Family care for the chronic insane : Miss Alice Cooke and her patients / by F. B. Sanborn.

FAMILY CARE FOR THE CHRONIC INSANE.

MISS ALICE COOKE AND HER PATIENTS.

By F. B. Sanborn, of Concord, Mass.

IT is an old saying that "one half the world does not know how the other half live;" it would be truer, perhaps, to say that not one person in a thousand knows the possibilities of human capacity in matters that concern our everyday life. What seemed a miracle or an impossibility until we have seen it done, soon becomes familiar and little noticed by us; but to the nine hundred and ninety-nine who have never even thought of its performance, it will still appear a miracle or an impossibility. The first signal instance of this truth which as a youth I saw was the restoration of Laura Bridgman, a deaf, dumb, and blind child of New Hampshire birth, to that companionship of her kind from which her complicated infirmity had excluded her beyond hope, as was thought in 1837, when her liberator appeared one July morning at her father's farmhouse door. It was Dr. Howe of Boston, who had already spent many years of his young life in liberating the oppressed and giving eyes to the blind. He persuaded her mother to entrust Laura, then seven years old, to his care at the School for the Blind in South Boston; and five years later, when Charles Dickens saw her, the impossible had been done, the miracle was accomplished. Let the great novelist describe what he saw in the spring of 1842:

> "I sat down before a girl, blind, deaf, and dumb, destitute of smell and nearly so of taste; before a fair young creature with every human faculty and hope and power and goodness and affection enclosed within her delicate frame,—and but one outward sense,—the sense of touch. There she was before me, built up, as it were, in a marble cell, impervious to any ray of light or particle of sound; with her poor white hand peeping through a chink in the wall, beckoning to some good man for help, that an immortal soul might be awakened. Long before I looked upon her the help had come. Her face was radiant with intelligence and pleasure. From the mournful ruin of such bereavement there had slowly risen up this gentle, tender, guileless, grateful-hearted being. I have extracted a few fragments of her history from an account written by that one man who has made her what she is. It is a very beautiful and touching narrative. The name of her great benefactor and friend is Dr. Howe. There are not many persons, I hope and believe, who, after reading these passages, can ever hear that name with indifference. Well may that gentleman call that a delightful moment in which some distant promise of her present state first dawned upon the darkened mind of Laura Bridgman. Throughout his life, the recollection of that moment will be to him a source of pure, unfading happiness."

This miracle has now become so common that less attention is paid to the more remarkable case of Helen Keller, whom Dr. Howe's son-in-law, Michael Anagnos, taught after his father-in-law's death. But Laura attracted the notice of two continents, and her story was read in a dozen languages. Well did Dr. Howe say of her, in 1847, five years after Dickens had seen her:

> "Laura's progress has been a curious and an interesting spectacle. She has come into human society with a sort of triumphal march; her course has been a perpetual ovation. Thousands have been watching her with eager eyes and applauding each successful step; while she, all unconscious of their gaze, holding on to the

slender thread, and feeling her way along, has advanced with faith and courage towards those who awaited her with trembling hope. Nothing shows more than her case the importance which, despite their useless waste of human life and human capacity, men really attach to a human soul. Perhaps there are not more than three living women whose names are more widely known than hers; and there is not one who has excited so much sympathy and interest. Thousands of women are striving to attract the world's notice and gain its admiration,—some by the natural magic of beauty and grace, some by the high nobility of talent, some by the lower nobility of rank and title, some by the vulgar show of wealth. But none of them has done it so effectually as this poor, blind, deaf and dumb girl, by the silent show of her misfortunes and her successful efforts to surmount them."

But it is not of Laura that I am writing to-day; her name but serves me for an example. To most persons who think of the insane as raving, moping or murderous persons, and view them with alarm or repulsion, the family care of an insane woman, with the liberty of the house and garden, the fields and woods, will probably seem, and has seemed, in ages past, and even in our own day, something impossible. The custom has been to seclude them in close asylums, amid scores of their own kind,—formerly they were chained, also, cast into damp dungeons, ducked in cold ponds, flogged, and prayed over, to drive out the evil spirit with which they were thought to be possessed. To give such creatures the free range of a household, the control of a kitchen, the management of a poultry-yard, has seemed to most of the unthinking public a preposterous or perilous thing. Yet for centuries this has been done in the little city of Gheel in Belgium, and its rural suburbs; for half a century it has been a useful custom in Scotland; and now it has been adopted in France, in Germany, Russia, and Holland, in some parts of England, and in Massachusetts. To such an extent has this "family care of the insane" gone in Europe that, last September, its friends and experts held in Antwerp, within easy reach of Gheel, an international congress or convention, lasting a week, and giving birth to a volume of 900 pages, which has gone through the press in that picturesque Flemish city. Having been invited by the authorities of the congress to attend its sessions, and being unable so to do, I sent a report on the experiment of family care made in New England nearly twenty years ago, and so successful, though on a small scale, that it is now being extended, and is firmly planted in the philanthropic soil of Massachusetts. My report, not before printed in America, follows:

FAMILY CARE FOR THE INSANE IN MASSACHUSETTS.

WITH REMARKS ON THE CARE OF THE AMERICAN INSANE ELSEWHERE. WRITTEN FOR THE INTERNATIONAL CONGRESS AT ANTWERP, SEPTEMBER 1 TO 7, 1902.

By F. B. Sanborn,

Formerly Lunacy Inspector of Massachusetts.

The care of the insane in families is no new thing in the United States; indeed, it was the customary thing until the year 1820, although there were a few asylums for the violent and troublesome cases, in Pennsylvania, Virginia, and New England before that date; while many also were restrained in the very unsatisfactory prisons. But it would seem that two thirds of the insane, both acute and chronic, had their residence in the family where the malady first showed itself, or in some other household, better or worse adapted to their treatment. Those who resided, as many did from 1820 to 1900, in town and city almshouses, were often under strictly family care; the house being small, with few inmates of the public poor, and managed by a single couple (man and wife), who, by practice, became fairly well able to give the demented or even maniacal persons under their care as good treatment as at that period they would have received in the asylums for the insane, which were far from perfect. But there was much neglect, through ignorance, and some abuses, which, when investigated and made public by Miss Dorothea Dix and others, half a century ago, became a public scandal, and led to the establishment, in most of the states of the American union, of hospitals or asylums for the medical oversight and curative or restraining treatment of the majority of the insane.

In this succession of events, the real merits of

a well-regulated system of family care for the insane came to be greatly overlooked and disregarded; the classification of patients being very imperfect, and an opinion prevailing that every individual lunatic, whatever his form of malady, was equally a subject for restraint and medical treatment with the actively maniacal, or melancholic, or paralytic insane. This opinion caused the early accounts of family care at Gheel and in Scotland to be received in America with much distrust of its beneficial results; nor was it easy, from the casual inspection of the Gheel colony and the Cottage system of Scotland by medical men, strongly prejudiced in favor of their close asylums, to obtain an impartial account of what was going on in Europe in the direction of family care. Even so good an observer and so fair-minded a physician as the late Dr. Pliny Earle, who, first among Americans, visited and reported on the treatment of the insane in Europe, from the York Retreat and the Paris Bicêtre, to the Constantinople prison-asylum (which he inspected in December, 1838, in company with Dr. Millingen, the physician of Lord Byron in his last illness)—even Dr. Earle, I say, was long prepossessed against the principle and results of Gheel.*

But with the establishment in Massachusetts, in 1863-'65, of an improved method of public charity, there came to the front in that little republic a man of genius, Dr. Howe, who had long made the condition of the poor in many countries a special study. Joining with Byron, Hastings, Finlay, and the Continental Philhellenes from 1823 to 1830, in redeeming Greece from the barbarism of the Turk, he found himself in charge of bands and colonies of refugees there, at Egina and the Isthmus of Corinth, whom he taught to labor, and to become self-supporting. Then, taking up the cause of the blind, he created for their education a model school and work-room and music conservatory in Boston, over which he presided for more than forty years. In course of these labors he became familiar with the condition of the poor in all respects, and his compassion for the insane and idiotic members of poor families led him to consider the best means of providing for them, as well as for poor and vicious children, in whose nurture and reformation he took a philanthropic interest. By the year 1865, therefore, when he became chairman of the Massachusetts Board of State Charities, of which I was the secretary, Dr. Howe had come to have views concerning the treatment of the insane far in advance of those which his medical brethren held in America. Among other things he had made himself acquainted with the colony at Gheel, whose principle he defended against the prejudiced attacks of men who knew little of it but the name,—and with the Boarding-Out system of Scotland, which had already (in 1864) begun to feel the improving hand of Dr. Mitchell (now Sir Arthur) who was himself so warm an advocate of the Gheel principle. In 1867, while in Europe to relieve the necessities of the Cretan refugees at Athens, Dr. Howe visited Gheel, and made its story known to his colleagues of the board of charities, and to others. He also advocated in his official reports, for several years, the adoption of a Family Care system for some of the Massachusetts insane; although it was not till nine years after his death, in 1876, that the law allowing its introduction in Massachusetts was enacted. This was done at the recommendation of the same state commission, under another name, and I was made the deputy lunacy commissioner to put the law in operation. This was in the year 1885.

Between October, 1885, and August, 1888, when some ill-judging officials succeeded in suspending the Family Care system for six months or more, I had found places for 180 insane persons, of whom about 120 remained in families in August, 1888. During the next five years the system was allowed to languish, though patients continued to be sent out to board in families. It has been kept up, though with little zeal, until about two years ago, when the new State Board of Insanity, convinced of its usefulness, began to administer the law (which had never been repealed or modified) with some earnestness. The executive officer of this commission, Owen Copp, M. D., who heartily approves the principle of family care, and intends to have it practically extended, has furnished me with the following statistics of its operation in the seventeen years since the first patient was sent to a family, under the act of 1885:

STATISTICS OF FAMILY CARE IN MASSACHUSETTS, 1885-1902.

	Cases.	Persons.
Whole number sent to families from asylums, etc.,	597,	534
Whole number sent back to asylums, etc.,	312,	274
Present number in families (Aug. 1, 1902),	125,	125
Number discharged, died, etc., in 17 years,	472,	409
Of whom there died in families,	53,	53
Of whom there died in asylums, etc.,	30,	30
Of whom there became self-supporting, or supported by friends,	87,	86
Of whom went to almshouses, etc.,	12,	12
Of whom there eloped and were not found,	3,	3
Apparent number now in asylums, etc.,		191
Real number (estimated),		100
Remaining in the families where first placed (of 125),		116
Remaining in other families,		9
Average number in families since August, 1885 (estimated),		100

Upon these figures a few remarks may be made, and some of the deductions from them will be found important.

The number of deaths in families in 17 years having been but 53, or a little more than three a year, by average, the percentage of deaths to the average number has been less than .04,—showing that the mortality of the insane has been rather diminished than increased by the system. Even adding to the deaths in families the 30 who died in asylums within six months of their return, the percentage (less than five

*See Sanborn's "Memoirs of Pliny Earle, M. D." (Boston, Damrell & Upham, 1898), pp. 277, 317, 331, etc., Sanborn's "Life of S. G. Howe, M. D." (New York, 1891), also contains a full account of Dr. Howe's connection with family care.

deaths a year upon an average of 100 in families) is not quite .05.

Considering now the number who have become self-supporting, or have been cared for by friends in the 17 years (86), and remembering that these patients, in nine cases out of ten, were the public poor, and that most of them were chronic cases, ranging in their period of asylum life, before they were placed out, from one year to twelve and fifteen, and their average asylum life having been, at least, three years,—the result is surprising and satisfactory. An average of five persons a year,—rather more than the number of deaths—upon a total average of 100 persons, have been taken off the public list, and have ceased to be a public burden. Indeed, of the total number of different persons thus placed under family care (534), of whom 125 are still in families, leaving a total of 409 to be accounted for, 86 persons, or one in every four and and three fourths (more than one fifth) have ceased to be a public burden. This is far more than the usual proportion among the insane poor in asylums, and it shows one of the most beneficial results of this method of care in Massachusetts. Attention to a few of such cases which have come within my own knowledge, before and since I had official charge of the system, will show this in a more striking manner.

Three patients, women, were placed by me in a family in the town of Sandwich in Massachusetts, in October, 1886. Their average asylum life at that time must have exceeded five years, and no one of them was contributing by her labor, in the least, to the cost of her support in the asylum from which they were taken. They were old, hopeless cases, in the judgment of the asylum physician, and he was not sorry to have them removed. In the family where they were placed they came under the affectionate oversight of a mother and two daughters,—the whole family then,—and in a few months they became active in domestic industry, to which all had been bred. Two of them still remain where I placed them, and for fourteen years, now, they have recompensed by their willing labor the cost of their support, and have had a home they would not have exchanged for any hospital care. The third patient, who was not in firm health when placed there, yet supported herself in the family by her labor for eight or ten years; then was cared for in age and infirmity by the family, but finally, her disease growing unsuitable for family care, she was returned to an asylum hospital, where she died a few years ago. Her absence from the asylum had saved to the public treasury thrice the cost which her last illness made necessary. The care of these two who remain would have cost the public, had they not been placed out, and had they lived till now, at least $3,000; and their life has been made cheerful and wholesome, instead of the dismal years in the incurable ward which would otherwise have been theirs.

These women were of the servant class, and of Irish parentage or birth. An older patient, a woman of education and refinement, after an asylum life of nearly ten years, in which her fortune had been consumed, and her support thrown upon the public (perhaps repaid by relatives at a small board-rate), was one of the first to be placed in a family by me in 1885-'86. Her relatives were so anxious to have her properly restrained (having seen her, years before, in her disturbed state) that they desired me to promise I would return her to the hospital if she was not suitably restricted in the family. In a few weeks they found her so quiet and happy in her new home, away from the noise and distraction of the hospital ward, that they took her to their own comfortable city home, where she spent the rest of her long life, dying at the age of 79, after living happily and agreeably to her friends for fourteen years after leaving the hospital.

Such cases are, in some degree, exceptional, but there are far more of them than the ignorant or indifferent opponents of the Family Care system in America know or imagine. But the cases not exceptional, and which do not become self-supporting, do yet relieve the public of much cost, in the matter of asylum-building, particularly. At the rate of building-cost prevalent in Massachusetts since 1885, the 100 patients who have been constantly kept in families would have cost, in buildings and repairs, at least $50,000, the interest on which, at 5 per cent., would have maintained 15 persons in families all the intervening time. Scotland, which maintains about one fifth of all her insane in families (something more than 2,500 at present) is relieved of what would cost for buildings alone, in Massachusetts, at least $1,000,000. When to this it is added that the insane thus provided for without costly asylum buildings, are, as a rule, much happier and more useful than they can be in the best close asylums, it will be seen that family care is bound to prevail, up to the limit of safety, wherever people have the right use of their own reason, in disposing of those whose reason has left them.

In other states than Massachusetts little has been done in the way of family care for the insane, but the question is now much discussed, and the tendency, in the more enlightened states, is towards adopting it in some form or degree. Perhaps Wisconsin, which has a peculiar lunacy law, allowing many unrecovered insane to remain outside of all asylums, may be the first to follow the example of Massachusetts.

Some persons, writing in much ignorance of the actual facts of the family care experiment in Massachusetts, have spoken of its results as "unsatisfactory." On the contrary, it has been quite satisfactory, so far as it went, but has not been carried so far as it should have been, in the long period since I began it. The authorities that discontinued it in 1888, and then took it up again because popular feeling would not allow it to be abandoned, had no love for that or any other measure which improved the condition of the insane. They had little knowledge of what insanity is, and less regard for its poor victims; but they did not venture to do more than stay the progress of improvement in the treatment of the insane. The superintendents of the insane hospitals, most of whom favored the boarding-out experiment, would have under-

taken, in some instances, to board out their own patients, under the supervision of their own physicians and nurses,—a step which might have been taken, and is now advocated by most of the hospitals of Massachusetts, which are overcrowded, and would be slightly relieved in this way; as they also are by the establishment of "colonies" (branch establishments of no great size, not far from the main hospital edifice). The two systems,—of farm colonies for 50 or 100 patients, and of boarding one or two patients in each family of suitable character and situation, in different parts of Massachusetts,—might go on side by side, and probably will. Convenience and the condition of the patient in each case would determine whether he may be lodged in a farm-colony nearby the hospital, or sent to a greater distance under family care. The principle in each system is the same,—to remove from the close asylum and its rigid rules those patients who can be allowed greater freedom, and whose labor can be better employed than in the overcrowded monster hospital.

A reaction against these monster hospitals has shown itself where it was little expected, in the Lunacy Commission of New York, which, for ten years, had been increasing the size and diminishing the employment of the state hospitals and their patients. The new president of this commission, an enlightened physician of European birth and experience, in his annual report for 1901, just made public, favors small hospitals for the curable, and farm-colonies for the chronic. If this change shall be made in the great state of New York, with its 25,000 insane, it will not be long before the initial steps towards family care will there be taken. Indeed, the boarding-out system, as practised now in Massachusetts, Scotland, France, Germany, and Belgium, gives the best opportunity for what the English call "After-Care," so far as the poor are concerned.

I recall with great pleasure the two visits,—or rather three,—that I have made to Gheel, near Antwerp; in the winter of 1890, again in the summer of that year, and finally in the summer of 1893, before going down into Holland to visit the asylum at Meerenberg, near Haarlem. In both these years I also visited the Scotch cottages where the insane are boarded,—in 1890 at Kennoway and Starr in the county of Fife, and in 1893 at Balfron near Glasgow. In the two visits I saw nearly 100 of the patients under family care, and satisfied myself that, good as the Scotch system is, our Massachusetts arrangements for the comfort and discipline of the patients boarded out were quite as good. The Gheel system, though I agree with Sir Arthur Mitchell in praising it, is not so well adapted to America as the Scotch system, which I had followed in Massachusetts, upon the advice of Dr. Howe, and the reports of others, before I ever saw it in operation in Scotland. Both systems, and also the village asylum system, as I saw it in 1893 at Morningside near Edinburgh, at Alt Scherbitz in Saxony, and at Gabersee in Upper Bavaria, are great improvements on the monster-hospital system which prevails in England, France, and I regret to say in the United States. At Toledo, in Ohio, is a village hospital which the authorities of that state greatly praise, and which, I have no doubt, is well managed. But I have never seen a better asylum than that of Alt Scherbitz in Germany, and much prefer its methods to those at Toledo, so far as they differ from each other.

The three systems so well exemplified in Europe,—that of Gheel, of Scotland, and of Alt Scherbitz,—are not inconsistent with each other. They might be combined profitably; and to some extent they are so combined in Scotland, and soon will be, I trust, in the United States. I imagine that the international congress in Antwerp, which I regret I cannot attend, and for which I have written this hasty paper, will do something to promote such a combination. No exclusive system,—least of all that of the close asylums,—can do for the increasing numbers of the insane all that their unfortunate condition requires. In breaking up this exclusive system, the family care methods of Belgium, of France, and of Scotland are most useful; and I congratulate the congress in advance for the good I am sure it will accomplish.

F. B. Sanborn.

Concord, Mass., August 20, 1902.

The instance of the three patients cared for by Miss Alice Cooke of Sandwich (at the head of Cape Cod), deserves to be more fully treated than in the above concise account it could be. Miss Cooke was a trained nurse who had been employed for a time in the state almshouse (now called the "State Hospital") at Tewksbury; while there she had seen much of the chronic insane, and occasionally had the care of them in one large ward of the women's insane asylum. Her home family consisted of an elderly mother and a sister not in robust health; and it was Miss Cooke's wish to return and live with them in the old family house which her grandfather, a retired shipmaster, had bought in Sandwich, not far from Spring Hill, that ancient resort of the Wings, Hoxies, and other Quakers, who had founded there one of the oldest Quaker meetings in America. The view of this house, a century and a half old at least, here given, is the end

Locust Grove House, looking towards Spring Hill.

nearest the stable, looking towards Spring Hill.

With this domestic plan in mind, Miss Cooke applied to me in the summer of 1886 for permission to take to her mother's house three of the chronic insane women at Tewksbury,—Catharine Mullen, Mary Doherty, and Jane White; the two first-named being past middle life, and once trained as servants, while Jane was a younger woman of the peasant class in Ireland, accustomed to rough out-door work. Neither of them had done any useful work at Tewksbury for a long time; they were idle, and often disorderly, and far from promising in their outward aspect. Miss Cooke had found them manageable, however, and the superintendent, the humane and experienced Dr. C. Irving Fisher, now of the Presbyterian hospital, New York, vouched for them as suitable to live in a family, and for Miss Cooke as a proper care-taker. I therefore gave the desired permission, in October, 1886, and the three women went to Sandwich.

They were then untidy, often noisy, and almost wholly unaccustomed to work, though physically well, and able to do so, if any kindly and patient woman would undertake the task. Miss Cooke and her mother and sister were equal to it. Their house had few of the modern conveniences; the water must be drawn at the well, the fuel brought in from the woodshed, there was no furnace or bath-room or set laundry, and the kitchen was not very spacious. All this, however, may have been a help in teaching these poor women how to take up again the long disused employments of household in-

Alice R. Cooke

dustry; for the simpler and more numerous the "chores," the easier the lesson for the learners, though hard enough for the teachers. A great help was found in the taste and skill in music which Miss Cooke had among her other qualities; her piano and her banjo were of much use as well as entertainment in taming these wild souls from that land of melancholy and jovial melody, Green Erin. At my first visit,—for I made it a point to see every patient in the homes selected for them,—I perceived that a change had come over the "three Graces," as I jocosely termed them. They had become quieter, were turning with interest to industry, and already the kitchen seemed like home to them. Katy developed a turn for taking care of the poultry and waiting on the table; and Jane was not only a drawer of water and fetcher of wood, but a rude sort of gardener. Years afterwards, in looking back on their training, I thought these verses fairly descriptive of the slow but successful process:

Her gift once found, she made it much her care
To soothe and tame the wildest creatures there;
Pleased they beheld, even with those frenzied eyes,
Her tender ways,—their solace and surprise;

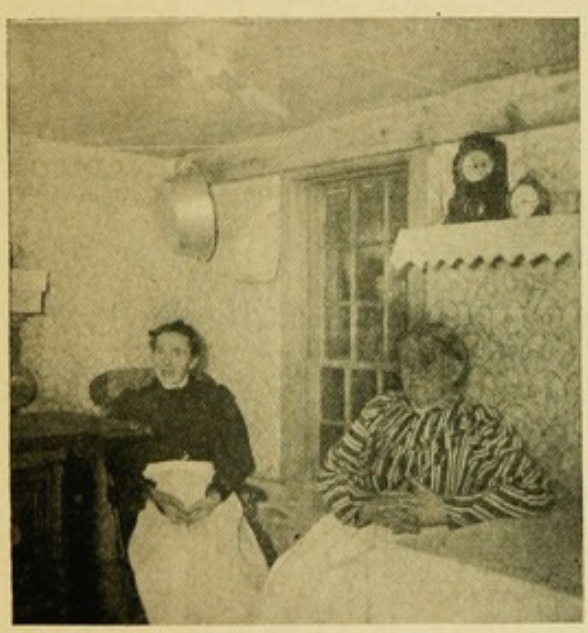
Her courage calm when anger, true or feigned,
Threatened the blow that her strong hand restrained;
Her diligent labor at each menial toil,
And her bright lamp that never lacked for oil.
The fixed and haggard look grew soft and mild
In those sad faces, and once more they smiled;
Slowly their fashions strange they put aside,
Checked the loose tongue, the unwonted labor tried;
With awkward zeal, and such as love alone
Could show or bear, they made her tasks their own.
Each knew her place, each found her happiest hour
In that brown cottage with its orchard bower;
They plied their toil, they roamed through field and wood,
Plucked the wild berries, fed the cackling brood,
Tilled the small garden, spread the ample meal,
Sang their old songs and danced to music's peal.

Although taken a few years later, this portrait of Miss Cooke shows her as she was, but a little more serious under her responsibilities, when she assumed the care of her three patients. Gradually, so well had she succeeded that two others were placed with her, —the price agreed for their board being $3.50 a week, with a small sum additional for clothing. So industrious did they become, and so frugal was the family, that, although the patients fared better, in food, warmth, and household comfort, than they had in the costly hospitals, this small payment gave an income with which many improvements were made in the ancient house. It was not until more lucrative private patients were received, however, in the years after 1889, that Miss Cooke enlarged her stable and set up her carriage for the comfort of the inmates to whom a daily drive was important. The one horse, used at first, in time became a span.

I have often participated in drives about that picturesque seashore region, where of late the admirable artist, Dodge McKnight, has been sketching in glowing color the singular beauties of hill and dale, lake and stream and ocean, which make Sandwich one of the most enviable resorts of the painter and the sportsman. Mr. McKnight's home and studio are but a gunshot beyond Locust Grove, towards East Sandwich and Barnstable.

The two inmates represented in the kitchen view, are those who survive, after sixteen happy years in this retreat, where Jane and Katy have had more real comfort, and been of more true usefulness, probably, than in any equally long period of their lives. Katy is approaching seventy, if not already at that age, while Jane has passed fifty. Mary Doherty, never in so firm health as the others, and of a more difficult and suspicious temper, yet spent more than ten years at Locust Grove, and lived in general harmony with the other two. The additional two patients, Martha and Henrietta, both of German parentage, who lived with Miss Cooke for a year or two, could not be kept at her expense, for many months after the state offi-

cials, acting under petty jealousies, and irritated at Miss Cooke's refusal to allow her patients to be sent illegally back to an almshouse, withheld the stipulated price of board. My friends, and those of Dr. Howe,—he had been dead more than ten years,—paid this board for a time; and after Miss Cooke began to receive private paying patients,—as she did in 1889-'90,—the domestic labors of the "three Graces" made them self-supporting, as they have been most of the time for a dozen



Jane and Katy in their Kitchen.

years. Their labor was not excessive, and they had many hours when, as in this picture, they sat in their clean and cosy kitchen, resting from cheerful toil, or rambled about the country, gathering flowers, berries, or bright leaves. This was Jane's special delight, and she often kept the rooms adorned with such tokens of her care.

When the state officials (foiled in their plan to have the Sandwich overseers of the poor send Miss Cooke's five inmates to the Tewksbury almshouse, to be shut up in idleness among the paupers) were meditating other plans to punish Miss Cooke for her defense of the rights of her poor patients, the probate judge of her county, Barnstable (Judge Harriman, who has lately retired), placed them under her legal authority as guardian, and so they remained, unmolested, until she herself had them duly committed to a hospital or asylum, under the law. The opposition to her spirited course continued, however, on the part of some who should have been more generous, and for several years prevented her from getting a license from the governor to receive private patients. Finally a member of the governor's council, very favorable to the family care of the insane, interposed, and the opposition was withdrawn, so that for nearly ten years past, the Locust Grove Home has been one of the recognized private asylums of Massachusetts. Her references, as may be seen by the annexed list, which could easily be much increased, are of the best, and the care which she has given to difficult cases has sometimes resulted in recovery, where physicians have failed.*

References: Frederick Peterson, M. D., New York city, president of the state lunacy commission of New York; C. Irving Fisher, M. D., superintendent Presbyterian hospital, New York city; G. E. White, M. D., Sandwich, Mass.; R. H. Faunce, M. D., Sandwich, Mass.; M. F. Delano, M. D., Sandwich, Mass.; Hon. Alvan Barrus, trustee Northampton insane asylum; Hon. Howes Norris, Boston, Mass.; Jas. H. Nickerson, West Newton, Mass., president First National bank.

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* NOTE. A delay in printing this article has allowed the Antwerp volume to appear. It may be ordered of Dr. Fritz Sano, Antwerp, at a cost of 25 francs.