prevalent in most communities, that insanity is always something superficial, and obvious to the casual observer, and never obscure and revealed by traits that are significant only to the expert, is singularly foolish, and as mischievous as it is foolish. Some idea of its prevalence may be obtained from the frequency with which it is intimated, in every grade of society, that the man who for many years has spent his days and nights surrounded by the insane, is less qualified to give an opinion as to the existence of insanity in a given case, than those whose knowledge of the disease is confined to a few general impressions respecting it. The abundance of his experience and the thoroughness of his studies are regarded as the very things that render his opinions unreliable, although, in accordance with all analogy, it might be supposed that they would enable him to see insanity where others, without such opportunities, cannot see it. A surgeon's large experience is not

supposed to render him all the more incapable of detecting a fracture or a dislocation which is unsuspected by other men. And he is no more able to give a reason for his belief, that would be any reason at all to others, than an expert in insanity sometimes is, for his belief that a certain person is insane. In fact, it is just the most dangerous cases in which the insanity is oftentimes the most obscure. Bellingham who killed Mr. Percival, McNaughton who killed the Secretary of Sir Robert Peel, and many others, manifested no insanity before the commission of their bloody deeds. They talked and acted and seemed very much like other men, and so, no doubt, they would have seemed to a board of commissioners in lunacy. And yet, I apprehend that an expert would have been satisfied, after a little observation, that the two just mentioned were unquestionably insane. To this notion, respecting the competence of experts in insanity, the legislature of Massachusetts, at its last sessions, gave a remarkable expression, by enacting that no superintendent of a hospital for the insane should give a certificate of insanity.

There is a class of insane for whose isolation a certificate of insanity alone is not sufficient. Persons become insane who have no family or friends, or, having family and friends, they are unwilling to authorize their confinement. The patient may still be at large, engaged, apparently, in his usual pursuits, etc., and with large social and business relations. For various reasons no one is willing to assume the responsibility of ordering his arrest and depriving him of his liberty. His wife or child fears to encounter his displeasure, his partner in business is deterred from interfering one way or the other, lest he may be suspected of sinister designs, and others, perhaps, are not aware of the urgency of the case. And even if one should feel willing to interfere, the patient's social or business relations would seem to require some formal adjudication, in order to satisfy other parties of the necessity of a measure followed by such important consequences. It may lead to the dissolution of a business connection or the avoidance of a contract. It may enable him to escape a suit at law, or suspend execution of a judgment. The propriety of the measure is still more apparent when the presence of the disease is not perfectly obvious and the patient is likely, when the opportunity offers, to make use of every legal means in his power, to annoy and injure all who took any part in procuring his

isolation. Under such circumstances it is peculiarly fit that the person should be committed by some process of law, whereby the family are spared the performance of a painful duty, and the public sentiment is satisfied. Accordingly, in the act of 1869, we have the following provision: "Insane persons may be placed in a hospital by order of any court or law judge, after the following course of proceedings, viz.: On statement in writing of any respectable person, that a certain person is insane, and that the welfare of himself or of others requires his restraint, it shall be the duty of the judge to appoint immediately a commission, who shall inquire into and report upon the facts of the case. This commission shall be composed of three persons, one of whom at least shall be a physician and another a lawyer; in their inquisition they shall hear such evidence as may be offered touching the merits of the case, as well as the statements of the party complained of, or of his counsel; if in their opinion, it is a suitable case for confinement, the judge shall issue his warrant for such disposition of the insane person as will secure the object of the measure."

These then are the only requirements necessary to provide for the proper isolation of the insane, and if the law is honestly and dispassionately administered, we believe that the right of all parties will be secured.