

DEWEY (R)

OLD AND NEW IDEAS WITH REGARD TO THE
WORK AND THE ORGANIZATION OF
INSTITUTIONS FOR THE
INSANE.

BY

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OLD AND NEW IDEAS WITH REGARD TO THE WORK
AND THE ORGANIZATION OF INSTITUTIONS
FOR THE INSANE.*

By RICHARD DEWEY, M.D.

The occasion of this paper is the discussion and agitation which have been rife of late in reference to the need of new measures of treatment for the insane, and new and differently arranged institutions for their care and cure.

The conditions required for the care and treatment of insanity have been supposed heretofore to differ from those required by any other disease whatever, and the places of care and treatment for the insane have always been institutions apart and wholly special, rurally located and under management quite different in its character, to that of ordinary hospitals; but of late we hear the question raised whether the insane, especially the acute cases, cannot be more generally, and with better results, treated in institutions differently organized, located in cities and assimilated more to the general hospitals in having a visiting staff of specialists, and it is suggested that even the general hospitals might receive cases of insanity.

The first consideration in connection with this idea occurring to one familiar with the care and treatment of the insane is that insanity is little understood. It has not been studied or taught in any adequate way in the average course of instruction of our medical schools. The average practitioner as well as the people generally have most insufficient views of insanity. Indeed, insanity is to-day regarded with far more of awe and superstition than intelligence by both the lay and professional public. This condition of affairs is due to a variety of causes, but among others to the fact that the functions of the brain and the interdependence between manifestations of mind and the working of the brain and nervous system, have only recently begun to be intelligently studied and elucidated. The world of insanity has been for the most part terra incognita, and the average practitioner, in the presence of a case of insanity, has been apt to have either a feeling of more or less helplessness, or a disposition to pursue mistaken methods, and generally, as my experience goes, there is a desire to be rid of the case as cleverly as possible, and place the responsibility of its care upon somebody else.

The institutions for the insane are therefore more or less aloof from the general current of medical thought and activity, and an

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injury is thus done to the cause of scientific progress. The general practitioner, having learned nothing about insanity, may be said to have no interest in it, and, on the other hand, the medical men engaged in the care of the insane have been in an isolated position, hurtful both for themselves scientifically and for those under their care, as well as disadvantageous to the profession at large. At the same time those of our profession making a specialty of insanity and nervous diseases in private practice or occupying chairs in our schools, who do most of the writing and publishing on these subjects, have drawn their ideas largely from what is most familiar to them—insanity in its incipiency, or complicated with neurasthenia, hysteria or structural brain disease, and from the hospitals of the cities controlled by a visiting staff of specialists.

The continuous and very considerable increase of insanity throughout our country, and the somewhat discouraging results of treatment, have led to dissatisfaction and to seeking after new ideas and methods, and this tendency has been further stimulated of late by the great advances in neurology, neuropathology and psychopathology and operative cerebral surgery.

This general recognition of the defects of present methods and search for newer and better ones has, like all things human, its good and its evil side. It is undoubtedly a good thing in itself, but there has been a disposition on the part of more recent converts to an interest in nervous and cerebral diseases to discard all past and present ideas as antiquated and insufficient, and to form extravagant expectations of results from newer appliances, while at the same time those already occupying the field have been perhaps too little aware of the possibilities brought within reach by the rich discoveries of recent years.

These facts are illustrated by the abortive movement inaugurated a short time ago in London to establish a hospital for the insane to be solely managed by a visiting staff of specialists in various branches with scarcely a man among them connected with any institution for the insane, or possessing a practical knowledge of the care and management of the insane, and there are numerous illustrations of the same thing in our own country. The men engaged in private practice, in the specialties of brain and nervous diseases, on the one hand, and the men in charge of institutions for the insane on the other, have in times past affiliated to only the slightest degree, and have misunderstood each other oftentimes; and furthermore the former have furnished some striking illustrations of their practical ignorance of insanity and its management, marked by calamitous results among their patients, while the latter have been found wanting in the scientific spirit and have too often been absorbed in purely administrative matters,

while the rich opportunities for pathological study and for original research have failed to be improved.

If there were difficulty or blame for such a state of affairs it rests equally on the two sides, and is by no means confined to one, but I think the chief difficulty has been inherent in the nature of the situation, and it is to be hoped that there is at present a disposition to progress "all along the line," and there are many indications that afford a happy augury of a newer and better spirit which will have its outcome in united action.

On the one hand it is needful that practical knowledge of insanity shall be secured to all who would qualify themselves for the practice of medicine, by teaching it in our medical schools, and on the other, and to this very end, our institutions for the insane must be thrown open to the student, and the student required to visit them, while at the same time the appliances and equipment of the institutions for the insane need to be assimilated to those of the general hospitals with their facilities for every possible research and method of treatment, whether in the line of pathological study, laboratory work with microscope and microtome, special treatment of all the bodily organs, electrotherapeutics, balneotherapeutics, surgery of brain and spine, etc. And our practitioners and professors who make nervous diseases and insanity a specialty, need to familiarize themselves with the views of insanity and its needs, which our large public institutions alone can afford.

Let us now inquire whether the existing institutions for the insane are fully adapted for their work and what if any changes are needed.

The most striking fact that presents itself in examining present institutions for the insane, is that while the patients found in them are alike, in all needing separate and special confinement or treatment, there is an infinite variety among them in all other respects;—some idea of the extent of this variety may be derived from the following tabular statement. Of course, the table is only prepared for showing the enormous variations among those who are called insane, and would be unphilosophical for any other purpose, as in many cases the same individual would come under one or more of the different headings.

Taking first the cases that would come under the old familiar classification, we have

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| I. Mania; Melancholia; Dementia; Imbecility; Delusional insanity; Paranoia, or Monomania, etc. | |
| II. Insane Epileptics, | { nearly all chronic, incurable and dangerous. |
| III. Insane victims of | { alcohol,
morphine,
chloral and other drugs. } Often not insane in the
stricter sense of the word. |
| IV. Insane criminals, | { convicts,
"mittimus" cases, i. e. persons acquitted of crime on
plea of insanity.
persons committing crimes while in the hospital. |

V. Insane persons from organic brain disease } paralytics, traumatic cases, general paralysis or "paresis," apoplexy, cerebral embolism, tumor and other structural brain diseases.

VI. Neurasthenic and hysterical cases, } often not insane in the stricter sense of the word.

Now, the above may almost all be subdivided into at least seven minor groups, as follows:

- 1st, recent and largely curable.
- 2d, chronic and largely incurable.
- 3d, mild and inoffensive.
- 4th, dangerous, violent and destructive; including two important subdivisions, the "suicidal" and the "homicidal."
- 5th, untidy and uncleanly
- 6th, neat and orderly.
- 7th, helpless or in stuporous condition.

And finally all have to be again considered as to their possession or non-possession of this world's goods, and are 1st, pauper; 2d, indigent; 3d, comfortably off; 4th, wealthy.

Considering the above great differences to be found among the insane patients in every large public asylum, it is no wonder that agitation has developed for some variation in the construction, arrangement, equipment and management of institutions for the insane; and the defects of our institutions, as they at present stand, are, to a considerable extent, attributable to the fact that they are compelled to receive under the same roof all these great varieties of insane persons, without possessing in their organization and equipment, in their constructive or economic features, the variation, adaptability, and elasticity that the great contrariety of demands upon them would necessitate. This evil is partly to be overcome by removing certain classes, as criminals, epileptics and inebriates, and for the rest, by more thoroughly specializing the insane asylums and hospitals.

If our large public institutions for the insane may be regarded as at present one of the "peculiar institutions" of our country, it is in part because of the extraordinarily diverse functions they are called upon to perform in serving as almshouses, sanitariums, inebriate homes, hospitals, reformatories, asylums and prisons, and in serving all these uses for persons coming from the most diverse stations in life.

What has the poor victim of simple nervous exhaustion to do in the same building or in the same ward with a chronic, untidy, noisy dement? What need has the helpless paralytic of the bars and locked doors? What reason is there for putting a patient who has been accustomed always to the best moral and material surroundings, in the same environment with those who are unfortunately ignorant, degraded, or perhaps brutal and criminal? And a score of similar questions might be asked.

I am not advocating class distinction, but simply the eternal fitness of giving all patients, so far as good for them, what they have

been accustomed to in their previous lives, for the simple reason that they cannot improve in surroundings utterly unfamiliar, foreign and unsuitable to them.

Stock drovers and stock brokers are not congenial in the outside world and each choose their own atmosphere. Hostler Joe will not be comfortable by the side of Berry Wall; George Francis Train, who loves children and birds, is ill-assorted with the imbruted wretch who cares only for gratification of evil passions. Dougherty with the curse of blood upon him ought not to be the companion of mild and harmless lunacy. The contortions of epilepsy should not be witnessed by susceptible convalescents. The woman of reputable rearing ought not to associate with one who comes from a life of ill-repute. And yet, one or all these things, or similar ones, may occur as the inevitable result of the present system, or lack of it, and without any blame being attributable to any individual.

All the patients in any asylum have their individual peculiarities which should be considered in providing for them, and, indeed, must be taken into account if we would do them justice or cure them of their malady.

It is the state of affairs indicated above that has been one important factor in the call for different arrangements for the insane, and one-half of the misery of asylums is caused by throwing people together who do not belong together, and never would come together except as their misfortune makes them inmates of an asylum. There is no virtue in associating the insane. They are not put together for their own good. It is done simply because it has to be, as there is no other provision made. Many can not be cared for in their own homes. The world is weary of them, or afraid of them, and so they are thrown together in a most heterogeneous way in the various asylums, and it is too true that they often make each other worse. This is not always so. There are always numerous patients in every asylum who have a mutually good influence over one another, and if our means of classification were better this would be still further true. But as the matter now stands too many are mutually harmful.

Dissatisfaction with the present status, increase of insanity, discouraging results in treatment, though the discouragement is partly from ignorance, or lack of understanding of the problem—all these, in conjunction with the stimulation due to that powerful drug, "the fluid extract of novelty," have produced the movement for new conditions.

With the dissatisfaction with older and useless methods, and the itching for something novel, I would combine one more idea, more fruitful than all others, as I believe, viz: that of having all the policies adopted for the insane guided by the principle of approaching in everything that is done, as near as the fact of insanity will allow, to the

conditions of ordinary, every-day, sane existence, and in the light of this principle let us examine the question as to the requirements of the insane for curative treatment.

We will first inquire what are the means for greater curative efficiency and adaptability from the constructive and administrative point of view, and from that of medical care and treatment.

First, as to constructive features, it is to be said that greater diversity and individuality and diminished size of buildings, admitting of division into smaller and more homogeneous groups of patients, is to be sought. It is, perhaps, unnecessary to contend for this very strenuously, for the fact is, the tide has plainly set in the direction of building hospitals for the insane on the detached ward system, commonly known as the "cottage system."

Where ten years ago only a few hundred insane could be found in detached wards, or cottages, there are to-day over 5,000 insane in such institutions in Illinois, in Indiana, in New York, in Dakota, in Michigan, in Ontario, Canada. The advantages of this style are: Greater means of classification and opportunities for a more free and domestic life, and for separating in each and every case the individual patient from influences, sights and sounds that are harmful, and on the other hand securing influences, sights and sounds that are helpful, and are especially calculated for the one patient in question; and I believe it to be true that if an asylum is to be an extensive institution, receiving from 600 to 1,000 patients, the detached wards or cottages are an advantage in classification, while the same number all under one roof suffer in proportion from too close contact and other disadvantages.

Next, from the administrative point of view we may ask what improvements can be made, especially with reference to medical administration.

It is believed the asylums of our country have been too much isolated from the professional and every-day life of the people. In some ways this has been a necessity, real or supposed, of insanity; the peculiar nature of the malady necessitates in some measure confinement, seclusion, estrangement from the actual world, and not only are the inmates thus isolated, but the various officers and attendants as well. Thus every day natural interests and activities are impeded or cut off, to the injury of all concerned, and if the principle of introducing all possible features compatible with the patient's condition of the usual life of the world were followed, it seems to me that many of the opprobrious things supposed to be inherent in insanity would disappear, and the number of recoveries would increase.

Experience shows that a natural and domestic mode of life tends to contentment, admits of greater industries, or greater freedom, and softens many of the asperities.

Then as to the medical administration, the introduction of all possible features of the ordinary general hospitals and sanitariums cannot fail to do good to the patient, to the medical men and to the public generally. Who can deny that it would be an advantage to every institution for the insane to have a consulting staff of able specialists in all the disorders that complicate or are essential features of insanity? Who would venture to claim that trained attendants, analogous to the trained nurses of the general hospital, would not be an advantage? How can it be denied that the gymnasium, the bath-house, the Swedish movement, the electrical appliances of the sanitariums would furnish supplementary means of beneficial treatment, and would have a great influence for good on patients, and render attendants more skillful and efficient in their work? And yet these appliances are seldom to be found. Further, the greater the freedom and facility for communicating with the outside world, the more fully the public are made familiar with the methods of care and treatment, and the less the insane are treated as if there were something peculiar and unlike the rest of mankind about them, the better.

In fact, it is to be feared that many of the features of insanity regarded as most repugnant, and of the acts that create most fear and apprehension, are the result of misunderstanding or of bad outward conditions, or management, often continued through long years in and out of the asylum, or even dating from past generations.

Taking the public institutions as they exist to-day, and inquiring what may be done to make them more curative and successful in helping to stem the rising tide of insanity, there are some things that suggest themselves as called for by the increased intelligence and humanity of the present time.

Every case that can be considered a curable one should be given all the opportunities and resources that can possibly be made available. There should be a most careful individual study of each such patient. All the bodily organs and functions, aside from the nervous system, should be scrutinized and their defects or disorders, relieved or cured, if possible.

The eye and ear expert, the gynecologist, the devotee of heart, lungs, nose, throat, the surgeon of brain and spine, the alienist and the neurologist should each and all bend their energies to the cure of the patient.

And here a word with regard to the method of utilizing the services of all these specially qualified practitioners. They can not each do their part independently, but their various efforts need to be united and directed by one hand, coöperative with all, and this should be the hand of the resident medical director of each institution, who should be capable of utilizing all their services and carrying out all

methods of treatment, and, one may say, of moderating their zeal or meeting with practical and comprehensive views the tendency, which we must admit exists in every specialty, to exaggerate its own importance. The medical chief should be a man of no specialties or hobbies himself, and capable of weighing the influence upon the nervous and mental disease of all the various bodily conditions. Otherwise we might have many a patient made the bone of contention between the disagreements of the doctors, and the treatment required for curative effect upon the mind itself might be wholly neglected.

There should be a medical visiting staff, therefore, whose position should be advisory, composed of men of known expertness in their various fields. Then there should be a medical director, whose duty it should be to practically make available all the skill of the experts, who should be charged with responsibility and control, whose function would be necessitated not only in combining and carrying out the medical advice and treatment, but in a direction even more important would his services be needed.

And here I come to a department in the care and treatment of the insane which has scarcely an existence in the management of other diseases, but is all-important with the insane—I refer to what is often called the “moral treatment of the insane,” but which might be called mental, moral, social and hygienic treatment, and embraces the conditions of every kind which surround and influence the patient, the food and raiment, the employments and recreations, the society and solitude, and all the sights and sounds and companions the patient shall come in contact with—these things are for the insane of the first importance, and often far outweigh any possible medical treatment in its more limited sense, and all these things should be controlled by wisdom and philanthropy of the highest order.

If the question be asked whether the insane could be treated in the general hospitals of our cities, the reply, it seems to me, is, that only such cases as are free from all unsafe tendencies and cases of structural or traumatic brain disease in which operations are called for, can be properly managed in a general hospital, and even these for only brief periods where no so-called mental or “moral” treatment is called for, and where the mental symptoms are immediately dependent upon the brain lesion and will disappear with that. To the above may be added cases of alcoholic insanity, in which the attack is of brief duration.

Every institution for the insane of large size should have its curative wards exclusively for those patients who can be expected to recover, and by these I mean mostly cases of recent origin. There are, of course, numbers of very recent cases that are hopeless from the start, and other very chronic cases that are possibly curable, and every

patient should have the benefit of the curative ward and of skilled and conscientious care in such ward until the incurability was unmistakable, and many cases should have repeated trials in the curative wards at suitable intervals.

Into these curative wards should be distilled all the healing influences which science and benevolence combined could exert. Into the details of organization of curative wards, it is impossible to enter in the present limits, further than to say there should be unlimited means of treatment, medical, mental, moral and hygienic. Every patient should have medicine, electrotherapeutics, balneotherapeutics, massage, muscle culture, manual and mechanical. There should be music, games, sociability, trained nurses and attendants, no patient should by any possibility annoy any other patient, and there should be such classification that every individual would form a class of his or her own if necessary; the architect, the physician and the Good Samaritan should concentrate their efforts on the curable patients.

All the older institutions should introduce a system of "curative wards" as best can be. All new institutions should especially construct them.

I have said that the insane asylums are the "peculiar institution" of our country, and I believe that many of their peculiarities will be gradually lost. These peculiarities come largely from the vastly various sorts and conditions of patients they have to accommodate. There is only one thing in which all the inmates are alike, and that is that they cannot be cared for in private. But better adaptation of surroundings, improved classification, and increased skill and efficiency in attendants, will cause many of the undesirable peculiarities to vanish.

The claim is made, and with some truth, that the large public asylums do not utilize the material for study and research that is so abundant, and that as compared with their brethren in private practice or in general hospital practice they do not produce results fruitful to science. This difficulty, so far as it exists, is due to the fact that hospitals for the insane have stood apart from the stream of every-day life. This has been as much the result of indifference and standing aloof by the outside profession and public as of anything in the institutions themselves. It is time for both to begin to know more each of the other. The general profession stands in profound ignorance of insanity, and receives little or no instruction concerning it in the medical school. The hospitals for the insane should all be utilized in a judicious way for clinical instruction, and there should also be, as recommended and practiced to some extent in England, an "out-patient department" connected with every insane hospital where nervous persons, or persons with incipient insanity, could go for advice and treatment. Also post-graduate classes could be, with mutual advantage,

admitted to wards. The Scottish "Universities Commission" has recently passed an ordinance that all students at Edinburgh shall study mental diseases.

It is claimed that a high order of talent is not secured for the institutions for the insane, and this is true to some extent, and the reason generally is that the compensation afforded is not such as to attract the able and accomplished men of the profession to a work which has heretofore had many uninviting features, and is poorly remunerated.

The result to the community in dollars and cents would be far more favorable, if there were provided to every institution scientific men of the first rank for medical direction, for consultation and pathological work, and for the resident staff. By the above means a new life would be infused into every hospital for the insane. The problems of insanity in its pathology of brain and spine would have new light and interest concentrated upon them. These problems are the most intricate presented to the mind, and the reason they are not solved to-day is not, as supposed sometimes, that the medical men in asylums are less industrious and able, but that the difficulties are greater than those encountered in any other department.

If the results of treatment have seemed discouraging in insane hospitals, let it be remembered that they have not been less so in other diseases of far less obscure origin.

The treatment of insanity in many cases will not consist in drugs or potions—as well may these be spilled upon the ground. The insane are often not physically ill and have no bodily complaint. There are constitutional nervous defects that can often only be remedied by long and patient physical culture, renewal of nutritive processes, or by years of what is called "moral treatment."

In regard to making insanity a subject of study in all the courses of the medical schools, a suggestion may not be out of place as bearing upon this question in this locality. There is now under construction for Cook County, a Detention Hospital where there will always be a most valuable field which can be utilized for study, and to which under suitable restrictions students might be admitted. Again, there are always many richly illustrative cases which might be introduced to the classes at the medical school for purposes of clinical study, and furthermore, the Cook County Asylum at Dunning, with its hundreds of patients, could be visited by the student, if suitable arrangements were entered into between that institution and the medical colleges.

In conclusion I would endeavor to summarize the foregoing remarks somewhat as follows:

1. The treatment of the insane requires institutions especially adapted for such work in location, construction, administration and

equipment, and quite different from the general hospital in all these respects.

2. The curative work of institutions for the insane should be amplified in every way and given paramount importance, and to this end greater facilities for classification and treatment provided, "curative wards" established, and certain classes, as the criminal, alcoholic and epileptic, removed.

3. The study of insanity and nervous diseases should be made a necessary part of medical instruction, and the institutions for the insane utilized for this purpose, and thus brought more in touch and sympathy with the profession at large, and at the same time given more thorough equipment and specialization for their work.

4. Only a very limited range of cases could ever be treated properly in a general hospital, and no treatment of confirmed idiopathic insanity could be carried out in such an institution.

5. All institutions for the insane should be under the direction of a medical officer capable of utilizing and combining all the resources of all the specialties for the restoration of his patients, and should be fully provided with consulting specialists.

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