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LEGISLATION ON INSANITY.

An Address

DELIVERED BY J. PARIGOT, M.D. ✓

BEFORE THE

NEW YORK ACADEMY OF MEDICINE,

February 1, 1865.

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LEGISLATION ON INSANITY.

By J. PARIGOT, M.D.

READ BEFORE THE N. Y. ACADEMY OF MEDICINE, FEBRUARY 1, 1865.

THE subject of this paper is *Legislation on Insanity*. In order to elucidate different questions connected with it, I beg permission to refer to some of the principles on which general laws are based.

As soon as life and property are deemed secure in a recently organized State, the people thereof may claim being in possession of a primary element for its future civilization. At such a period of development civil laws may be looked upon as means to enable honest and laborious people to live quietly, even among a population of more or less turbulent dispositions. But after the material basis of society has been safely laid down, moral conditions of social existence become as imperative, as they grow numerous. Among these the necessity of a special legislation on insanity, based on scientific principles, is soon felt; its aim is first to guarantee personal freedom, and to provide for an effectual treatment and cure of patients; second, in a social point of view, these laws must prevent, as much as possible, the accidents resulting from the neglect of precautions in certain special cases, and regulate the civil, criminal, and penal relations to insanity. Actually, as far as our laws are concerned on this subject, it may be said that our civilization is only appreciable or measurable by the degree of the public sense of duty towards the insane; so that the unfortunate sufferers of the greatest possible calamity are either the dumb victims of our unworthiness, or the highest proof of our progress towards human destiny.

Society is but an association for the mutual protection of rights and the development of morality, science, and welfare; therefore no antagonism between social and individual rights or interests can exist. The sacredness of liberty of conscience, that of liberty of worship, and that of bodily freedom, are acknowledged by every man of good sense; we believe these inalienable natural rights must even be respected in whatever condition nature may place an individual. Unhappily this is what has been refused, and is still now contested for the insane. If a man loses his reason, has he forfeited his rights? The admirable principle of Seneca, *Homo homini res sacra*, floats over the wreck of reason; and if, for the sake of all, some individual rights must be modified, their essence remains the same. But then social guarantees increase so as to constitute new relations, which might be called *Jus insanorum*, *the rights conferred by insanity*.

Outside of the commission of a crime, there is but one case in which individual liberty may be legitimately interfered with—lunacy. For some sufferers, aware of their infirmity, it is a hard case to be confined in what they unjustly call a prison; it is worse for those who are not able to see the necessity of it; but it is the most cruel and bitter treatment for so-called insane persons whose liberty is violated either by error or crime.

Disfranchisement! Who has, in our actual state of civilization, the power and moral responsibility of such momentous act on free citizens? It is, undoubtedly, the medical profession first; and secondarily, the judicial power. Now if we accept such delegation of authority, we are bound to put our scientific investigations at the height of our functions. The duties owed to the insane are numerous. In point of form, they involve a person to whom they are due and a person on whom they are obligatory; in other words, a person morally subject to certain duties and a person recipient of his performance. Medical duties are of the highest importance for the insane, much above legislative and administrative, since the questions of *to be or not to be* and that of *recovery* are completely in our hands. From a general point of view all duties towards the insane are but a sort of mutual insurance against a cruel malady; and both as citizens and physicians, we are interested in their performance. Society considers our exertions and the public assistance as answering the moral and material wants of the insane, the whole of which forms an appropriate matter of legal definition and sanction; nevertheless, the medico-legal jurisprudence of insanity has been much neglected, and its actual legislation wants a complete reform.

We believe that there are two kinds of rights for the insane, *personal* and *social*; the first comprise the protection of liberty, the cure of the patients, and, if poor, their maintenance; the second, being of a more passive form, are political, civil, criminal, and penal.

The protection owed to the insane takes its source in the duty of help and relief to a patient on account of the disabling nature of his infirmity. It consists, *First*, of all precautions which are necessary to insure the liberty of any person suspected to be insane. It requires, *Secondly*, that such protection should be extended to the property of patients and its safe keeping, and employment for their recovery. *Thirdly*, it comprises the right of every insane person to be put under medical treatment in proper time, in order that he may be restored to society as quickly as possible. *Fourthly*, legal protection requires that such sufferers should be maintained and cured at the expense, if necessary, of the public treasure.

These four important propositions need a sufficient and complete development; we are only attempting to do it briefly in this paper.

The position of a person suspected of insanity demands our

greatest care and attention. At first sight, it appears to be only a question of matter of fact, but it is attended with great difficulties, not only relating to the diagnosis of such affection but to other circumstances. For instance, when must a family, the neighbors, or a public officer begin to proceed against such person; and under what circumstances can the interference be safely allowed? In certain cases interference may be delayed without danger, and a proper occasion waited for; in others, especially those of perversion of will and instincts, in acute delirium, diastrephia, certain cases of epilepsy, and delirium tremens, it is the duty of every person to cause the isolation of such patients as soon as possible, to avoid accidents. The daily press warns of the danger of neglecting to watch such cases. Reports of tragedies, as those happened lately in the Tombs, are known to all of us. But from such facts we must not condemn to imprisonment every person said to be crazy. On these occasions physicians must especially guard themselves against rumors or vulgar opinions; their own repeated observation must only decide. It has also been asked to whom the privilege of interference is to be entrusted, and by what *solemnities* this deprivation of liberty and property is to be accompanied and recorded? The answer is easy. As it concerns the public good and safety, anybody may interfere—the family, the friends, or any public officer; but let it be done with the assistance of competent physicians, and then such legal measures will be free from any possible censure or impeachment. As to the so-called *solemnity* of such act, we think it must possess some character of a public act, without its formal publicity.

To deprive a man or woman of freedom is, and must in every case be considered, the greatest allowance on our natural rights. In case of real insanity, it is a stern necessity; but there are permitted derogations from it, as we shall see. At all events, it may be established positively in what cases and how it must be done. Such proceedings are, however, considered by many people as if they were a sort of degradation of one's character. Some have asked whether it could not be done privately in one's own house with the greatest secrecy. Every one of us knows how such secrets are kept! In a few hours the whole neighborhood is full of them. But there are two dangers in allowing secret isolation. First, it might be unjust or unnecessary; secondly, even in case of a just cause for it, confinement in one's own house is an impediment to recovery, and may become the cause of relapse.

We all know that relatives, even the kindest, are involuntarily the worst keepers; their own emotions are too easily excited; they never can trace a symptom to its real cause; they will reason with a patient and try to force him out of his delusions; in fact, they always make him worse than he was before. But the patient is himself a danger to the family as a point of possible contamination, or rather an exciting cause, if there be the slightest hereditary taint of predisposition. Besides, the liberty and rights of an

individual cannot fall within the range of management of one's own *domestic affairs*; such want of public rule would be a perfect anarchy, and it is here unnecessary to show that our rights are limited by those of others. I positively deny the right of the husband to confine his wife in his own house, and *vice-versà*, the same by the wife or other relatives. Each citizen, whatever be the sex or age, belongs as much to society as to his family. A husband, a father, a son, as we see every day, sacrifices his life for his family, his flag, his country. Why should that country, that State, not have the power and duty to inquire *what has* (in the actual question) *become of one of its members?* The law, it is true, might, with certain guarantees, permit such private isolation; but it should be an exception, because no interested person can be a good judge of the necessity of bodily restraint, and at the same time be the proper executioner of such necessity.

The interference of the law is imperative, not only in the interest of the isolated person, but also for that of the relatives or persons who promoted the isolation. The only basis of a jurisprudence on this point is, the *reality of a fact proved by scientific means*—that is to say, a medical certificate showing the reasons one has to draw it for lawful purposes. Let us remark that a law requiring scientific affidavits asks no more than what every one would do in difficult or doubtful circumstances: that is, to consult competent persons on special cases.

Isolation, if it mean the complete change of circumstances which surrounded the patient at the time the disease broke out, is good and useful; but if it mean imprisonment in a cell, I call it a brutal negation of our rights to be treated morally and medically, because it is neither the one nor the other.

In the first period of acute insanity, when the nervous system is so easily excitable and the patient restless and violent, it is of the greatest importance not to aggravate the disease by untimely reactions.

In magnis motibus animi, nihil moveto! is a great rule in psychopathy. For instance, in a case of *acute delirium* it is prudent to wait for a remission or gradual decrease of its symptoms; for a violent struggle or resistance might destroy the last effort of nature towards recovery! Now I do ask, whether husband, wife, or relatives ought to be left with the power of employing violent means in their own houses, at their discretion, outside of legal and medical control? An absolute right of restraint can never be permitted; it might be misused, even with the best intentions of doing good.

The advantage of a law regulating isolation is that it settles, at once, questions of false sensitiveness. Law leaves to families the faculty of surpassing it in kindness and love, but never to remain behind in point of respect for personal rights and their consequences.

The principal question for us, physicians, is: What may such

law require for a good medical certificate? We believe that an affidavit ought, *first*, to be made and signed by two regular physicians; *secondly*, they should describe minutely and accurately the probable causes, and the moral and physical symptoms, especially the latter, forming our pathological ground to demonstrate the principal fact—that of insanity—and conclude the affidavit either by recommending the isolation of the patient or the liberty of a sane person.

In our conception of the subject, legal certificates are absolutely necessary to prove each case. It is of no value to pretend that symptoms are sometimes so very little demonstrative, that a psychopathist alone could say: *I am satisfied that such person is insane and dangerous*. Such expressions are insufficient for science and law; besides, the physicians who are able to utter them with confidence of being right, are certainly able also to state the ground of their opinion. The question which justice and the public have the right to see properly answered, is, *whether the person is insane or not*. Nothing short of a real medical certificate can answer it satisfactorily. As for the unwillingness of parties to see it done, if we inquire for their motives, we see that grief, feelings, apprehensions, shame, etc., of friends and relatives have never been conducive to the ultimate good of patients. It depends probably on our imperfect nature, that we can hardly perceive our encroachments on others' rights. The physician who has done his duty towards an insane person is the real *amicus curiæ*, and also that of humanity. Objections have been made also to the interference of magistrates in such cases. But the sanction of affidavits by them is the admittance of their truth and validity. Thus the important act of isolation is made by three competent persons—two physicians decide the question of facts, and the magistrate that of right. If the judge should doubt the validity of such document, he may refuse his sanction and choose other experts. All these transactions are private although authentic, and the legal document must only remain in the records of the asylum out of the public sight.

It has been objected that false imprisonments were very seldom or never heard of in America, and that certificates and law formalities were therefore unnecessary and impertinent, especially on account of the sensitiveness of relatives. Now, this paper was written before the case of Miss Mary C. Underhill was tried, and my answer was: "That granting false medical certificates were rare exceptions, errors might be followed by most serious difficulties." I mentioned the case which happened a year ago in Spain. Three honorable physicians, the husband and two brothers of a lady who had brought an action of conspiracy against them for having falsely imprisoned her in a lunatic asylum, were all condemned to *twenty years* of hard labor. Happily it was found afterwards that they had acted for no unlawful purposes, and that the experts employed by the court had not been able,

by want of practice, to appreciate the real nature of the disease, on account of which they were pardoned.

Now, the lunacy trial of Miss Underhill is one of the most important civil law suits that has been brought before a court for false imprisonment. Our forebodings of possible mischief by our imperfect legislation could not receive a more positive proof.

In the last number of the *American Journal of Insanity*, October, 1864, page 212, we said: Is there anything more easy, some people will say, than to declare a person to be insane by the following certificate:—

I hereby certify that I have seen and examined —— so and so —— and *believe* (!) him or her —— to be insane. With date and signature. M. D.

Such affidavits are the shame of the profession and a contempt of justice. What! disfranchise a man upon an affidavit which omits the physical and mental symptoms, and ignores the diagnosis and prognosis of the disease! The remedy for this evil has been, heretofore, the skill and honesty of the medical officers of asylums; but in the presence of such certificates and of a regular order of admittance, they must feel much embarrassed. They might possibly be the victims of such inaccuracies. We shall see further how a law could remedy this defect.

A curious fact of the Underhill lawsuit is, that the *ensemble* of the suit shows that a wrong notion of insanity prevailed among the court, counsel, and witnesses. Insanity was confounded with the spontaneity of an original mind, with the æsthetic faculty of imagination so necessary in a poetess, and with the apparent eccentricity of a lady who wishes to establish herself in life. No witness described anything like a symptom of insanity. She was said to be *crazy*, in the vulgar sense of the word employed by lay people. Abstraction made of the merits or demerits of the case, everybody will acknowledge that a false imprisonment took place in consequence of affidavits which were unjustifiable before science; that no redress could take place during her detention; and that there was no outside legal authority connected with psychiatry that could prevent Miss Underhill from being re-imprisoned at the pleasure of her family. This case shows clearly that those writers who oppose the reform of our legislation are completely in error. Reform demands, *first*, the guarantees of science in medico-legal affidavits; *secondly*, case-books in all asylums, public or private, which should contain, besides the usual information, the symptoms, corporeal and mental, of the admitted patient, and the opinion and decision of the superintendent relative to the propriety of confinement; or the immediate freedom of the alleged lunatics; *thirdly*, it requires the control of one or more legal and medical commissioners in lunacy, to whom all patients might apply for redress. Experienced commissioners know how

to conciliate the affection of all patients, even when they cannot comply with their wishes.

Supposing Miss Underhill had become really insane from the proceedings to get her in the asylum, or from the association with lunatics when locked up with them, what would the public ever have known about it? That experiment on her moral powers was made, fortunately, without bad result; but if her reason had foundered (in a hundred, ninety would), nothing remained to tell the tale!

In our opinion, Miss Underhill, obtaining a verdict in her favor, with *six cents damages*, was publicly blamed for having fulfilled a social duty. If she was falsely imprisoned it was a *mistake*, and she ought to have kept it secret! Is that just?

In Dr. Ray's work on *Medical Jurisprudence*, we find the counter-practice of this foolish verdict of a Brooklyn jury, which is equally absurd and ridiculous: "A man named Hinchman, who, being violent and dangerous from insanity, and cured in the Friends' Asylum, Frankford, Pa., brought an action of conspiracy before a court in Philadelphia, in 1849, against every individual the least concerned in the measure—his mother, sister, cousins, the sheriff, a *passing traveller*, the physicians of the asylum, and the doctor who signed the affidavit; and—*mirabile dictu!*—he succeeded in obtaining heavy damages."

Certainly these two juries professed different principles of justice. On one side *six cents* are thought sufficient to compensate a false imprisonment, during which, of course, there was no occasion for a cure; whilst on the other, heavy damages (perhaps a few thousand dollars) were given because a madman had been cured!

Mr. President, the same importance exists regarding affidavits by which persons are incapacitated for making contracts, bequeathing property, and performing other civil acts. In the procedure of a commission *de lunatico inquirendo*, medical certificates and medical testimony are often of such a conflicting nature that witnesses must rely on their special knowledge and practice to answer difficult questions. But here again pathological symptoms are our best grounds. We might certainly abandon to jurists the field of psychological and legal speculations; but the morbid symptoms and phenomena must remain exclusively in our domain. Unfortunately the jurist is as much inclined to do the part of a physician in courts of justice as the latter tries to represent a lawyer. Hence we discuss the premeditation of acts, their spontaneity or their criminality, whilst judges and lawyers give questionable definitions of insanity, its divisions, symptoms, etc. etc.; as long as this embroilment will last, justice and science must disagree. For my part, I wish to study man in his normal and pathological conditions, compare these with each other, and follow the evolution of a disease which may take its source in our moral nature, but, to form insanity, must give the signs of its existence in the material conditions of the body.

After the law has protected the liberty and rights of suspected persons, the next step is the cure and welfare of real sufferers. We have a standard for such purpose. Our public Asylums are as good as any in the world. Some are hospitals, some are only well managed receptacles, but, as in other countries, not a third part of our insane population can get admittance into them; and, in this respect, if we should judge of our civilization by the rule given in the beginning of this paper, we might be reckoned at the same time among the most advanced nations and the most backward of the globe. This state of things is entirely owing to our want of a proper legislation.

A law on insanity should not permit to the first the right to establish an asylum. It cannot be compared to a common speculation of keeping a hotel or boarding-house, for we have established that their inmates possess *special rights* of protection. All should be subject to obtain a special permission or license from government. Three conditions should be imposed on State, county, corporate, or private asylums. *First*, the morality and pecuniary means of the managers, whoever they might be—except trustees of State asylums; *secondly*, the means and facilities to carry out a complete treatment under the direction of a sufficient staff of physicians and house surgeons; *thirdly*, all necessary hygienic accommodations of space, air, light, heat, and water should be prepared—food, clothing sufficient and of good quality, and extensive grounds for rural employment, should be added to the asylum, unless the institution be a colony for *free-air* treatment.

The immediate effect of such a law would reform any bad public or private institution—especially our alms-houses in reference to their insane department. In order to give an idea of their present state, we must mention that in 1857 three honorable Senators of New York, among whom was Dr. G. W. Bradford, were formed by the Senate into a select committee to report on the state of all the charitable institutions of this State. Here is an extract of their well-written and learned report: “In some poor-houses they found lunatics, both male and female, in a state of *nudity*. Instances were testified to of the whipping of idiots and lunatics. The cells were intolerably offensive, littered with the long-accumulated filth of the occupants, and with straw reduced to chaff, portions of which adhered to the persons of the inmates and formed the only covering they had” * * * and so on in 217 pages!

Now, Mr. President, since this report was published, eight years have passed. Such horrible facts, being once divulged to the people and their representatives, ought to have been suppressed. Unfortunately such is not the case, for Doctor Van Anden, Superintendent of the State Asylum for insane convicts at Auburn, describes the present state of our poor-houses in the following words, which are extracted from his report of 1864.

He says:—“To be convinced of the degree of shameful degradation to which hundreds of helpless insane of our State are reduced, a single visit to some of our county alms-houses will suffice. By inspection of a few of them they will be found to be abodes at which humanity *may well shudder!* The inmates oftentimes *half clad*, with insufficient food of a proper quality, filthy, living in a promiscuous commingling of sexes, without sufficient air and light, become objects of our pity and commiseration! And we may turn *with pride* to the merciful provisions which are made for the *criminal* insane, while many of those who are deprived of their reason, and yet innocent, are abandoned to filth and wretchedness!” Thus, Mr. President, we show more mercy to convicts than to innocent lunatics, who, according to experience, are often the victims of an exaggerated sensitiveness of feeling, whilst the first become insane, in general, from bad passions and vicious influences. The learned editor of the *American Journal of Insanity*, who reviewed the report of Dr. Van Anden, adds with much reason:

“The blush of shame should tingle the cheek of every citizen and legislator of the State at the contrast presented—not that ye have done this, but that ye have left the other undone.”

To these facts I beg leave to compare the result of my own observation. About this time last year I had occasion to visit two poor-houses in Pennsylvania; it was by chance, and it might as well have been, as you see, poor-houses in this State:

I found the identical facts as those just now related, and still worse for the colored insane! Patients shut up in filthy cells, covered with rags, chained to walls or to floors, sometimes fastened in cellars. The most awful sight was an old man, with white hair and beard, who was chained in his cell for *thirteen years*. There was not sufficient room to lie down unless he extended his limbs in the direction of two opposite angles of his cell, the floor of which was so inclined that his excrement might run down in a gutter! I do not believe that in the list of penalties there is a crime that corresponds to a torture of now fourteen years' duration.

One of the most precious and special rights of insanity is that of being treated in order to obtain a cure. Sick people of sound mind are able to take care of themselves, and generally wish for a prompt recovery. On the contrary, most insane deny their disease and refuse medical assistance; therefore, if the first may be left free about medical treatment, the second must never be abandoned by their medical advisers. It is our duty to do so.

When I was superintendent of the colony of Gheel, Belgium, I found that some patients who, by neglect of treatment, had been inmates during fifty and odd years, had cost the State, each of them, about five or six thousand dollars; whereas the twentieth of that sum, employed in time, would probably have been sufficient for their recovery.

In this respect our best asylums in America are deficient also. Either cases are brought when already the golden chance is passed, or the staff of medical officers is insufficient to treat them. In some ordinary receptacles the neglect of treatment is an ordinarily accomplished fact. Unfortunately the aim of directing boards, in Europe and here, has been, for fifty years, to meet the demand made on the market of human miseries; that is to say, to admit the greatest number in order to reduce the average daily cost. The consequence of that idea of economy has been to cause the chief medical officers to direct their whole energy towards the administrative duties in order to insure material success. Our asylums will be always overcrowded if some derivatives of their surplus are not found out. According to the best statistical tables, we may estimate the number of lunatics in the United States at sixty thousand, out of which, perhaps, more than forty thousand are completely abandoned. This fact proves that our system of assistance is defective. The medical department of asylums must outdo the mechanical one. Now, if we consider the administrative and legal affairs of superintendents within and without asylums, we are at a loss to find the time they can devote to the most important object and duty of a hospital; to obviate this difficulty and the injury resulting from it, there should exist a staff of physicians proportionate to the number of patients, and a law should imperatively fix that proportion so that each patient should receive his due share of attention. It has been ascertained by experience that fifty patients should employ the time of one physician or house surgeon. Now, cases of recent attacks of insanity, and of bodily disease of every degree of severity, require, each of them, from five to ten minutes. How can an officer discharge his duties when he has two or three hundred of them? Besides, records must be kept, medicines prescribed, cases registered, reports drawn, necroscopies made, friends and relatives of patients attended to, etc., etc. When superintendent of the Gheel colony, I never could do it, with four assistants, for a thousand patients distributed on an area of more than twelve square miles. I thought my duty was to complain to the Minister of State in whose department the asylum was placed. I said: "It was impossible to perform our duties as we (the officers) understood them, and that such neglect, caused by the administration, was a gross public imposition." When the celebrated Conolly, of London, undertook the superintendence of Hanwell with 1200 patients, the trustees told him he would not have more than two or three hours of daily occupation; but he publicly declared that he had to spend *days and nights* in such a herculean task. In the clinical sanatorium lately erected by the French Government at the *Ferme St. Anne*, near Paris, a sufficient staff of house-surgeons will be in attendance.

The third personal right of the insane is that of maintenance; when patients are rich, there is no difficulty; when poor, the State,

counties, or towns ought to keep them. Whatsoever be their social condition, they have equal rights; and they should be generously provided with all the necessaries of life, and those required for good treatment. We admit, nevertheless, that society has the right to inquire how such purpose can be attained at the least expense. It is obvious, also, that the standard of living for the insane poor must not be superior to that of our working community; and if such a class, living in the country, would take care of them in their own families, the insane, although under medical direction and treatment, might, by such contact, become useful members of society.

There is now a most curious and interesting problem discussed in Europe: the formation of *free-air and family institutions* for lunatics, in which labor, associated with a moral and therapeutical treatment, is considered the best, both for the health and material interest of lunatics.

It strikes every observer that we have followed wrong principles in the public assistance of the insane. From jails, cellars, or squalid poor-houses, the third or fourth part have been placed in big palaces, invariably ornamented with cupolas, peristyles, royal entrances, etc. Between these two extremes there is a middle point which might combine the advantage of a hospital for curables, and of nearly a self-supporting institution for the incurables—I mean a free-air colony like that of Gheel.

In Germany there are two sorts of asylums, the *Irren-Heil-Anstalt* and the *Pflege-Anstalt*; that is, hospitals for the cure, and supporting receptacles for the incurable. Therapeutics are generally, in Germany, the object of greatest care and study; and therefore the patients are treated in hospitals with attention and perseverance until all means have been exhausted; it is only then that they are sent to the *Pflege-Anstalt*. In this country, simple cottages would be better appreciated, and permit the enjoyment of the natural rights and bodily freedom of the insane, consistent with their mental state. How far it would be beneficial, leaves no doubt in my mind; but the Government and public opinion are still deaf to the interest and the miseries of the insane poor. We pretend that confinement is an obstacle to recovery. It causes a continual nervous excitement between unoccupied patients; whilst on the contrary, rural life and free labor, nay, even the rambling in the fields, is a calmant, and dissipates illusions and delusions. Mr. President, the difference of two maniacs, supposing one to be shut up in a ward, with its yard to walk in, and the other free in the open air, is striking. Allow me to describe how I was first impressed on being brought round in the colony of Gheel, when I was appointed its inspector and chief physician. It was in December, 1848. I arrived there late; the days were short, and in my first visit I was led through a cold fog, near twilight, towards two cottages, built near each other, of the simple materials there at hand, clay, wood, reeds, and mortar;

cleanliness was the only ornament of those poor dwellings. In one of them lived a widow with several children; in the other lived also a widow with her aged father and two young boys. Certainly these poor people were immersed or lost almost in those great plains covered with heath. On one side, in the distance, was the village; on the other side nothing but the immensity of nature, with its incommensurable horizon. But in that wilderness there was something that diffused life and warmed the heart. *It was Christian charity.* Each family had the care of an insane; one of them was a maniac, and the other an agitated idiot. How was it that an old man, two women, and a few children could keep them without danger; whereas, shut up in an asylum, they should have been submitted to restraint? Humboldt gives partly the answer to such question; he says in his celebrated work of *Cosmos*: "The simple contact of man with nature, that influence of the unlimited space—*free air*—gives birth to a calming power. By it pain is diminished and passions calmed, when the soul has been agitated in its deepest recesses."

My experience in that asylum during many years has led me to the following conclusions on the advantages of the free-air system, and my object in coming here to the United States has been to promote it for the benefit of the unhappy sufferers now chained in our poor-houses:

First advantage.—The respect for the natural rights of patients, and the development of love and charity between keepers and boarders.

Second.—The liberty of judgment and the exercise of the will, under the kind influence of a routine of home life.

Third.—The absence of walls reflecting insanity on insane patients, and the influence of free air as a calmant of nervous excitement.

Fourth.—The medical advantage of treating insanity, reduced to its simplest expression; for there is no subjective reaction; the mind does not prey upon itself, and exterior objects have no morbid relation with it. Therapeutics will easily master the bodily disease in such circumstances.

Fifth.—The contact with nature, the change of life, the constant out-of-door exercise and voluntary work in the fields—the product of which, however small, is benefiting the patient and society.

Sixth.—The advantage of being cured without restraint, and reason being restored by natural means; the patient, finding himself in possession of his natural rights at the moment of his recovery, entertains no feelings of ill-will against his keepers, who become often real friends to him. Free-air treatment augments the social and religious instincts and feelings of those who pass through that terrible ordeal.

The great objection to this mode of treatment has been the

fear and disgust felt by some in approaching such patients. Some will say—"The *liberty of the lunatics!* but the idea is *craziness itself*. Is it not contradictory to facts, as those of the second of December last at the Tombs?" Not at all, gentlemen; look at the difference of circumstances. On our side, *kindness, forbearance*, and only moral or material restraint when necessary. Gheel, with a thousand free lunatics, has comparatively no accidents!

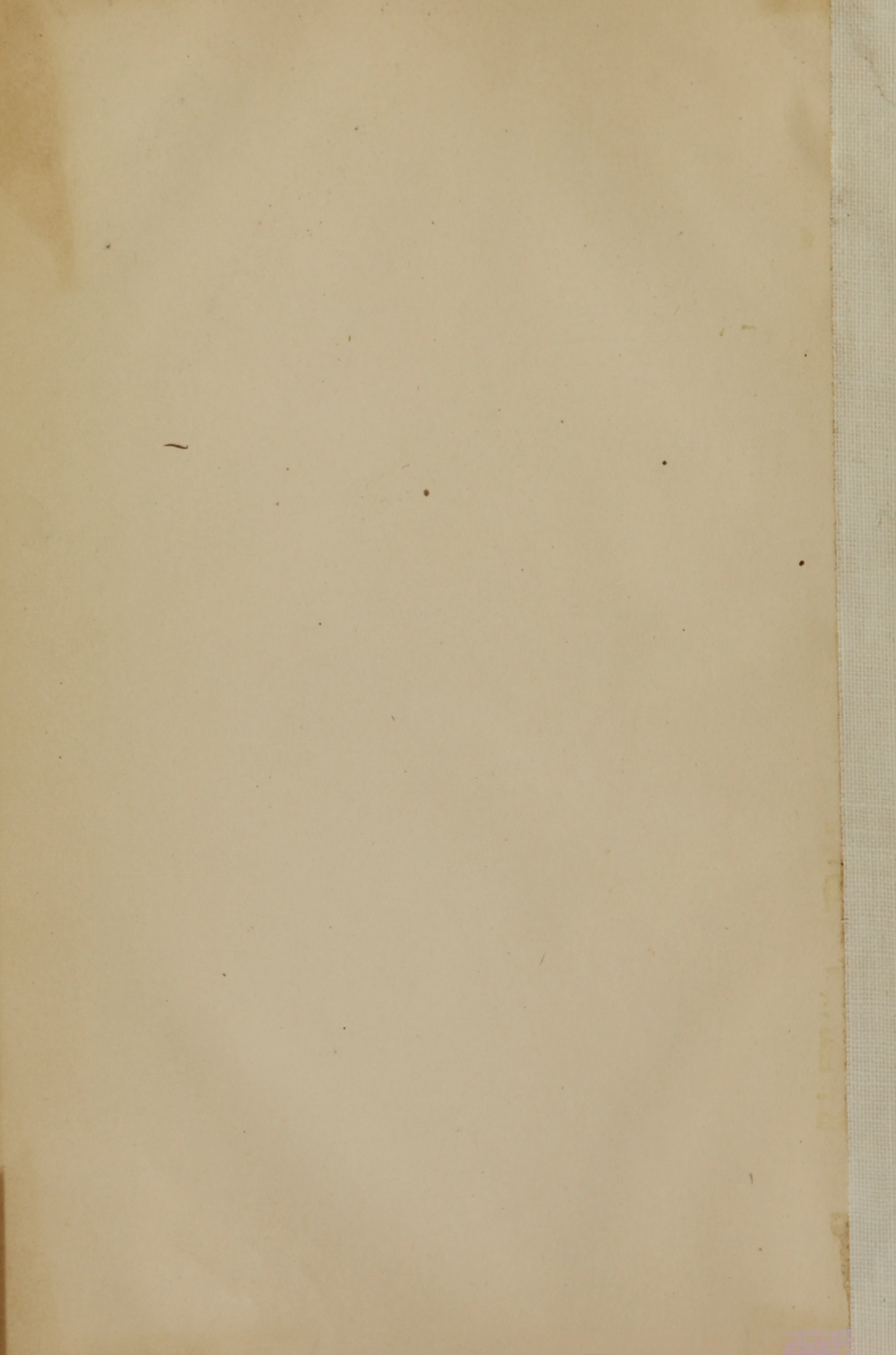
The first inhabitant of Gheel that was bold enough, or rather *wise enough* (for he knew better the human heart) to say to a raving maniac, "*Be free, my friend, and you will be conscious of my feelings for you,*"—that man was a hero no less so, perhaps, than Alexander of Macedonia, when he swallowed the beverage prepared by his physician, and handed him afterwards the letter by which he was accused of an intention to poison his royal master. At Gheel this tradition has been continued, for I was always asked by these good people to trust them with acute cases; they knew how to make friends of maniacs. The curious principles of individual respect, and admission on equal footing in the families, which the Gheelois keepers have put in practice for centuries, have had the most extraordinary results. Not only have the poorer classes been treated with more humanity, but the better class has reaped the benefit of that experiment. Several private asylums have imitated with success the Gheelois cottage; the only difference is the price paid for mere commodities. Physicians of the city of New York ought long ago to have tried the system for the benefit of their patients.

The principle of association has become in our age the solution of every problem of general interest; there is no greater interest than to be cured of insanity. But to reach that aim, as in every enterprise, two conditions must be fulfilled; the knowledge or science of the object, and sufficient capital to reap its benefits.

The enterprise that would offer liberty and a home-like, instead of a prison-like retreat, is certain of success. If the importance of external circumstances were sufficiently estimated as to their effect on the mind and spirits of mental invalids, it would be easily understood why such residences, in the full condition of free air and liberty, should be placed in the finest part of a picturesque landscape; why they should be commodious, and well furnished and decorated; why fine arts and sciences should be cultivated there; and why, above all, the kindest feelings of the heart should try to rouse moral sensitiveness. In such houses all the usages of good society should be observed, and the attendants be gentlemen of education. For ladies, there should be companions taken out of honorable and educated families. Everything should be conducive to the repose of the mind for certain patients, or prepared for the amusement and distraction of others. Literary pursuits, or even light work of horticulture might be convenient according to the necessities of treatment. Therapeutics should be *complete in all its branches*. Such a noble institution would soon obtain the

sympathy of the public, not only of this country, but of all the other parts of Central and South America. Its profits should be devoted to the foundation of an *American Gheel* for the insane poor. The only recommendation I should beg to offer to the intelligent benefactors and enterprisers would be, that the motto of the asylum might thus sound: *quick to cure, reluctant to detain.* In this manner such an institution should embody the rights, personal and social, belonging to our invalid brethren, and it would be the first step to a complete reform of our legislation on insanity.

Mr. President and gentlemen of the Academy, I thank you for the kind audience you have given me this evening.



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