

# **Report of the Commissioners of Lunacy, to the Commonwealth of Massachusetts : January, 1875.**

## **Contributors**

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Allen, Nathan, 1813-1889.  
Phillips, Wendell, 1811-1884.  
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# REPORT

OF THE

## COMMISSIONERS OF LUNACY,

TO THE

### COMMONWEALTH OF MASSACHUSETTS.

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JANUARY, 1875.

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BOSTON:

WRIGHT & POTTER, STATE PRINTERS,  
79 MILK STREET (CORNER OF FEDERAL).

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1875

1875

Director of the Institution

Yours very truly

WILLIAM ALLEN



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1875

## Commonwealth of Massachusetts.

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LOWELL, January 12, 1875.

HON. J. E. SANFORD, *Speaker of the House of Representatives.*

DEAR SIR:—I transmit to you and the legislature, as one of the Commissioners, a Report on Lunacy. Wendell Phillips, Esq., the other Commissioner, will, this day, also make his part of the Report. The Act creating this Commission instructs us to report "*in print early in the session,*" but the legislature, last year, voted that all such reports must be presented the first week in the session. I comply with this rule.

Yours most respectfully,

NATHAN ALLEN.



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# REPORT.

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*To the Honorable Senate and House of Representatives, in General Court convened:*

This Report is respectfully submitted in accordance with the following sections, contained in an Act passed June 23, 1874:

“SECT. 3. The governor and council are hereby authorized to appoint two commissioners of lunacy, whose duty it shall be, *first*, to examine carefully the laws touching lunacy; and, *second*, to critically examine into the condition of the several lunatic asylums; the treatment, freedom allowed, diet, and all matters pertaining to the care and comfort of their inmates.

SECT. 4. The superintendents of the several asylums are hereby directed to permit all such visits to their hospitals, and all such correspondence and conversation with their patients, as the commissioners may deem necessary in their investigation of lunacy and its treatment.

SECT. 5. The commissioners of lunacy, having completed their investigations, shall report in print, early in the session, to the next legislature, the results of said investigation; what alterations of, or additions to, the laws are necessary to guard the rights of the insane; what improvements may be made in the rules of asylums touching attendance, general treatment of patients, and freedom of correspondence; and add all such suggestions as their investigation may prove to be necessary to forward the designs of this commission; namely, to guard and aid by wise and humane legislation those made helpless by their unfortunate mental condition. When this report is made this commission shall end.”

In attempting to discharge the duties imposed by this commission of lunacy, the first inquiry that naturally presents itself for consideration is, what is the number of insane per-



sons in the State. In answering this question with any degree of accuracy, many difficulties stand in the way, and all that we can possibly do at the present time is to approximate the truth. But by a careful examination and comparison of the various statements and reports on the subject, it is believed we can arrive at a very satisfactory conclusion as to the

*Number of Insane in Massachusetts.*

The United States census of 1870 reports the whole number 2,662. If we add to this number the increase for four years since that time, estimating it in proportion to the increase of population preceding 1870, we shall then have 3,077 insane upon the census basis. But there are strong evidences to show that even the census returns do not give the whole number. There is such a feeling existing in the community in regard to insanity, either as to its nature or character, that there is an unwillingness on the part of the friends or families of the insane to make known the fact, or report the case, lest unpleasant consequences or reflections should in some way arise from the disclosure. Besides, if that inquiry were made at the door by a stranger, or a public officer who had no personal claim upon their confidence, and who, it was suspected, sought this knowledge to be used in some public report, many persons would at once be disinclined or object to giving such information. Though the census agents themselves may obtain a full return or an exact account of other facts and statistics ordered, they might fail essentially in the matter of the insane, and that too, without any fault on their part. If the insane were all gathered into public hospitals, private asylums or almshouses, their exact numbers could be more easily obtained.

The United States census for 1850 reported the number of the insane in Massachusetts at 1,680. In 1854 the legislature appointed a commission of lunacy, making it, among other things, its duty to ascertain the number of the insane in the State. In pursuing this inquiry the greatest pains possible were taken. Letters were sent to every physician in the State, soliciting the name, residence and other particulars, respecting every insane person known to him. After the



most careful scrutiny of these returns, and testing their correctness in a variety of ways, this commission returned the whole number at 2,632, which, it will be seen, was 952 more than the census of 1850. But, for the increase of population from 1850 to 1854, there should be added a proportionate number of insane—about 180—to the census of 1850, making it in 1854, upon the census basis, 1,860. But, over and above these figures, the commission makes the whole number 772 larger.

There is still another point of view. The State census for 1855, one year later, reports the insane at 1,919, while this commission, in 1854, one year earlier, found 713 more insane persons than the State census. Thus, the result of the State census corresponds very much to that of the United States, and both hold similar relations to the report of this commission. It was the opinion of Dr. Jarvis (who was the active agent in the commission of 1854) that this excess of numbers, over the census, consisted mainly of private cases of insanity, scattered here and there, but which did not come to the knowledge of the census-takers. And though the public were much surprised at the large number of the insane reported in 1854 by this commission, there was only one opinion as to its correctness; in fact, it was thought by some that there were still omissions.\*

Let us now take another view. If we add the increase of the insane from 1870 to 1874, proportioned to the increase of population for the same period, we have, on a census basis, at the present time, 3,077 insane. But the census report, as we have seen, does not include all; and there is no evidence to show that the census of 1870 or 1865 contains any fuller or more complete return than that of 1850 or 1855. If we now apply the rule established in 1854, between the number of the insane as found by the census upon a given population, and the number of the insane reported by that commission to the population of 1874, and its insane, according to the cen-

\* A reference to the census taken in the State of Illinois, in 1870, confirms the above statement. The U. S. Census of 1870 reported the whole number of insane in that State, 1,625; but the secretary of the Board of State Charities made soon after a thorough canvass throughout the State, and found 3,005 insane persons,—almost twice as many as had been reported by the census.



sus, it will add over 1,300 cases to the reported number of our insane. Or, in other words, if the same thorough measures could be employed for ascertaining the number of the insane in the State at the present time as were used in 1854, twenty years ago, we are fully persuaded that the whole number would exceed *four thousand*.

It might be thought that this question of numbers could be more definitely settled by referring at once to the reports of our public institutions, together with the pauper returns from all the cities and towns in the Commonwealth. One would suppose that the annual admissions into our lunatic hospitals would aid us essentially in settling this question; but here there is great danger of making mistakes. Many of these admissions are for a second or third time, after a longer or shorter absence; while others are mere transfers of insane patients from one institution to another. It is very difficult to ascertain the precise number of these changes, or of what, in counting, would be considered duplicates. In a table found near the close of the Report of the Board of State Charities for 1874, and compiled by one thoroughly conversant with the matter, after making allowances for these duplications, the whole number of the insane, as based upon these reports and the returns of the overseers of the poor, is estimated at 3,624, October 1, 1874. If there were several hundred (and probably there are nearer a thousand) insane persons, not paupers, scattered in families and supported at private expense, in the various cities and towns of the Commonwealth, and this number should be added to the 3,624, it will be seen that this estimate harmonizes with the result obtained by a different method. While, therefore, we cannot report what is the exact number of insane persons at the present time in the State, it is safe to say that it exceeds four thousand. What is very desirable, and would settle conclusively this question of enumeration, would be to have a register of the names of all the insane in the State made out, and then the new cases from year to year added to it. This register, when once completed, could easily be continued, and would furnish a most valuable record on many accounts. As many will be surprised at the large number of insane persons, the question naturally arises as to the increase of insanity,



and whether it has been disproportionate to that of the whole population. If it is increasing in a greater ratio than the population, it is very important that this fact should be known and its causes investigated.

*Increase of Insanity.*

That there would be an increase of insanity, corresponding to that of population, has been generally admitted; but that it is actually increasing in a ratio greater than that, has been considered very doubtful. On this point, however, there has been a difference of opinion among those who might be considered very good judges. Last year a distinguished lecturer, in Boston, declared in a public address, "that insanity is on the increase among us"; to which a well known writer upon this subject replied, saying, "this is mere assumption." Says one of our leading superintendents, in his report for 1873, "If mental disorders are not increasing in a ratio greater than the increase of population, a proposition that has not been proved, and the truth of which is exceedingly doubtful," etc. The superintendent of another hospital, in his report for the same year, after stating that the average admissions for the last four years into his institution had been over 400 each year, against 243 average admissions annually for the four previous years, remarks: "As something of the same advance, for years, has been observed in the other two State hospitals, we can hardly avoid the conclusion that there is a decided increase of insanity in our midst, an increase out of proportion to the natural growth of population."

A careful inspection of the constantly increasing number of admissions, for years, into our lunatic hospitals, would surely convey the impression that there was a decided increase of insanity in our State; but then, so many of these admissions are for a second or third time, while others are mere transfers, such an inspection would not afford very positive evidence in the matter. The fact that, for years, all our provisions for the insane, notwithstanding great enlargements from time to time, have been and are still very crowded, would seem to indicate, that there must be a decided increase of insanity. A brief sketch of these changes or increased accommodations may aid us in obtaining a better knowledge of this increase.



In 1818, the McLean Asylum was established, and, in 1832, contained 64 inmates, at which time the State hospital at Worcester was built for 120 patients. This was as large a number as it was then supposed would need such accommodation. In 1836-7, two wings were added to accommodate one hundred more; and in 1842, two more wings were added to provide for another hundred. In 1851, the Worcester hospital had 450 patients; the McLean, 200; the Boston city lunatic hospital, 204; the receptacles at Ipswich and Cambridge had 115 insane; besides these, many were confined in jails and almshouses. On account of the crowded state of these institutions, the legislature, in May 1851, passed an act to establish another hospital, which was opened at Taunton in 1854, with over 300 admissions the first year. Such was the pressure on the institutions that, in 1855, provision was made for another lunatic hospital. This was opened at Northampton in 1858; and these two hospitals, built near the same time, with provision for 600 new patients, seemed to meet the demand for nearly ten years. In 1866 (and for several years), the three State hospitals were so crowded that an asylum, connected with the State almshouse at Tewksbury, was opened for the chronic insane. This, ultimately, made provision for 300. For some years the Taunton hospital has been so crowded, that two large wings have just been added, making provision in all for 500 or 600 patients. Worcester, on account of its crowded state, and the pressure of the city upon its premises, is erecting a new hospital to accommodate 500 or 600. Besides these changes, the State is erecting at Danvers a large new hospital, making provision for 500 or more patients. And when all these accommodations are complete, providing for some 800 or 1,000 new patients, they will at once be all occupied, and more room will soon be demanded. From the extended provision made from time to time for the insane, it would certainly seem as though there had been a very decided increase in numbers, above the ratio that might have been expected.

It is not the exact increase in numbers which we here aim to discover, but the *relative increase of insanity compared with that of population*. A definite inquiry made at the proper sources in all the cities and towns in the Commonwealth, as



was done by the lunacy commission of 1854, might give us a very correct knowledge of the present number and distribution of the insane, though it would throw but little light on its increase or its causes as connected with the changes of population. The census affords the only feasible medium of inquiry in this direction. The censuses are taken at different periods, under similar directions, conditions and methods, and must yield results each time of comparatively equal value, the defects of each period being much the same in amount and kind. The value of their results consists not so much in absolute statements, as in enabling us to make comparisons as to the relation which the insane sustain at different periods to the changes in population.

We cite the United States and State census taken at five different periods, viz., 1850, 1855, 1860, 1865 and 1870. Included in this period there are two important phases—the late war, and foreign immigration—which call for special notice, not merely in their effect upon population, but in their relations to the insane. For the sake of convenience, we present these tables together; and though taken by different agents, there are no marked discrepancies, but their results as a whole help to explain and confirm each other.



*Reported Numbers of Insane in Massachusetts, Native and Foreign Born, Rate of Increase, etc.*

	Population of Massachusetts.			Percentage of the Increase in Population.			Number of Insane.			Being 1 to every —			Percentage of Increase of the Insane.		
	Total.	Native.	Foreign.	Total.	Native.	Foreign.	Total.	Native.	Foreign.	Total.	Native.	Foreign.	Total.	Native.	Foreign.
United States Census of 1850, . . .	994,514	833,605	160,909	-	-	-	1,680	1,359	321	591.9	611.1	510.9	-	-	-
10 years' increase, . . .	236,552	137,347	99,205	23.78	16.47	61.65	566	133	433	-	-	-	33.69	9.78	134.57
United States Census of 1860, . . .	1,231,066	970,952	260,114	-	-	-	2,246	1,492	754	548.1	664.1	344.9	-	-	-
10 years' increase, . . .	226,285	133,080	93,205	18.37	13.70	35.82	416	315	101	-	-	-	18.52	21.11	13.39
United States Census of 1870, . . .	1,457,351	1,104,032	353,319	-	-	-	2,662	1,807	855	547.4	610.9	412.	-	-	-
20 years' increase, . . .	462,837	270,427	192,410	46.53	32.43	119.57	982	448	534	-	-	-	58.45	32.96	166.35
Massachusetts Census of 1855, . . .	1,132,369	887,106	245,263	-	-	-	1,919	1,411	508	590.	628.3	483.8	-	-	-
10 years' increase, . . .	134,662	114,439	20,223	11.98	12.90	8.24	472	345	127	-	-	-	24.59	24.45	25.03
Massachusetts Census of 1865, . . .	1,267,031	1,001,545	265,486	-	-	-	2,391	1,756	635	529.9	570.3	418.	-	-	-
9 years' increase,* . . .	363,567	287,443	76,124	29.01	-	-	-	-	-	-	-	-	-	-	-
Massachusetts Census comput'd, '74,*	1,630,598	1,288,988	341,610	-	-	-	3,077	2,260	817	-	-	-	-	-	-

\* The basis of computation used is that of the Registration Report, assumed from the rate in 1868 and 1869; viz., 2,848 per cent. per annum.



By the United States census it seems that, from 1850 to 1860, the increase of population was 236,552, or 23.7 per cent. ; and that, from 1860 to 1870, the increase was 226,285, or 18.3 per cent., and for the whole period, 1850 to 1870, the increase was 462,837, or 46.5 per cent.

The same table shows that the increase in the number of the insane, from 1850 to 1860, was 566, or 33.6 per cent. ; from 1860 to 1870, it was 416, or 18.5 per cent. ; and for the whole period, 1850 to 1870, the number was 982, or 58.4 per cent. Here we have 46.5 per cent. increase of population against 58.4 per cent. increase of the insane,—that is, a small fraction short of *twelve per cent. increase of insanity over that of population for twenty years*, from 1850 to 1870. The State census shows that, from 1855 to 1865, the increase of population was 134,662, or 11.9 per cent., and that, for the same period, the numbers of the insane increased by 472, or 24.5 per cent. Here the increase of insanity was more than double that of population, which may be explained from the fact that nearly half this period was war-time, when there was very small increase of population, either by births or immigration.

A careful analysis of this table shows other facts. Whilst there was no increase of insanity in the proportional number of insane among the native born beyond the general growth of population, the per cent. in 1850 standing one insane to 611.1, and in 1870, one in 610.9, that of the foreign was, in 1850, one in 510.9, and in 1870, one in 412, which shows a large increase in the foreign class. During the war, immigration was very small, but insanity increased, mostly among the native born. The table shows that the increase of insanity was greatest at those periods when the foreign population increased most, which, of course, was much affected by immigration. What were the precise effects of the war upon the increase of insanity, or to what extent immigration affects this increase disproportionate to its addition of numbers, are questions not easily answered. One fact is very evident, viz., that there has been a great increase of insanity in that portion of our population made up of the foreign element.

A thorough canvass might show that a part of this increase is made up by emigrants coming into the State really insane,



either in a chronic state, or in the incipient stages of the disease, when it could not well be detected.

In attempting to draw lines between the two classes represented by the census, "native" and "foreign," exactness is out of the question, for the reason that a small portion (but one growing larger every year) of the "native" is virtually foreign, though born in this country. Still, in the matter of insanity, the result would vary little, as persons do not often become insane during adolescence. In the table giving the estimated population for 1874, and the number of the insane, the *foreign* is put down at 817, designating so many as born in a foreign land. As a matter of fact, our institutions show a much larger number of this class,—perhaps one-fourth or one-third more.

This increase may arise from two sources. *First.* Looking at the foreign element, more especially the Irish, it may arise from the change in organization and character consequent upon migrating from the equable climate, out-door exercise, pure air and simple habits of life enjoyed in their native land. Here the not unfrequent disappointments, the different style of living, the increased habits of intemperance, working more in-doors, living in tenements badly ventilated, etc., etc., all these causes are peculiarly calculated to impair health, disturb the nervous system, and in many cases produce decided insanity. Moreover, this element in our population is largely increasing. *Second.* A change from a vigorous, well-balanced organization to an undue predominance of the nervous temperament is gradually taking place in our New England people. The brain is being developed altogether too much at the expense of the body. The educational pressure on the young to the neglect of physical exercise, the increasing artificial and unnatural habits of living, the great excitement and competition in business,—these and other causes are multiplying nervous diseases, especially of the brain, and disturbances of the mind, many of which must result in mental derangement. Then it must be borne in mind, that the evils resulting from the above-mentioned causes may be propagated by the laws of inheritance, in an aggravated and intensified form.

The fact, that for twenty years there has been a decided



increase of insanity in our State, disproportionate to the increase of population, is clearly demonstrated, we believe, by the tables and comparisons here presented; but neither time nor space will allow, at the present time, an inquiry in what particular classes this increased insanity has appeared, or what were the precise causes that produced it. Judging by the history of facts and the various influences now in operation, we have reason to apprehend a still greater increase of insanity, unless active measures are taken to arrest its progress by enlightening the public as to its causes.

*Distribution of the Insane.*

In order to understand properly the treatment of the insane, we must first know where and how they are located. A few general statements will suffice for this purpose. As changes with the insane are constantly taking place, it becomes necessary to fix upon some set time for this survey, so as not to enumerate any of them twice. And the latest point of time should be taken, when the fullest and most reliable returns can be obtained. As the state lunatic hospitals closed their last reports with September 30, 1874, that would seem to be the most convenient time to refer to in this review.

The numbers in institutions at that date were as follows: Worcester, 485; Taunton, 508; Northampton, 475; Somerville, 150; South Boston, 206; Tewksbury, 319; Ipswich, 61; workhouse, Bridgewater, 15. Smaller private establishments: Dr. Bemis' at Worcester, 16; Dr. Howe's at Pepperell, 10; Dr. Mead's at Boston Highlands, 9; Dr. Thompson's at Northampton, 2. We have 2,256 in establishments conducted expressly for this class, being but a little more than one-half of the whole number in the State. The overseers of the poor report, scattered in the city and town almshouses throughout the Commonwealth, 438 as wholly supported at public expense, and 133 receiving partial support outside of the almshouses. Those insane paupers, scattered in the various cities and towns in the State, who come to want and require assistance, are pretty sure to be reported to the public by the overseers of the poor; but there are large numbers living in private families unreported by any one, about whose situation and circumstances we can give no



definite information. Some of them may be acute cases,—in the first stages of disease,—the time for curing them passing by, without their being sent to a hospital; some, for aught we know, may be cases of great suffering, physical and mental, for the want of proper care, while others may be shut up and confined in rooms bolted and barred, or in unwholesome apartments unfit for human inhabitancy.

In this summary sketch of the distribution of the insane, there are several points deserving special notice. One is the crowded state of the hospitals. It may be safely stated, that each State institution has one-third more inmates than it was ever intended to accommodate, or can, comfortably or decently, provide with rooms and beds. This crowded state of the hospitals interferes seriously with the cure and proper treatment of the insane, particularly with acute cases. When it is considered that the recovery of some patients may, by this pressure and confusion, be prevented, and the maladies, physical and mental, of others, be greatly aggravated, language cannot describe the amount or extent of the injury thus inflicted. Some may say, that this crowded state could not well have been prevented; yet it did not come suddenly; the pressure has been gradually cumulating for years. If the State had been governed by a wise policy, or had taken proper advice, accommodations might have been more seasonably provided. One of the consequences of this crowded state of the hospitals is, that it interferes with a proper classification of their inmates, and causes much confusion. Another evil consequence is, that it vitiates badly the air, especially by night, when large numbers are compelled to sleep in the halls, and almost in every corner in which a bed can be placed. Another reason which has rendered this state of the hospitals unfavorable is, that two or three of the superintendents have been, and are likely to continue for some time, absorbed in building operations, thus consuming much time and attention which should be given to their patients. While, from their personal knowledge of the many defects and possible improvements in the construction of hospitals, they can superintend these building operations better than any other persons, it would be wise policy to substitute in their place other medical force. In fact there should be added to the



medical force in all our state lunatic hospitals at least one more physician.

Another thought connected with this review is, that almost one-half of all the insane in the State remain still outside of the hospitals. It is true, some of them may be well provided for; but as far as cure and treatment are concerned, they surely cannot, in the acute stages of the disease, have as good advantages. Besides, what aggravates the matter is, that we know so little about them as a whole. There are undoubtedly some acute cases of insanity in private houses and in almshouses that should at once be transferred to the hospital. The commission of 1854 found over three hundred such cases, and there is good reason to believe such still exist. This ignorance and these wrongs will continue until some steps are taken by legislation to cause this whole field to be more carefully surveyed, and proper measures taken to correct existing evils.

In noticing the distribution of the insane throughout the State, it should be observed that we have some seventy-five persons from other States boarding at our institutions, about twenty-five in the state hospitals, about half that number in the small private establishments, but a large proportion of them (36) find a pleasant home in the McLean Asylum. On the other hand, our State has, as near as we can ascertain, just about the same number of insane persons boarding in institutions in other States,—mostly at Concord, N. H., Brattleborough, Vt., Hartford, Conn., and Providence, R. I. Formerly, our state hospitals received a much larger number of private boarders from abroad; but as they have of late years become more and more crowded with our own insane, applications from other States have been wholly refused. As an offset, more Massachusetts insane formerly boarded in institutions in other States than at present.

#### *Support of the Insane.*

A knowledge of the way and means of supporting the insane is an important consideration. As a matter of convenience, in this respect, they may be divided into three classes, viz., the state, the town and private patients. The first class, the state patients, embraces those who have no



legal settlement, and is mostly foreign. October 1st, 1874, this class numbered 820, and were found in the hospitals as follows: At Worcester, 82; at Taunton, 128; at Northampton, 291; and in the asylum at Tewksbury, 319. The expense of the 501 in the hospitals (fixed by the legislature) is \$3.50 per week, and of the 319 at Tewksbury is \$2, being the average cost per week of each inmate. The whole expenditure by the State amounts to about \$125,000 annually. But the \$3.50 per week does not cover the whole expense in the hospitals, which varies from year to year. In 1874 it was at Worcester \$4.10, at Taunton \$3.87, and Northampton \$3.60. It will be seen that the actual cost in each of the hospitals exceeds what the State pays directly, and the year 1874 may be considered a fair criterion for other years. Inasmuch as the State builds the hospitals and makes appropriations, from time to time, for important repairs and improvements, it is maintained that it should be favored in the charge for its patients. Perhaps there may be a policy, too, in fixing the rate, as this is done beforehand, below the ordinary cost, in order to keep the running expenses of the institutions as low as possible. It presents a powerful motive to the superintendents and trustees of the hospitals, not only to keep their expenses close to their income, but by comparing the expenses of one institution with those of another to reduce the whole expenditure. In this reduction of board, the State receives back but a small dividend from the heavy outlay in the erection of those hospitals, and the public at large, by having these liberal provisions made by the State for all town and private patients, obtain far greater advantages and at less expense than it could obtain by way of private establishments.

The largest class of the insane, however, are those who by birth, residence, taxes, etc., have obtained a settlement in some particular city or town, so that, in case of dependence, it legally devolves upon such city or town to support them. We find a part of this class in the state lunatic hospitals, and the other part in the town almshouses. October 1st, 1874, there were at the hospitals of this class, at Worcester, 244; at Taunton, 308; and at Northampton, 110; making in all, 662. By usage and general agreement, the price of board in the hospitals for each one of this class is placed at the same rate



as the State cases, viz., \$3.50 per week. In one year the whole expenditure amounts to over \$120,000, which is liberal on the part of the cities and towns for their insane poor. But this is not all; they support nearly as many more scattered in the almshouses throughout the Commonwealth. The expense here varies, depending partly on locality, but more upon the prudent and economical management of the poor in the respective towns. The weekly expense ranges from \$2 to \$3.50, and the average expense throughout the State is \$2.75. Thus the whole expenditure on the part of cities and towns, in hospitals and almshouses for one year for their insane poor, amounts to \$175,000. This covers the item of board alone. If the expenditure in buildings, repairs, clothing and other incidentals were included, it would very much swell the amount. The insane hospital at South Boston is strictly a city institution, and its inmates, with few exceptions, paupers, supported by the city; and at an expense of about \$5.50 per week, with an average of 200, it makes the whole expense annually from \$55,000 to \$60,000.

The two classes of insane described as supported by State and town are paupers, entirely dependent, so that the expenses for them can be very correctly ascertained. But when we come to the third class,—that of private patients, supported by their own means, or by friends,—it is very difficult to ascertain the expenses, or make even an estimate. Part of them are supported in hospitals, and part in families, at their homes. The number kept in institutions can be found out correctly; but it is impossible to learn just how many are supported at their homes.

#### *Private Patients*

are found in the state hospitals as follows: At Worcester, 159; Taunton, 72; Northampton, 77; making 308. There are in these same hospitals 1,224, supported by the state and towns, so that private patients constitute about one-fifth of the whole. The general price of board, fixed for private patients, is \$5 per week; but in case of extra accommodations it is more, ranging from \$7 to \$10 per week. But the great majority of private patients pay from \$5 to \$7 per week. There are a few in the hospitals, where the cities and



towns pay the \$3.50 per week, and the friends refund it, saving themselves trouble and part of the expense. The whole expenditure for private patients, in the state hospitals, must amount annually to about \$100,000. But the largest outlay in this direction is at the McLean Asylum, made up wholly of private patients, so considered. A few are aided by the funds of the institution. The lowest price of board is fixed at \$15 per week, and some pay as high as \$50, and a very few as high as \$100 per week, having extra attendance and superior accommodations. The whole expenditure amounts annually to over one hundred and fifty thousand dollars. It should be said that some portion of this comes from patients belonging to other states, who seek the advantages of this hospital, it being considered superior to any in their own vicinity. It is quite probable, at the same time, that full as much money is paid on account of our own insane, to institutions outside of the State.

There is a great difference between \$100 per week and \$2, showing the extremes in the situation and expense of supporting the insane. There is no contrast in society so striking as the differences between the poor and the rich insane. But perhaps no transfer or change would make this class of the poor much happier, or insure any better prospect of recovery. The whole expenditure in the State for paupers and private patients confined in institutions alone must amount annually to considerably over half a million of dollars. If we add to this the expense of the insane in town almshouses and families, together with the interest on the large investment in hospitals, it will amount to nearly a quarter of a million of dollars more. Under this head of "support," the peculiar position of the hospital at South Boston, and the receptacle at Ipswich, should be explained. By a law passed by the legislature in 1836, counties were instructed to provide places for their insane connected with county buildings. Those two institutions were established under that law, are managed by the officers of the county, and supported from the treasury of the same. Their inmates are virtually paupers, and belong almost wholly to the incurable class.



*Acute and Chronic Insane.*

The terms acute and chronic, when applied to a single disease, are easily understood; but the more complicated and obscure diseases are, the more difficult does it become to draw the lines that distinguish their different stages. It is so particularly with reference to insanity. Its causes are frequently latent and complex, and it is difficult to determine how or when the disease originated. When the question arises at what point of time any disease passes from an acute into a chronic state, not only the nature of the disease and the period of its natural course are elements in deciding the problem, but the suddenness and violence of the attack enter also into the account. And though it may not be easy to understand all the changes or stages through which insanity as a disease passes, it is important to have a correct knowledge of some of its leading facts or features.

The general fact that the cure of this disease by proper treatment is comparatively easy and assured in the first attack or acute stage, but that when it settles into a chronic state it is very difficult,—almost hopeless,—is an important consideration. Thus, the longer the disease continues, the less and less the chances of recovery. If the proper treatment can be applied in its first attack or stage, it is estimated by some that, taking all cases as they arise, from seventy to eighty per cent. can be cured, and others estimate the rate still higher; but if not treated at all, or attempted unsuccessfully, till the disease passes into a chronic state, it is found, as a general rule, that not more than ten per cent. ever recover. This shows the great importance of prompt and early treatment. Whenever an individual exhibits marked evidences of derangement of mind, not a day, certainly not a week, should be allowed to pass without carrying him to a hospital. Unfortunately, in such cases friends dally and delay, hoping he will yet be better; that it will not be necessary to remove him from home and friends, and shut him up in a hospital. By referring to the reports of these institutions, it will be seen that from one-half to three-quarters of all patients admitted have been deranged at least three months, and many of them for years. So, then, in the case of large numbers, the disease



has settled into a chronic form before their admission into a hospital, or before any proper treatment has been applied. Besides, there are cases where such is the nature and character of the derangement at its very commencement, that it cannot be cured; it may be modified or improved, but must necessarily continue through life. If the constitution is strong, the disease not violent, and measures are constantly employed to preserve the general health, such insane persons may live in this state ten, twenty, thirty or forty years. In fact, after passing through the acute stage, which is always accompanied with greater danger, it is surprising how long the current of life may continue to flow on.

Some general knowledge on this subject becomes necessary in order to understand correctly the material in our lunatic hospitals, and the results of treatment. The recoveries are confined chiefly to fresh admissions, or to the acute stage of the disease. If the admissions are largely made up of chronic cases, the recoveries will be comparatively few. Then, on account of a crowded condition, transfers of patients are frequently made from one institution to another, and these are generally chronic cases. Thus, at the Northampton Hospital the inmates are largely made up by removals, from year to year, from Worcester and Taunton. In his last report, the superintendent of the Northampton Hospital says: "Not nine-tenths alone, but nearly nineteen-twentieths of the patients here are incurable. So long as the population of the hospital is of such a character, restorations must be infrequent and limited almost exclusively to a part of the few cases of recent origin annually admitted." Taunton Hospital is filled largely with chronic cases, so that it may safely be stated that eighty to ninety per cent. of its cases are incurable. As the hospital at Worcester receives annually a much larger proportion than the others of fresh cases directly from the people, the percentage of its incurable class is not so large.

It has been estimated by some writers that, taking cases of insanity in the aggregate, as they occur in the community, but little over forty per cent. actually recover, and some eight per cent., in the acute stage, die; so that we have a large residuum of incurables accumulating from year to year. The exact proportion or percentage that pass into this chronic state



annually we cannot compute, but it is very large. Let this process be carried on for a series of years, we shall find the disproportion between those classes growing in a rapid ratio. It should be borne in mind, too, that a large majority of this class are paupers, dependent for support entirely on the State or town. If we form our estimate on the numbers now found in our state hospitals, it is five-sixths; and this proportion of the dependents is more likely to increase than to decrease.

Now, taking this view of the present and prospective character of the inmates of our lunatic hospitals, what is to be the result? Supposing, too, there is no adequate provision for sifting and removing, from year to year, the more hopeless class, are these great hospitals to be filled up with the chronic insane? Are these institutions to be mainly asylums or receptacles for this class? And must the State, every few years, build a large hospital, at an expense of a million or more of dollars? Not only the state, but every city and town, have their representatives in this class to support, and should feel a deep interest in the subject. For several years the hospitals have been somewhat relieved of their pressure by sending chronic cases to the new asylum at Tewksbury, connected with the state almshouse; but as that is full, it cannot hereafter receive so many. Inasmuch as an important principle is here involved as to the best manner of supporting this class of the insane, it may be well to notice the origin and history of the

*Asylum at Tewksbury.*

In 1863, the Board of State Charities, on their first visits to the lunatic hospitals, found them very crowded, and the query arose, What could be done to relieve them? The idea of erecting a new hospital was out of the question, as that at Northampton was scarcely completed, and its erection and equipment, costing more than was at first anticipated, had been attended with considerable difficulty. At that time almost one-half of the inmates of these institutions were supported directly by the State, and on inquiry it was found that a large majority of them had been confined a long time in the hospitals, and had passed beyond what are considered the curative stages of the disease. Many of them were occupying the lower wards in the hospitals,—with compara-



tively little exercise,—were not under any particular medical treatment,—and if they required, did not receive the same care or attendance that had formerly been accorded to them, or that was necessary in many other cases. As the State was likely to have a large number of this class to support through life, the question was then discussed by the Board whether it would not be good policy for the State to found an asylum expressly for its chronic insane in the central part of the State, with plain substantial buildings and a large extent of land for cultivation. It was thought that, by a change whereby this class might obtain more sunlight, better air, more exercise out of doors, and work on the land, their physical condition would be actually improved, and that they might, as a whole, be made equally comfortable, with as fair prospects of recovery. As to consummate this plan would take considerable time, and immediate relief was required, the Board considered what could be done in another direction.

At that time a large number of insane persons was supported in the state almshouses, particularly at Tewksbury. In fact, the harmless or incurable insane had been for years transferred to the almshouses from the hospitals. Besides, complaints, for some time, had been made by the managers of the state almshouses against allowing insane paupers to mingle freely with children and other inmates of the houses. It was urged that they should be provided for separately. With the object, then, of relieving both classes of institutions, the plan, after much consideration, was proposed to erect a distinct building at Tewksbury for the harmless insane. Accordingly, in February, 1864, the Board of State Charities petitioned the legislature to erect a building for this purpose; but for the want of adequate appropriation, and for other reasons, this building was not completed till October, 1866. Only one hundred and fifty insane persons could be accommodated in this structure; but as the experiment was thought to have proved quite successful, an additional wing was built in 1871-72, thus doubling its original capacity.

The building is situated eight or ten rods from the almshouse, with large yards intervening. It is built of brick, with a French roof, and has four stories, including the basement. It is two hundred and fifty feet long by forty-three



wide, with a height of nine feet for the basement and twelve feet for each of the upper stories. It has four doors in front, each opening into entry-ways twelve feet wide, and extending across the building. The basement is used for bathing accommodations, furnaces, dining-rooms, etc. There are twelve large halls, each fifty feet by forty, and each lighted by fourteen windows. The lower halls are furnished with settees arranged along the walls for sitting or lying down, and the large open space within is used for exercising, promenading, etc. The eight upper halls are occupied as dormitories, with thirty-five beds arranged along the sides of the walls. One quarter of the building is occupied by men,—about seventy,—and is entirely distinct from the female department. The cooking and washing are done at the almshouse proper. There are two men in charge of the insane, as supervisors, with their wives as matrons, and other assistants. There are large yards surrounding the building for the use of its inmates, with a small hospital near by for the sick.

It is now eight years since this asylum was opened, and the following table will show its admissions and other statistics:—

4



*Statistics of Tewksbury Asylum to October 1, 1874.*

YEAR ENDING.	ADMITTED.					Whole No. within the Year.	DISCHARGED.					REMAINING OCTOBER 1.			Average No. of In-mates.	Average weekly cost.
	From Lunatic Hospitals.	From other places.	Total.	Male.	Female.		Recovered.	Improved.	Not Improved.	Died.	Total.	Total.	Males.	Females.		
October 1, 1866,	-	145	-	-	-	-	-	-	-	-	-	-	-	-	-	-
1, 1867,	71	146	217	86	131	362	8	4	47	55	114	97	151	200	\$1 77	
1, 1868,	81	35	116	58	58	364	2	6	31	61	100	100	164	255	1 65.2	
1, 1869,	102	53	155	60	95	419	1	5	110	36	152	94	173	265	2 03.6	
1, 1870,	143	20	163	58	105	430	6	7	77	46	136	93	201	200	1 90	
1, 1871,	120	34	154	54	100	448	3	5	71	74	153	80	215	295	1 86	
1, 1872,	103	23	126	57	69	421	4	12	45	61	122	83	216	297	2 11	
1, 1873,	94	42	136	50	86	435	6	6	60	60	132	84	219	300	2 07	
1, 1874,	42	64	106	44	62	409	7	6	35	42	90	94	225	302	2 00	
	756	417	1,173	467	706	-	37	51	476	435	999	-	-	-	-	





The years in this table commence with October 1, 1866, extending over eight years to September 30, 1874, so that the last date is October 1, 1874. It will be seen by this table, that the largest part of its inmates come from the lunatic hospitals, being sent in very uniform numbers till the last year, when the asylum was full. "From other places" means those sent from cities and towns as state paupers, including those going directly from the almshouse. It will be seen that all the insane sent here are "not incurable"; that thirty-seven have "recovered," and fifty-one "improved." This makes eighty-eight, a pretty good per centage to be improved from such subjects. From remarks in the physician's and superintendent's reports, we infer that the "recovery and improvement" in these cases were brought about, in a great measure, by out-door exercise and work upon the farm. A large amount of such work has been performed at Tewksbury by the insane. The farm contains over two hundred acres, and a large portion of the labor on it has been performed by this class for years. By referring to the difference in expense of supporting this number here or in the lunatic hospitals, it will be seen that there is annually a saving to the State of some twenty-five thousand dollars, making nearly two hundred thousand dollars since the asylum was first opened.

The column of deaths in this table looks large. From its uniformity, it does not appear that any epidemic has prevailed there. It might be supposed that the material composing this class would be of a very frail or perishable character; but whether the percentage of mortality has been greater in this class than it would have been had they remained in the lunatic hospitals, or whether there have been any particular causes in the asylum tending to increase unduly its mortality, are questions requiring a more extended and thorough investigation than we have either the time or the means at hand to make. In a sanitary point of view, some improvements might be made, which undoubtedly would prove advantageous. There should be better ventilation in every room, from the basement to the top of the building. Then the halls and dormitories should be divided in a manner that would admit of some classification; and if small L's or wings were added to the present structure, it would improve very much the



comfort and, perhaps, the health of the inmates. Something might be done, too, for their amusement and recreation; and we think they should have food more nutritious and of greater variety.

The question whether the chronic insane cannot with advantage be kept and supported by themselves, is one too wide and important in all its bearings to be discussed fully in this report. If it is expedient or justifiable anywhere, it is when the proportion of this class becomes relatively very large, and the hospitals are straitened for room,—where they are mostly, or all paupers,—and must inevitably be supported at public expense. Such is the case in our own State at the present time. In fact, our large hospitals are becoming filled up every year more and more with the chronic insane, so that nine-tenths of all the inmates at Taunton and Northampton, and about three-fourths at Worcester, are composed of this class. The same will probably be found true of the new hospital being built at Danvers, when that comes to be occupied.

When we take into consideration that the chronic insane are not only rapidly increasing, but that the proportion of paupers among them is also growing larger and larger every year, the question forcibly comes up, Will the State continue once in six or eight years to build a large and expensive hospital for their support or accommodation? Our state hospitals, in their construction, equipment and management, were intended particularly for the *treatment* and *cure* of the insane, and accordingly they have been provided with the means—medical, physical and moral—that were best calculated to secure that result. Such means and appliances cannot be otherwise than expensive, not only in first cost, but in keeping them up from year to year. These hospitals were never designed to be mere receptacles, asylums or permanent homes for the harmless and incurable insane, who can derive but little, if any, benefit from hospital treatment, as such. In their case the same medical skill, the large number of attendants and costly accommodations are not needed, as in the acute stages of the disease. If they are always to be supported in this expensive manner, it is placing them above the average pauper class in the State, and above the situation or circum-



stances in which most of them have formerly lived. Aside from comfortable house accommodations, the most that can be done for this class is to supply properly their physical wants, surround them with suitable restraints, and the best possible sanitary agencies. In some of the European nations they are boarded in families; in others they are gathered into smaller or larger establishments. In New York, a very large institution, called the "Willard Asylum," has been established by the State for its chronic insane, and has proved very successful in its operations. Rhode Island established, some years since, a "State Asylum" for the incurable insane. Will Massachusetts, then, continue the same policy that it adopted ten years ago? We have dwelt at greater length on this topic from the fact that the question is one agitating the public, and should be discussed, that it may result in wise action on the part of the State.

The commissioners of lunacy for Great Britain recommend, under certain circumstances, the separate support of the chronic insane, and several establishments are conducted with particular reference to this class. It is well known that, as a body, the superintendents of lunatic hospitals in our own country oppose this separation, and have expressed their objections to it. Still, some superintendents favor the separation, provided they can, when thus separated, be equally as well cared for as in the regular hospitals. Other things, they maintain, must be taken into account, besides the question of economy. In fact, the question to settle is, really, whether this class of the pauper insane shall be supported in the lunatic hospitals or in the almshouses. While it is very evident that they should not be mixed up promiscuously with other paupers in the almshouses, it is certain they will be sent there from the hospitals by the authorities of the State, cities and towns, unless some other provisions are made. Cannot this class, therefore, be well provided for in establishments separate from the almshouses, and at much less expense than in the lunatic hospitals?

#### *Treatment of the Insane.*

The Act establishing this Commission enjoins upon it an inquiry into the *treatment* of the insane. This may be inter-



preted in different ways; it may refer to medical, sanitary or personal treatment. In this inquiry, it may not, perhaps, be out of place to notice briefly each of these topics.

The administering of medicine constitutes a very important agency in the cure of the insane. By some the value of this agency would be estimated much higher than by others. In the establishment of hospitals, the use of medicine has always assumed paramount importance. Formerly, medicine was deemed much more efficacious, and its use more essential, than of late years. It was regarded, in fact, as the chief agency in curing the insane; whereas of late, the moral, the sanitary and other outward agencies have assumed relatively greater importance. It is found that all those influences that appeal to the laws of the mind have a powerful tendency to restoration of health. It is well known that there has been great improvement in the general practice of medicine as to the use of drugs, both in quality and quantity. It is to be presumed that all the most improved methods of compounding and administering medicine to the sick are to be found in our lunatic hospitals. But in examining the reports of these institutions, and by inquiry of their superintendents, we find a great difference among them in the quantity of medicine used. In the item of expenditure for medicine in the various reports, it will be seen that for a series of years twice or three times as much medicine is purchased for the same number of patients by some institutions as by others. In one or two of the institutions, this expenditure, as reported, is five or six times as large as in the others. It may be said, we are aware, that the item of expense is not a fair or correct criterion as to the wise administration of medicine, as the patients in the hospitals differ so widely. It is well known that, among the best physicians in private practice, a great difference exists in the quantity of medicine used. The same difference may exist in hospital practice. Here the medical attendants are sole judges, without interference on the part of patients or their friends. Whether there is over medication, or a neglect in the efficient use of medicine in particular cases, are questions beyond the scope of our present inquiry. If medical skill and experience—if a wise, discriminating use of drugs—if close attention to and watchfulness of their effects—



are required anywhere, it is surely in the medical treatment of insane persons. The highest skill, the best experience, and the greatest wisdom to be found in the profession should by all means here be brought into requisition.

Connected with this topic, the inquiry arises, Can a superintendent, with one or two assistants, treat properly four or five hundred sick people? In private practice, a physician could not begin to do justice to a quarter part of this number. This constitutes a serious objection to large hospitals. In all these institutions, it is found that there must be one superintending mind; there must be in every department personal responsibility resting upon some one individual. If the superintendent is to act as steward,—is to have charge of all the repairs, improvements and the finances of the institution,—is to have his mind charged with a multitude of other duties too numerous to mention, how can he properly examine, prescribe for, and carefully watch, from day to day, very many patients? It is true, he may have good assistants, and there may be large numbers in our lunatic hospitals who really need no medical treatment; yet, with the cares, labors and responsibilities put upon him, can he do justice to all such patients as are very sick, or in the first stages of the disease? If there must be lack of attention or neglect of duty anywhere, it certainly should not be in the medical care of the insane.

Another agency in the treatment of the insane, in some respects more important than the use of drugs, certainly so to large numbers of them, is that of sanitary influences. Once, the value and efficiency of these agencies were imperfectly understood; yet nowhere are they so important as in the case of the insane, where great numbers, diseased both in body and mind, are brought into close contact. Good air, pure water, cleanliness and proper exercise are here indispensable. Within a few years great improvements in these respects have been made in all our hospitals, but there is room for still more. Most serious defects, under these heads, might be pointed out in each of our institutions, in some more than others; but we cannot at the present time enter into detail. One single point should be mentioned. We found the lower halls at the Worcester Hospital, several in



the older portions at Taunton and South Boston badly ventilated; but by the changes going on and in prospect, these evils, it is expected, will be remedied.

There is one other point, however, that calls for special notice,—that is, the *law of exercise*, applicable to the mind as well as the body. As a curative agency for the insane, and a conservator of health, its value and importance cannot be overestimated. Much may be accomplished in this way within the walls of the institution, but more outside. Useful employment of various kinds may be found for a portion of the females within and about the establishment, while others should be made to seek exercise in verandahs and airing-courts, as well as in walks and rides. If the practice of gymnastics, with some of the more simple apparatus and appliances, could be employed by both sexes, it would conduce greatly to their physical and mental health. In the case of males, exercise can be provided to some extent within the institution, but far better and more wholesome without, in doing chores, in taking care of stock, in making repairs and improvements, in garden and farm work, etc. Though much has been effected in these directions, there is abundant room for further improvement. No kind of exercise is so wholesome as work in the garden or on the farm, and the more this can be extended the better. The introduction of some suitable mechanical work on a larger scale would, as it seems to us, prove an admirable addition to the remedial resources of such institutions. The utility or profit of the work would be a minor consideration, compared with its sanitary influence.

Inasmuch as insanity is a disease affecting the mind, and inasmuch as all mental exercises have a powerful influence upon the physical system, it is found that in order to treat insanity successfully, we must summon to our aid all those agencies that tend to produce a normal healthy action of the mind. Within ten or twenty years there has been great improvement in this respect.

There is among the insane such an absorption or introversion of thought and feeling on themselves, such an overwhelming tendency for all their mental faculties to run in particular grooves or channels, accompanied generally with



great depression of spirits, that in order to break up this spell or incubus and effect a change, there arises a necessity for resorting to those means, which serve to draw the mind away from itself and bring before it new scenes and objects. This is done in a great variety of ways, by amusements, such as billiards, games, plays, excursions, rides, together with lectures, music, pictures, reading, religious exercises, etc. All these measures, when properly employed, have a powerful tendency to restore the mind to a normal and healthy action. They operate in harmony with the laws both of mind and body; and the most skilful and successful managers of the insane resort more and more to these agencies. It is found that the more constantly the minds of the insane can be occupied with agreeable and pleasant employments and associations, the greater are their chances for recovery. In no one way, nor in any department for treating the insane, has so great improvement been made as in the use of these agencies. And the more correctly and thoroughly we understand the laws of mind as based upon the functions of the brain, both in a normal and abnormal state, the more successfully will they be applied to cure the derangements both of body and mind. But it is almost superfluous to say that, as in the past there has been constant improvement in the use and adjustment of such appliances and remedies, there is yet room for and hope of still greater.

#### *The Question of Personal Treatment*

possesses points of great interest. It is unnecessary to discuss the importance of kind, gentle treatment to persons in health; but its influence upon the insane is so powerful that we cannot find language strong enough to express its value. The very nature of their disease makes them morbidly sensitive and generally suspicious. They are governed very much by first impressions and outside influences. While deprived of reason, or the use of those higher faculties designed for our guidance, they yield readily to the impulses of will, feeling, taste, fancy, etc., as affected by persons or circumstances around them. Now in this morbid, sensitive, uncontrolled state of mind, the manner, talk, gesture or smile of those especially in charge of the insane, has a



powerful influence. It may do more, in many cases, to break up and cure their derangement than it is possible for medicine or any sanitary agency to do. Hence the importance that all having charge of the insane, whether physicians, attendants or nurses, should at all times take special pains to treat them with great kindness and tenderness. No assistant or attendant should ever be employed, without he possesses qualifications particularly adapted to this business. To discharge successfully the duties here incumbent requires a peculiar combination of qualities. Among these may be mentioned an inexhaustible share of patience and good-nature, a cultivated, well-balanced mind, firm and decided, without harshness or severity, always cheerful and persevering. Considering the importance of this subject in hospital treatment, we believe persons should be trained expressly for this business, and should receive such compensation as will render the situations more permanent than they usually are. In this way far more good might be accomplished, and less complaint would be heard from patients or their friends. Lunatic hospitals have probably suffered in reputation more from this source than from any other.

Perhaps under the head of "Treatment of the Insane," the question of "diet," specified in the law creating this commission, should receive some notice. Much might be said on this subject; but to do it justice one should visit the hospitals at meal-hours, and carefully examine into the kinds, qualities, quantity of food, manner of cooking, etc., and inquire whether each inmate obtained sufficient food or what was best adapted to his wants. All this would require far more time and labor than our prescribed limits allow. Each of the hospitals has a regular "diet table," which is followed, we are informed, with much uniformity. Those tables have been prepared with great care, and improved, from time to time, as experience and observation dictated. Each of these tables specifies meat always in some form at dinner, and about half the time at breakfast. A great variety of food is presented in these tables, not intended, of course, for every meal, or day, but extending through the week. The general character of the diet would seem to be plain, nutritious, wholesome and substantial, interspersed with pastry, dessert, condiments, fruit,



milk, etc. The sick have a prescribed diet adapted to their wants. Judging by these tables, it would seem as though the inmates of these hospitals could have no just ground of complaint for the want of variety in their food; and it is generally understood that the cooking in all our large institutions is superintended by experienced persons. Whatever other complaints have been made against our lunatic hospitals, scarce any have come to our knowledge on the ground of insufficient or unwholesome food. It has been maintained that the insane, on account of the excited and disturbed state of the brain and nervous system, require more nutritious food than other people; and from extended observation and inquiry, we are satisfied that the dependent class, particularly of the insane in our public institutions, fare better than they would do outside.

*Restraint of the Insane, Freedom Allowed, etc.*

On no one point are people so sensitive as on that of *personal* liberty. The idea of being confined by bolts and bars, shocks one's sensibilities. The thought that liberty is to be taken from us—that the freedom, the control of our own persons must be surrendered to others—produces anything but agreeable or pleasant impressions. This is perfectly natural; it accords with our best instincts of self-respect and self-government. And in the case of the insane the effect of such a change may aggravate or increase the very derangement out of which grew this necessity, and also serve as a most grievous hindrance to the restoration of health and sanity. On account of this great change in surrendering up one's personal rights to which the insane must submit, special pains should be taken, that this confinement and restraint should at first, and all through the treatment, be as light and inoffensive as possible; and all the freedom compatible with safety to the patient and others should, at all times and on all occasions, be allowed. In respect to this matter of the personal liberty of the insane, great changes for the better have been made within a short period, both in Europe and our own country. The insane in our lunatic hospitals are obtaining every year more and more freedom by use of halls, yards, courts, and by out-door exercises. But whenever there is



danger or positive evidence that a patient will injure himself or others, he must be confined in a room by himself, or in some way his limbs or person be restrained so as to prevent such injury. Both in the manner and frequency of employing this confinement or restraint, great care and discrimination should be exercised. Neither should such confinement or restraint be continued longer than is absolutely necessary. No pain or suffering should by this means be inflicted upon the body. Special care, too, should be taken that no injury occurs by this confinement to the health, and that it should interfere as little as possible with any of those agencies intended for the permanent recovery of the insane. In all our large lunatic hospitals cases are constantly occurring where seclusion or restraint is absolutely necessary,—sometimes temporarily, and at others more permanently. In our visits to these institutions we have made careful inquiry on this point, and have been surprised that these cases of confinement or restraint were so few, and that it was applied with so little apparent injury to body or mind. By actual count, the number thus confined or restrained on our visits ranged between five and ten.

To all the insane who can go outside of the walls of the institution, freedom should be allowed as far as possible. Let them go for work or pleasure, in small or large companies; let them ride or walk; they should by all means be encouraged and urged to go. In these outside exercises let them be put upon their honor—upon their good behavior. Should one occasionally escape, it does but little injury; whereas great numbers are essentially benefited, and, perhaps, cured for life. There are, however, two modes of using force or restraint which demand special notice. *First.* In case an insane person is disobedient or disorderly, and requires correcting by the laying on of hands, this correction should always be performed without harshness or violence, or showing ill-temper. Many complaints have been made by patients against attendants in lunatic hospitals for rough and abusive treatment of their persons, and we apprehend that, in some instances, just grounds have existed for such complaints. *Second.* The other mode of using force is in confining the insane, as a mode of correction or punishment for some mis-



conduct, or for refusing to work, etc., in cells or rooms, sometimes dark, cold and unwholesome, and keeping them in the meantime upon scanty fare. We question whether this mode of correcting the insane can be justified by any principles of justice, or by any advantages that may accrue from such a course. In fact, it is a violation of the laws of the State. Several cases where parties, refusing to work, were confined for a shorter or longer time in cells, lately occurred in one institution: but as, upon expostulation, the procedure was immediately stopped, with the assurance that it should not be repeated, any further comment is deemed unnecessary.

*Visitation of Friends, Correspondence, etc.*

Perhaps there is no source from which more complaints have originated, or from which greater prejudices have started against the officers of lunatic asylums, than that of visitation and correspondence between the insane and their friends. There are two sides to the question, and there may be sometimes good grounds for honest difference of opinion. It should be borne in mind that the disease of insanity is very unlike other diseases, inasmuch as the mind is affected,—its balance, its governing power is, for the time being, lost. It is unlike other diseases in another respect: it must generally be treated and cured, if at all, away from one's home, family and immediate relations. It is very difficult, moreover, for their friends to realize always the effects of their presence and visits upon the insane—to be convinced that they may excite and make them worse, thereby tending to prevent the very benefits for which they were sent to the hospital. There are times when the mental state of the insane is such, that they cannot properly see their friends (bringing up the tenderest and most affecting associations) without making them worse; and then, at other times, these same persons may receive such visits without suffering the least injury. Now, the superintendent or the physician in charge is the only person who can judge of this fitness; and if he is competent to be intrusted with the charge of the patient, his counsels on this point should be respected. How often physicians in private practice do virtually this very same thing, by leaving directions at certain times that the "patient must not see company." Hence,



when friends call at lunatic hospitals, they must sometimes wait till the patient is seen ; their requests are perhaps denied, and they return home disappointed. When parties have been very persistent in their requests, superintendents have said to them, "My advice is so and so, but if you insist on seeing the insane person, you must take the responsibility." Now, there may be at times unnecessary delay in waiting, or something in the spirit or manner of the physician or attendant that is not pleasant or agreeable, yet the friends or visitor should bear in mind, that it is difficult to conceive what motive the physician or attendant can have to deny any reasonable or proper request for communication with the inmates secluded in the asylum ; and the physician, too, should bear in mind that this very seclusion may create in the mind of the visitor an unusual or undue solicitude, and perhaps a proneness to suspicion, which nothing but the utmost frankness and candor can allay.

Complaints are also made that friends, coming quite a distance to visit an insane person, on calling at hospitals are kept waiting a long time ; then obtain scarce any information from the attendant that is satisfactory ; and on returning to the depot find themselves too late for the cars. Others calling at hospitals, after long waiting are permitted to see their insane friend, but insist that the delay was occasioned by transferring the patient from some place of confinement or room undesirable to visit, and by "fixing up" the room and the patient's clothing *to be seen*. It is said, also, that whenever members of the state executive, committees from the legislature and representatives of other boards outside come to visit the institution, special preparations for the inspection are made throughout all the halls and rooms of the building ; and such is the understanding on the part of patients and attendants, that this is done at very short notice. These complaints are here simply reported, and no apology or explanation is deemed necessary.

The question as to "freedom allowed in correspondence," is one of great interest, and upon which there may be varieties of opinion. We find no by-law or rule established by the trustees of the hospitals for regulating the correspondence of patients, but conclude that the matter is left entirely to the



discretion of the superintendents. There is, we learn, considerable freedom allowed to a certain class of patients in correspondence,—to send letters to and receive letters directly from their friends, under seal. But when there may be grounds to believe that the correspondence would misrepresent things,—making false, improper and exaggerated statements, as might be expected from some insane persons,—the superintendents examine into it, and, if found unsuitable or untruthful, do not forward it. Such letters could do no good, but only injury. The same course is pursued with letters received from the friends of the insane. The superintendent here acts as censor, disposing of correspondence as he would of medicine or any other agency. But this question of correspondence encroaches directly on the right or principle of personal liberty, which should not be violated or restricted more than is absolutely necessary. It is analogous to the "right of petition," which, in a republican government, should always be granted to the lowest and humblest individual. The writing of a letter to one's guardian or friends, soliciting aid or relief, is virtually the same as the "right of petition," and should certainly be granted whenever it can be done without injury. Now, inasmuch as there may exist, even in lunatic hospitals, serious objections to submitting always to the "one-man power"; inasmuch as the insane may come in conflict in other ways with the superintendent, why may they not be allowed the "right of petition" to a third party? They are permitted to write to the superintendent or to the trustees, why not to a disinterested board or commission outside of the institution? Cannot they judge of the character of this correspondence as correctly and dispose of it as wisely as the superintendent? We would by no means advocate the indiscriminate correspondence; that is, unlimited license to all insane persons, nor their sending letters always direct to friends, except as their contents are examined by a competent and disinterested party. If correspondence is conducted in this way, may it not better preserve the sense of liberty in the insane, and, at the same time, relieve the superintendent of certain responsibility and occasion of prejudice? To test the question, let any individual put himself in the place of the insane: would he not truly prefer as much freedom as this in



correspondence? It is certainly our duty to throw around every person, whether sane or insane, all possible safeguards of personal liberty, and to remove from the minds, both of the diseased and their friends, any apprehension of undue or uncalled-for restraint or denial. Instances have occurred, too, where persons were wrongfully confined or kept in lunatic asylums when they should have been released; and their cases have been brought to the knowledge of the public by letters dropped outside. There is surely one advantage in allowing, as far as practicable, an unfettered correspondence: that it will better satisfy the friends of the insane, and thereby tend to remove some of the existing prejudices against the management of our hospitals.

The law of the last legislature "relating to the correspondence of insane persons," provides that "patients in the several lunatic hospitals in this State shall be allowed to write monthly to the superintendents of the asylums in which they are confined; also to the Board of State Charities and to the Commissioners of Lunacy after their appointment"; and that these letters shall be deposited in locked boxes in the several wards of the hospital, which "boxes shall be opened, and the letters distributed monthly by some member of the Board of State Charities."

This law has been in operation only a few months, and a large number of letters has been deposited in these boxes. As the law designates only three parties to whom letters shall be addressed, those letters found in the boxes directed to persons or parties not so designated, the Board of State Charities instructed its secretary (by whom these letters are collected) to return to the superintendents of the hospitals wherein they were found. As to the letters addressed to the "Board of State Charities and the Commissioners of Lunacy," no particular action has been taken respecting them; partly for the want of time, but more for the reason that the law itself gives no directions or instructions. It will be seen, therefore, that this law has not yet had a fair trial, and before its merits can be fully tested, further time and opportunity are needed. Besides, as the law now stands, some further legislation is necessary, in order to carry out its intents, or to make a proper disposal of this correspondence.



*Insane at Home and in Almshouses.*

This large class of the insane suffers more than any other from neglect or want of oversight. There are claims in respect to them, or obligations resting upon the State, for discharging which no proper or adequate provision has ever been made. This weak and unprotected class is scattered in every city, and in almost every town in the Commonwealth. It is impossible to make any estimate of their number that is at all satisfactory. The overseers of the poor, in what is called the Pauper Return, report October 1, 1874, five hundred and sixteen partially or wholly supported at public expense; but as to how many private cases may exist, we have no means of knowing. In 1854 the commission found seven hundred and sixteen private cases, not inmates of any institution, but supported privately at home or in families. If a thorough canvass should be made at the present time, it is believed that, with the increase of population and insanity since 1854, the whole number of such cases must reach near, if not over, one thousand. Now, what may be the treatment or circumstances of the insane in almshouses and private families, amounting, probably, to more than one-third of all the insane in the State, we have no precise means of knowing. Undoubtedly many in the almshouses may be well cared for, and have had, perhaps, everything done that could be for their recovery and amelioration. At the same time, there may be acute cases which should by all means be sent to hospitals for treatment; and there may be those once in hospitals, but removed to almshouses to save expense, or for some other cause, who should be returned. The same statement might be made with reference to private cases, with this addition: that for the sake of avoiding expense, or controlling property, or unwillingness to expose the family, many insane persons in the incipient stages of the disease, and some in its more violent forms, are retained at home by friends. It is reported that there are cases where property is concerned, which have been dealt with unfairly and unjustly; and some are confined in close rooms, and treated as no human beings ever should be. Now whatever wrongs, injustice or cruelty may thus be inflicted upon these unfortunate beings, whether living in private

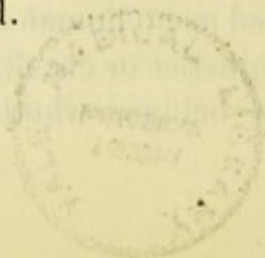


dwelling or in almshouses, they have no adequate means of redress. On the one side, are power and cupidity; on the other, helplessness and dependence. The law that takes away rights and exposes the individual, should at the same time provide, in some way, the means of protection and defence.

In the examination made by the commission in 1854, several hundred cases of insanity were found in almshouses and in private families, which, in the opinion of good judges, should have been placed in hospitals for treatment. There can be no question that there are many such cases at the present time, which call loudly for attention and relief. There should be some general oversight of this whole field, whereby wrongs and abuses may be corrected. In Scotland, where excellent provision exists for the insane, it is made the duty of the commissioners of lunacy to investigate, by visitation or inquiry, all cases outside of institutions, and report annually to the official authorities the results of their labors. A similar provision exists also in England and Ireland.

There are cases, too, frequently occurring, where doubts exist on the question of insanity itself, and honest differences of opinion arise as to what it is best to do. And then, in lunatic asylums, on the question of removing patients, there comes sometimes a conflict of opinion; on the one side, between the superintendent and trustees, and on the other the overseers of the poor or the friends of the patient. In such cases there is great need of a third party—some disinterested and competent mediator—to advise in the matter. The law should make provision for this purpose by some tribunal easy of access, inexpensive, and whose decision should be obligatory upon all parties concerned.

Then, in new admissions to hospitals, where there are any grounds for suspicion or complaint, that there might have been mistakes in making out the necessary papers, or something wrong in the intentions of parties moving in the committal of the person, the law should provide some agency or tribunal whereby a reëxamination of the case should at once be had, and the mistakes or wrongs, whatever they may be, should forthwith be corrected.





*Private Asylums for the Insane.*

At the head of private asylums for the insane in the State stands the McLean Asylum, located at Somerville. It is the oldest of this class,—founded in 1818,—but much less is known to the public than should be of its operations. It is a branch of the Massachusetts General Hospital, and governed by the same board of trustees. It had, October 1, 1874, one hundred and fifty patients. Four of these trustees have always been appointed by the governor and council,—probably from the fact that the State had contributed liberally towards the establishment and support of the hospital. With the exception of this appointment of four trustees out of the twelve (who are a self-perpetuating body), there seems to be no relation, or at least a very slight one, between the McLean Asylum and the State. Provision is made, however, for the governor and council to visit the institution (which is never done); but neither the board of state charities nor any committee from the legislature can visit officially this hospital. As its board of trustees, composed of men of high standing and character, seem to exercise a very watchful care over it, some member visiting it weekly, there does not appear, perhaps, to be the need of further oversight. But it may be that this or some future board will not always be so faithful or watchful; and, as it may be, that abuses or “accidents” do or will occur in this asylum, would it not, therefore, be better and safer for the interests of all parties concerned, that there should be, by visitation and report, a more direct relation between this institution and the State? Such has been the result of long experience and wise legislation in other countries. We cannot see how any detriment can come to the asylum from such a relation, but are confident that many benefits would thereby be secured. As the law now requires that all private asylums for the insane in the State should be licensed by the governor and council, why should they not also be visited by some State board, and reported upon from year to year?

Besides the McLean Asylum, there are four other private asylums for the insane in the State. The oldest of these, established some thirty years ago, is located at Pepperell, and had, October 1, 1874, ten patients. It is intended more



particularly for "nervous invalids," and is under the care of Dr. J. S. N. Howe.

"*Herbert Hall*," located in Worcester, about one-half mile from Main Street, is under the charge of Dr. M. Bemis, formerly superintendent of the State Lunatic Hospital at the same place. This establishment had, October 1st, sixteen patients, several of whom belonged to other States. Most of them were of a mild form of insanity, and had passed into the chronic stage. It is the intention of Dr. Bemis to enlarge his accommodations, as his rooms are all occupied.

"*Psychopathic Retreat*" is a private establishment at Boston Highlands, for the treatment of diseases of "the brain and nervous system," under the care of Dr. E. Mead. It was opened last year, and had in October nine patients.

"*Shady Lawn*," located at Northampton, is just opened by Dr. A. W. Thompson; and, while it receives chronic cases of insanity, it is also intended as a "medical home" for other classes of invalids. It had, on opening, two patients from New York.

The law, enacted in 1864, requiring all private establishments to be licensed by the governor and council, also specifies that "whoever establishes or keeps an asylum or private house without license, unless otherwise authorized by law, shall forfeit the sum of five hundred dollars." But, from an examination of the records at the office of the executive, no license could be found for several of these establishments.

With the increase of insanity and other nervous diseases, there will probably be an increase of private establishments for their treatment. As the law requires a license for opening such places, why should it not make provision whereby all such establishments should be visited by some official board, which shall make annually a report of the same to the officers of the State? The four last-mentioned establishments are strictly of a private character, the offspring of individual enterprise. Their numbers and success must depend much upon their locality and accommodations, but more upon the energy and character of their superintendents. The McLean Asylum, while its inmates are composed wholly of private patients, resembles, in some of its features, a public institution, inasmuch as it is incorporated, has large funds, is



managed by a board of trustees, and makes an annual report to the public.

*Relations of Lunatic Hospitals to the Public.*

There are good reasons why the relations between our lunatic hospitals and the public should at times be carefully considered. It may serve to enlarge and correct our views somewhat, by looking at certain things from different points of observation. What, then, is the object of these institutions? For whose benefit were they founded? It was primarily to cure insane people; and secondly, to provide temporarily for them a place of safety, and for some a permanent home. Those at Worcester, Taunton and Northampton were erected, and are owned, by the State. Every voter and tax-payer in the State has an interest in them, inasmuch as the money used for this purpose came directly from taxes, and was appropriated by legislators representing individual voters. Every insane person, especially upon becoming an inmate, has an interest in these institutions. So have their friends. And we may say that every man and woman in the community liable to become insane (and who is not), should feel a deep interest in the objects and management of these establishments.

The trustees, the direct and immediate managers of these hospitals, are placed there by the governor and council, and they choose a superintendent, who appoints his assistants and attendants. The intention is to secure the best and most thoroughly qualified men that can be obtained. While they have their rights, which should be respected and properly treated, they do not own the institutions, neither are the latter run for their emolument. While their opinions and counsels come largely into account, and they have a controlling voice in managing the hospitals, there are other parties, inside and outside, who also have rights therein, and whose opinions are entitled to consideration. The claims and interests of these latter parties are vastly greater and more important than those of the former. In fact, the real interests of those in charge of the hospitals are trifling and insignificant compared with those of the insane and their friends. On the side of the latter, far greater numbers are concerned; their health and lives are at stake, and, to some extent, their property and



good name are involved. Besides, as far as the insane are concerned, the law takes away certain rights, and shuts them up in a place of confinement and dependence. Under such circumstances we might expect some sensitiveness, some jealousy of rights, some watchfulness of interests, etc., which, at times, might result in complaints that would come before the public. It may be said these complaints emanate generally from persons who were insane, and have not wholly recovered from the malady. But how else could these complaints originate, or by what other means could they be made public? No sane persons are ever confined in the hospitals,—or never ought to be,—and consequently no grievances, if they existed, could be reported by this class. Admit that these complainants have all been insane, are perhaps still unduly prejudiced, or have a streak of insanity left; may there not be some truth in their statements? May there not be some just grounds for complaint? They state other things correctly that occurred in and about the hospital, and their friends can testify from personal knowledge that they tell the truth, the exact truth, in respect to things that have happened to them since leaving the hospital. It would be very difficult to make the friends of the insane set aside entirely all their complaints as false. This is demanding rather too much of human nature. The truth of these complaints is confirmed, or at least rendered more probable, by the occasional exposures of abuses and wrongs that have come before the public. The community will give credence, more or less, to these complaints, as long as they are circulated, or the least occasion for them exists. The newspaper and the reporter will not keep silent. One advantage of such agitation and discussion is, that it constantly tends to prevent such wrongs and abuses.

In some reports of the lunatic hospitals may be found very just strictures upon these complaints, made by the trustees and the superintendents. From their point of view these complaints seem unjust, and in a great measure false; it is said that they originate from persons partially deranged, and should not be credited; that no such abuses or wrongs ever existed, certainly never came to their knowledge; that they are doing the best they possibly can in the management of these institutions, and for the welfare of their inmates. But,



unfortunately, between the hospitals, the superintendents and trustees as a body, on the one hand, and the general public on the other, there has grown up, and for some time existed, a sort of antagonism of feeling and interest. This feeling was expressed not long since, by a prominent trustee of one of the hospitals, in these words: "It seems as if the public believed that every man connected in any way with an hospital for the insane had entered into a conspiracy to deprive the patients of all their rights, and to do violence to all the relations of life." All this prejudice is unfortunate, if not wrong, and has a pernicious influence.

Some complaints and some prejudice exist against lunatic hospitals, springing from an impression that their managers are unwilling to discharge patients when they have recovered, and when it might be safe for them to go out, or in cases where it might seem better for them to go to some other institution. The friends of such patients and outside parties look at these questions from a very different point of view from the managers of the hospitals, and are inclined to suspect that the superintendents may be governed by some sinister motive like that of compensation, or of counting up large numbers in the institution, or of retaining those who make the least trouble. It would seem that a similar state of facts has existed in Great Britain, and called out severe comments from the commissioners of lunacy. As there may be differences of opinion in cases of this kind, so there may be fault on both sides.

Now, what is here wanted more than anything else, is an independent agency representing the public at large, whose duty it should be to examine into the truthfulness and character of these complaints when made; to visit the hospitals often, and become thoroughly acquainted with their management, and, from time to time, make such reports to the public or the legislature as may seem expedient. This is the only or the best way that will be likely to satisfy the public; to secure, as far as possible, the rights of the injured; to prevent abuses and wrongs, and, at the same time, do justice to the officials of the hospitals. Notwithstanding, such complaints in all probability will occasionally occur, producing more or less stir among the people at large, as well as anxiety



and distrust amongst those who have relations and friends confined therein. As the inmates and managers of the hospitals are constantly changing, such an agency should be made permanent. In every enlightened community, when the rights of a portion are by law taken away, and where they are subjected to the liability or possibility of being in any way abused or wronged, the law should provide some means of protection and defence, not for their sake merely, but to satisfy their friends and the public that no wrong is done; or, if done, that justice is meted out to the wrongdoer, and, indeed, to all parties concerned. No intelligent and thoughtful people will always or long remain satisfied without this protection; and the quicker the State wisely makes such provision, the better. The legislature of New York established, last year, a commission of lunacy on a liberal scale. It consists of an "experienced and competent physician," appointed by the governor and council for five years, who devotes his whole time and attention to the subject, and reports annually to the legislature. In some of the other States, as in Vermont, commissioners of lunacy have been appointed; but the office is treated as nominal, and secondary to other duties.

#### *Suggestions and Improvements.*

In the reports of our lunatic hospitals may be found suggestions which deserve the special attention of the legislature. It is urged, partly on account of their crowded state, but more from the want of proper classification in those institutions, that there are three classes which should be provided for differently,—that it would be not only far better for each class distinctively, but for all collectively. At the head of these classes stand, *first*, the Inebriates or Dipsomaniacs. These are becoming quite numerous, and are frequently very troublesome. Their derangement is more physical than mental; is, in some cases, violent and noisy, but continued only a short time; while in others the medical treatment and restraints of the hospitals are sought, for a longer or shorter period, to see if the person cannot be rescued from his habits, and restored to a state of sanity in body and mind. The lunatic hospital was never intended for this class,—has not



the right kind of accommodation for it,—and, as a class, they interfere very much with the appropriate and successful treatment of others. What is wanted is an inebriate asylum, adapted in its construction, location, fixtures, surroundings, etc., to this particular class.

*Second Class, the Epileptics.* It is estimated that there are, at the present time, full one hundred and fifty epileptics in our public institutions. The features of this phase of insanity are peculiar,—in some respects unlike any other,—requiring special care and treatment. Some patients are subject to violent paroxysms, and are particularly liable to suffer bodily injury, by falling, etc. A portion of them become very much demented, and should be treated by themselves. It would be a great improvement to separate this class from others, and gather them into an institution adapted expressly to their situation, wants and treatment.

*Third Class, the Criminal Insane.* It is supposed that provision will be made for this class, in connection with a new state prison, whenever that shall be built. Such a law passed the legislature last year. In case these three classes should be separated from the main body of the insane, it will aid very essentially in improving the situation and circumstances of all. The enlarged accommodations now being made for the insane; together with the improved construction of buildings, in dormitories, halls, wings, etc., will afford far greater opportunity for a better classification. If these changes can be carried into effect, it will help to remove some of the greatest objections to the present state of things.

A serious deficiency may be found in the statistics of insanity. It is not supposed that all the difficulties attending investigations of this sort can be removed; but some efforts to that end should certainly be attempted. As the practice now exists with all our superintendents, there are no common or uniform standards or general principles upon which cases are classified with reference to causes and forms of insanity, recoveries and other points. Each one has his own standard, set of tables and modes of coming at results. While individuality and originality might be preserved, which is very desirable, there should be with all the superintendents, in our own State at least, some uniformity or system of tabulat-



ing cases, so that the public might have the means of arriving at a better understanding of what our institutions are actually doing from year to year,—whether any or what progress is made as to a better knowledge of the causes and treatment of insanity, and whether this great evil is at all checked, or is gaining every year upon us. Were there a general agreement on the part of our superintendents as to certain questions on insanity, and a uniform set of tables corresponding, the facts and statistics contained in their reports might be converted to far more valuable account. Certain facts might then be brought systematically together, and comparisons instituted from which very important deductions might be drawn.

The reports of our institutions contain, from year to year, valuable material, which should be carefully studied and analyzed, from which practical information might be obtained that would, if properly used, accomplish a vast amount of good. As it now is, these reports are read and preserved by very few persons; in many, if not in most, instances, they are hastily examined, and thrown aside as so much waste-paper. It is true, these reports contain much interesting matter, answering, in a measure, the purposes for which they were intended; but then, considering the great amount of money invested and annually expended, together with the vast living interests at stake, the knowledge obtained by this outlay, and the experience of so many laborers in this field, should be better utilized, and turned to far more valuable account. As things now are, it is very difficult to ascertain exactly the number of different patients treated yearly in each hospital; how many are permanently cured, or what proportion are held to be incurable; or what is the whole number of the insane in the State; or whether the percentage of the increase of the insane is, from year to year, relatively greater than that of the population, and, if so, what are the causes? In reply to inquiries on this point from one who has had great experience in such matters, it was said:—

“Hospitals do not prevent insanity, because they do not, by the intercourse of their officers with society at large, by their published reports, and by their general relations to the public, seek to enlighten the people on the subject of insanity,—its predisposing



causes, its hereditary tendencies, its relations to intemperance, ignorance, poverty and crime,—and therefore they do not improve the community except in removing from its care some of its greatest burdens. An examination of hospital reports will show that they are chiefly filled with plans, suggestions and arguments for the continuation of the system already established, and that they rarely propose a wider field of usefulness, or a more humane management of their inmates.”

It is well known that, within a few years, there has been great improvement in medical practice; that the laws of life and health are becoming far better understood in the community at large, and that great pains are being taken to diffuse a knowledge of the causes and prevention of disease, as connected with sanitary and hygienic agencies. To such an extent has this knowledge been diffused, that the inquiry is now raised, not merely how to cure, but how to prevent disease. No fact is better established than that a large amount of sickness (estimated at one-third) and mortality can be prevented by a proper observance of the laws of physiology and hygiene; but, to reach this end, the community must first be made acquainted with these laws. Now, how is it with the disease of insanity? What progress has here been made towards its prevention? How much do people at large understand about its causes? How can the increase of this great evil be stayed, unless proper means are employed to prevent it? This can be accomplished only by spreading information in a variety of ways; it may be by the press, by family instruction, by education, by legislation, etc. What advantages have we gained in this respect by all our hospital experience for these many years? More than forty annual reports of the Worcester Hospital have been published, containing valuable facts, statistics and suggestions; but how little practical knowledge or information has been gleaned from these documents, compared with what might have been obtained for the welfare of the public! A similar remark is applicable to the reports of all our hospitals, however brief their experience.

To illustrate this point, take, for example, intemperance, as one of the leading causes of insanity. If, in its various forms, it does, in addition to all its other mischief, contribute largely



to this evil, it is high time that it should be generally known, and the warning brought home to all. If ill-health is adjudged a more fruitful source of this malady, let us understand that. If hereditary influences, in all their diversified forms, constitute another fruitful source, let us understand better the laws that govern these influences; or, if our own fast living or the high pressure in our educational systems are steadily swelling the ranks of insanity, the sooner these truths are brought home to the public mind the better, and we may then see if the current cannot be checked. The first step or stage in any reform is more light, more instruction, more knowledge. And the only way that insanity can ever be checked is by understanding its causes. Though it may be difficult for many persons to comprehend all the phases and causes of insanity, its leading features and principal causes can be sufficiently understood to prevent, to some extent, the disease. It all results, like other diseases, from the violation of some law. Let us inquire what law,—whether physical, mental or moral: where, how or when violated? This knowledge will never be obtained unless faithfully sought.

Let a short paper be carefully prepared, setting forth clearly, in popular style, any one of the above-mentioned causes of insanity and the proper directions for preventing it, and then let it be scattered in tract form among the people: might not this have an influence to prevent or check this terrible evil? If a similar course should be pursued in respect to each of the leading causes of this disease, and should be continued from year to year, its influence for good must certainly be felt.

Many persons seem to look upon insanity as developed either by some mysterious providence, or by some hidden causes which baffle human research, so that, in either case, it becomes a necessary part of a high state of civilization; but this is a great mistake. The causes of insanity, though more complicated than those of some other diseases, can be understood and controlled. Insanity, instead of being a necessary part of true civilization, results from its artificial and abnormal developments,—growing out of a violation of those physical, mental and moral laws, which, properly understood and observed, result not only in the highest



developments of the race, but in the highest type of civilization.

Let us take another point of view. In what position in society or in what situation in life is one most liable or exposed to insanity? In these reports are found tables showing the number of insane as connected with this class, or pursuing that occupation. For instance, "farmers" take the lead, and "laborers" come next. Now, what is it in farming that conduces so much to insanity? and what kind of "laborers," or what the particular work pursued, that has such a proclivity to insanity? Shoemakers, merchants, carpenters come next in order. What is there in these several trades and occupations that exposes to insanity? Then, on the other hand, in what classes or in what occupations are the fewest representatives of this disease? Facts gleaned from these reports, together with other sources of information, would throw much light on all these questions.

What especially is here wanted is, that this whole field should be carefully surveyed, to see if, from this long experience and large repository of facts, some information or knowledge cannot be obtained to guide us out of this dark labyrinth of evil and suffering. But this work will never be done, unless some individual or commission makes a business of it,—is charged with this specific duty,—and provision is made by legislative action that it may be continued from year to year.

Moreover, according to the present organization of our institutions and their government, it is impossible to determine whether any progress or improvement, as a whole, is made in the State, from year to year, in the treatment of the insane. It is not sufficient if this or that report is excellent and shows many improvements; there may be defects or shortcomings in the same hospital, which are passed by unnoticed. Besides, as to the great number of insane living in almshouses and families, if there is any improvement here (which is not probable), we have no account of it. To make permanent progress in this work, and obtain all the advantages that are possible, there must be a living agency constantly gathering up facts, statistics and information from all available sources; and, by analyzing these and comparing them, from year to



year, it will then be made to appear how we stand, and what progress, if any, is made in any given time.

As an illustration of what ought to be done, let us take another point of observation. In passing through the lunatic hospitals, and in examining their reports, our attention was arrested by the large number of young persons that had become insane. Taking the three state hospitals, it seems there are admitted annually, on an average, from forty to fifty under twenty years of age; that these institutions contain about one hundred persons under twenty, and that the whole number for the last twelve years must range from eight hundred to one thousand, as Taunton reports three hundred and forty for that period. From inquiries of the superintendents and an examination of the reports from the origin of these establishments, as to the ages of those admitted, it is evident that insanity is appearing gradually at an earlier age than formerly. The average period at which the greatest number become insane once ranged between the age of thirty and forty; but a careful analysis of statistics shows that this average period is coming at an earlier age,—that in some States or localities it may come between twenty and thirty. What is the cause of this change, or of so much insanity among the young? How are we to account for this increase? There must be causes somewhere for these changes. In a normal and well organized state of society, before the cares, responsibilities and disappointments of life can come upon the young, we should not expect to find among them much mental derangement. Such an unnatural and increased development of insanity indicates something wrong. In middle life we find a variety of causes to account for insanity that cannot befall the young. Generally speaking, there is a much higher standard of health among those under twenty years of age, and we do not find those sudden changes or complicated diseases which are often liable to terminate in insanity. With the young there must be, then, special causes, such as wrong habits, a violation of physical laws in early life, a want of proper family training, or too high pressure in education. Whatever the causes may be, it would seem, if properly attended to, their operation might be checked and the tide turned, or, at any rate, that those



having the superintendence of youth should be put more upon their guard ; but this can never be done without understanding distinctly what these causes are, and how to apply the remedies or means for their removal.

A well-known writer upon insanity, in urging the necessity of early hospital treatment in order to effect a cure, remarks that it may "require only one hundred dollars to cure the case ; but more than ten times that amount may not be sufficient to support one that is not cured, through life." How much more forcibly might a similar remark be applied to the prevention of the disease? Here, dollars and cents can scarcely come into the account, compared, on the one side, with human suffering and loss of life, and, on the other, with the possession of perfect sanity of body and mind.

There is another class of facts that it may be proper to refer to in this place. There occur, from time to time, abnormal cases of insanity, which, for various reasons, require very careful and thorough examination. The developments of character are in those cases singular, and difficult to explain upon any known laws of mental derangement. The laws of hereditary descent come manifestly into account in such cases, and have a far more powerful influence upon mental development than has been generally considered. Such, too, is the connection of the functions of the brain or the laws of mind with the development and states of the body, that it is almost impossible to draw the lines between sanity and insanity. In order to reach anything like correct or satisfactory conclusions as to motive and character, a most searching inquiry must be made into all the antecedents, circumstances, conditions, physical and mental, etc., of such cases. Take, for illustration, two instances that have recently occurred in this State : viz., Jesse Pomeroy and Wilfred Fitts. The latter died at the Worcester Hospital this last fall, putting, in his case, an end to any further inquiry or trouble. These are mentioned as examples of those singular cases. Others may not be so marked, nor create that general interest. But then, anomalous cases frequently occur in different parts of the State, and it becomes a serious as well as puzzling question to decide what to do with them,—whether to send them to a lunatic hospital or to the state prison, or to the



workhouse. The investigation of these cases calls for all the experience, wisdom and skill that can be brought into requisition. Both justice and humanity demand this. It is true the laws and the courts now provide for the examination and disposal of such cases; but if the State had a board whose duty it was to overlook and investigate the whole department of insanity, it might furnish, in such emergencies, essential aid. In Great Britain and other European nations such commissions are thus found very serviceable.

There is another class of facts, very important, which may here come appropriately under review. They are usually denominated "accidents," and occur when deranged persons commit serious injury, either by violence to themselves or others, or by destroying their own lives or the lives of others. This may occur when a deranged person is mingling in society at large, or when confined in public institutions. Such occurrences create great interest, and should always be impartially and thoroughly investigated by official authority. The law provides for this by a coroner's jury when they happen in the community. In case of such "accidents," it may be that no one was to blame, and it may be there was gross carelessness or neglect somewhere, and perhaps abuse. It is well known that there are large numbers of insane persons "suicidal" or "homicidal,"—that their insanity manifests itself particularly in this form, and that they seem determined to destroy life. And notwithstanding the greatest possible pains taken in the construction of rooms and in the watchfulness of attendants, suicide is committed in lunatic hospitals. Perchance, the real cause of death is not always reported to the public or to the friends of the deceased, and that it is best it should not be; but no death from such a cause should ever be allowed to pass without an investigation by some official authority.

But suicides are not the only accidents that occur in our asylums. In Great Britain, it has been found that the larger these establishments become, the greater, relatively, the number of accidents. This shows either a want of more careful inspection, or a lack of fidelity and watchfulness on the part of attendants. Without pursuing this topic further, we will refer to two cases, one of which occurred at Taunton



Hospital some years since, when the death of an insane man was thought to have been occasioned by the abusive treatment of an attendant. So great was the interest produced by this event, that, as the legislature was in session at the time, a committee was appointed from that body to visit Taunton, and investigate the merits of the case. The excitement occasioned by this exposure will not soon be forgotten. The other instance was that of Wilfred Fitts, the somnambulist boy, who died at the Worcester Hospital last September. There were peculiarities about his insanity in attempting, while in a somnambulic state, to injure or take the life of another boy, which, had he lived, would undoubtedly have been more thoroughly investigated. But it is the manner of his death to which reference is here more particularly made. As there seemed something singular in the notice announcing his death, the city authorities of Lowell, where Fitts belonged, appointed a committee to visit Worcester, and inquire into the matter. The following extract is copied from the report of that committee :—

“ On Sept. 9th, Fitts left the supper table before the rest ; soon a scream was heard, which at first was supposed to come from the room of the epileptics, the windows being open, but it was soon found to be from young Fitts, who had gone from the supper table to the bath-room, wash-room and privy combined ; he had let on the hot water, which came very hot into the bath-tub ; he got in upon his hands and knees ; but jumped out, fell and screamed ; all this happening within five or six minutes. He said he did not do it to commit suicide ; saw the faucet, and thought he must turn it, then thought he must get into the tub,” etc.

He lived only about twenty-four hours after this injury ; and if he did not intend suicide, it was certainly done in a violent paroxysm of insanity. If there was no neglect here in attendance, there was surely a fault in construction—that an insane person could have free access to scalding water. It seems this was the case in several wards of the hospital ; but upon making inquiry there several weeks after, we found a change had been made, whereby the insane could not thus be exposed. In Great Britain, it is made the duty of the “ Commissioners in Lunacy ” to exercise a vigilant oversight of all



"accidents" happening in lunatic hospitals, and also investigate carefully the causes of death, and report upon the same from year to year.

For illustration, we take the Commissioners' Reports of Scotland, for 1872 and 1873: for 1872, the record shows one hundred and eighty-seven "accidents" in twenty-one asylums, resulting in eleven deaths, including suicides; and in 1873, one hundred and ninety-one accidents in twenty-four asylums, with twelve deaths.

#### *Future Policy of the State.*

In respect to the past it can hardly be said, that the State has had any settled policy or guiding principle of action regarding the insane. It has moved as occasion or necessity seemed to require. More than forty years ago, it built the Worcester Hospital to accommodate 150 persons, which was supposed at the time sufficient to meet all the wants of the public for a long time. After two enlargements of it,—more than doubling its original capacity,—the Taunton Hospital was built in 1854, and the Northampton in 1858, both large institutions. Another very large hospital is now being built at Danvers; Taunton is being enlarged, and an entirely new one is building at Worcester, taking the place of the old. Thus the State will soon have four very large lunatic hospitals, accommodating each from 400 to 500 patients; whereas it is the testimony of the best experts or judges that no hospital for the insane should be larger than would suffice to accommodate from 250 to 300 patients; that with this number, rather than any larger, they can be better cared for, treated more skilfully and with results more satisfactory. If, instead of four very large hospitals, the State had six or seven smaller ones, properly located, it would conduce far more to the interests of all parties concerned. The older these large institutions become, the more serious the objections and complaints against them. It is becoming a settled conviction on the part of the medical profession, that the floors, walls, ceilings, etc., etc., of old hospitals become so impregnated with the germs of disease, as to render them actually unwholesome, if not dangerous. These large establishments are found, too, far more unmanageable; accidents and abuses are more likely to occur in them; sanitary and hygienic agencies cannot be



applied in such cases so successfully, especially in out-door exercise and work upon the land. In the treatment of insanity, too much importance cannot be attached to these agencies.

*Wholesome exercise of body and mind is the most effective curative agent in this disease;* and more especially is the importance of this agency seen after patients have passed into the chronic state. Such at the present time is the character of more than three-fourths of all the insane in our hospitals, and this proportion is yearly increasing.

The new and greatly enlarged accommodations for the insane would seem, at first thought, sufficient to meet the wants of the public for a long time. But such is not the case. It is understood that, as soon as the hospital at Danvers is completed, the one at South Boston, being a city institution, will be given up, and its inmates be transferred to Danvers. With the surplus at the three state hospitals, and the probable new cases or admissions for the coming two years, when these enlarged accommodations will be completed, it will be found that they will all at once be occupied. What is the State then to do? Must another large hospital be built? That will, in all probability, be the result, unless, in the meantime, some seasonable provision is made. If we wait a few years without doing anything, when a great pressure, outside and inside of the institutions, is made for still further accommodations, the State, dependent upon incidental advice, will be compelled to do the same thing it has done in past years. Would not a wise policy dictate the anticipation of such a dilemma, and a careful and seasonable adoption of means to meet it? And is not the present a favorable time for such a step,—for the attempt at least to fix upon such a policy or course of action as would meet all such emergencies, and so avert some of the evils or mischiefs that have grown out of the past state of things? Cannot, in this way, a more perfect classification of the insane be brought about, by separating the criminal class, and providing, as soon as may be, for the inebriates and the epileptics by themselves? If no improvement in this respect can be made with the enlarged hospital accommodations, perhaps some good use may be made of the old hospital at Worcester, or of the workhouse at Bridgewater, which, in process of time, will, in a great



measure, be vacated, by the establishment of the new female prison. Then some portion of the chronic insane may, from time to time, be eliminated from the hospitals, and be provided for elsewhere.

What especially is most needed is, that this whole department should be made of more account, and should receive, in all its branches and bearings, greater consideration. Not only the large permanent investment and annual expenditure call for this, but the best treatment and interests of the insane themselves demand it. If only a few more insane persons can be cured, or their situation be improved, or if, here and there, a person can be prevented from becoming insane, it will yield abundant compensation, even in a pecuniary point of view. The cost of insanity is enormous. It costs the community, at the lowest estimate, five hundred dollars to support a person till he can earn his own living; and then, in case he is insane, the average expense of support will amount at least to one hundred and fifty dollars annually. Whereas, if he were well, he might earn more than that,—making a loss annually to the community of three hundred dollars. Should he live twenty years (which is a fair estimate), there would be a loss to the public for each insane person of six thousand dollars; but, in a majority of cases, the loss would be much greater. Some provision should certainly be made, differing from any now existing. Each superintendent and board of trustees is confined in his or their duties to their own particular institution. The board of state charities have a general oversight of all the state institutions, without any special charge of this class. It is true, the secretary, by statute, is directed, among other things, to investigate and report upon the "cause and treatment of insanity"; but, with a constant pressure of other duties, he can devote only a small share of attention to this. Besides, such investigations require peculiar fitness, or such qualifications as few persons possess. The committee from the legislature upon charitable institutions can devote but little attention to this class. The governor and council visit annually, or oftener, the lunatic hospitals, but are not expected to follow up any continuous investigations or plans.

There should be some permanent agency or board charged



with duties in this particular direction. Several important advantages would thus be secured. The public generally, by its reports, would become better acquainted with the circumstances, the wants and the prospects of the insane; wrongs and abuses would be less likely to occur, and, if they should, they would be more easily exposed and corrected. By diffusing in the community a more correct knowledge of the causes of insanity, and thus creating a deeper interest in the subject, the means of preventing it would be better understood and more successfully applied.

There are two or three special advantages which might be secured by adopting such a plan. The *first* is one to which we have already alluded: viz., the creation or appointment of a guardian, protector or defender for those whose natural rights or liberties have, by the interference of law, been taken away, or at least abridged. *Secondly*, it would gather up the improvements made in hospitals at home and abroad, and also the most advanced views of men devoted entirely to the study and treatment of insanity, and bring this knowledge to bear upon the improvement of the insane, especially in our own State. It not unfrequently happens that institutions fall, in their management, into a routine course,—into "the ruts," as it is called,—and those who stand at the head, taking only one point of view, are not aware of their real situation. Now, an independent body of men or a single person would make observations from many different points of view; and, by comparing the operations of one institution with those of another, would detect errors and imperfections,—suggest to one, methods already tested and approved by another,—and the real worth and status of each would be better determined. We should then know which way we are drifting,—whether the real interests of the insane are stationary or progressing. It would seem, from a careful review of at least two of our lunatic hospitals by persons often visiting them,\* that doubt is expressed, whether the inmates there are any better off than they were ten years ago. While there has been marked improvement and progress in medical science and the treatment of disease,—and especially in its prevention,—why might we not hope for more improvement in the treatment of insanity?

\* Report of Board of State Charities, 1875, page 33.



Would not a permanent commission, charged with the broad oversight of the insane and of lunatic hospitals, exercise a decided and salutary influence in that direction? In the more advanced European nations such an agency has been employed for many years, and its influence and labors have been attended with the most beneficial results.

After writing the above, in reply to a letter making certain inquiries, we received a very timely communication from a gentleman who, from his long connection as superintendent with such institutions, and his personal knowledge of the management of the insane, both at home and abroad, is a most competent judge in such matters. Our inquiry was, "What improvements have been made in the lunatic asylums in Great Britain, and what relation does the lunacy commission there hold to these institutions?" The following, in part, is the reply:—

"The improvements are many. They have supplemented and modified their system to such an extent that, while it bears some resemblance to the past, the present is studded all over with new features. The improvements for ventilation, cleanliness, classification, for freedom, both outside and inside, are most noteworthy. Their advances, in the direction of labor among the patients, in the immunity from physical restraint and seclusion, in the granting of innocent indulgences to trustworthy patients, are far beyond what is now practised in any American hospital.

"The lunacy commission has done much, and its continued operation is of incalculable benefit, not only to the insane, but also to the officers of the institutions. They have improved the condition of the insane in many ways, and have rendered a residence in a lunatic asylum less irksome and hopeless to those who are obliged to submit to restraint and treatment in a public institution. They have removed the hard and forbidding, cruel fixtures for restraint and seclusion. They have well nigh emancipated the insane from the use of mechanical restraint; have quite abolished every kind of punishment and task; have raised and improved the quality of food and clothing. They have opened the apartments of the furious and filthy to the sun and air, and opened the doors, that all may enjoy, in some degree, the freedom of the several establishments. More than this,—they constantly act as guardians for the insane, and they strongly support and strengthen those who conduct faithfully



the affairs of the asylums. They have a systematic correspondence with every institution, and by reports from the officers of each they know, not so much the economies of each, but what is better, they have an understanding of the commitments to such an extent, that they can easily tell the justice and propriety of any questionable case. They are made to know of all cases of restraint and seclusion, and they interest themselves in every case of hardship, and thus lighten the burdens of the insane, without in any way increasing the cares of the officers.

From their frequent inspection of the several institutions, and from the mass of facts gathered by their correspondence, they publish every year a valuable report of their labors, with plans, suggestions and histories of cases of hardship, abuse and suffering. Thus, in many ways, you will see the necessity of a "parental board of control," which shall group together more closely the various boards of trustees, unite more firmly\* the various hospitals in their work, and, always leaving the economy of the institutions to existing boards, exercise a kind of judicious oversight of the patients, and, at the same time, stimulate in the officers every endeavor to cheer, comfort and improve the mental condition of the insane. This board should not be a fluctuating body, depending for its existence on the will of any politician, but should be so formed as to be a permanent board, that it may the better exercise a parental care and control not only of the various hospitals, but more particularly of the individual inmates of each. The more special duties of this commission are to have a general care of the insane, whether in hospitals or not; to investigate every cause of complaint made by the insane or by their guardians, both in and out of institutions; to hear and determine in every case of questionable commitment; to find for the insane suitable places in cases of hardship or misfortune, and, when in their judgment confinement in hospital is no longer necessary or proper, to procure and compel such other care as may be most suitable in families or other establishments; to have a more complete registration of the insane, with a view of collating facts in relation to hereditary descent, to intemperance, poverty and crime in their bearings on insanity; and thus to assist in enlightening the public mind with the causes and cure of the disease, and to promote equality and good fellowship among the various hospitals and their officers."

It is highly gratifying to find our views of the utility and importance of a permanent commission so strikingly confirmed. It may seem to some that this topic receives in this report more prominence and notice than it deserves. The



law creating the present commission enjoins it to "examine carefully all matters pertaining to the care and comfort of the inmates of the lunatic hospitals, and add all such suggestions as their investigation may prove to be necessary to forward the designs of the commission, viz., to guard and aid, by wise and humane legislation, those made helpless by their unfortunate mental condition." In view of this broad injunction, and after careful investigation and mature reflection, we could not satisfy our own judgment or conscience without advising what promises permanently the greatest good. No candid or thoughtful person, we believe, could give the subject much consideration without arriving at similar conclusions. The removal of some minor defects or temporary evils is of small consequence compared with the good a permanent living agency might here accomplish. If it was properly organized, and its objects were faithfully pursued, it would be impossible to estimate the extent of its influence or the value of its labors.\*

\* In 1872, while on a visit to Edinburgh, I was greatly interested in an address before the Medico-Psychological Association, by Sir James Cox, on these four questions: "What are the causes of insanity? How is its growth to be checked? What are the results of asylum treatment? What can be done by moral and physical training?" Sir James Cox having had over forty years' medical experience, and, since 1857, been connected with the Scottish Lunacy Commission, his opinions on these topics deserve the highest consideration. I shall be pardoned, I trust, for quoting in substance a few of his remarks: Insanity originates in some form of disease, in a deterioration of the body, rather than an exclusive affection of the nervous system; the five leading factors are, dissipation in its various forms—overwork—meagre fare—lack of ventilation, and neglect of moral culture. Insanity is a disease of ignorance—ignorance of the human organism, and the laws which regulate it; and the only way to check its growth is by a general diffusion of a knowledge of those laws, and the use of all those means necessary for the preservation of good health. When asylums were first established, it was expected they would check the increase of insanity, but that belief has not been justified. While there had been many recoveries and deaths, victims of the malady had been constantly multiplying. Whether asylums had actually diminished the disease, or whether they should always be credited with the recoveries attributed to them, are questions not easily settled. While asylums have accomplished immense good, the good has been mixed with many evils. Asylums are said to improve and humanize their inmates; but do they not sometimes degrade and deteriorate? May not some become incurably insane by the confinement? Are not patients, who have received no benefit from treatment, detained in hospital, when other remedies should be employed? May not the experience of superintendents in dealing with the insane have a tendency to foster belief in exceptionable measures, and inspire unwarrantable self-confidence? Recovery from insanity is far less due to the genius of the prescriber, than to the observance of broad rules of hygiene. Purgatives, hypnotics, anodynes and tonics, are useful auxiliaries; but a comfortable meal is the best of sedatives, and abundance of exercise the best of hypnotics.



Some years since, the superintendent of one of our hospitals, while commenting in his report on the causes of insanity, closed a paragraph as follows:—

“The more we see of mental disease, in its various forms, the more we are convinced that the study of its *prevention* is infinitely more important than even the study of its cure, and that the dissemination of more correct views of the true way of living, and a more rigid observance of the laws of health and nature would greatly diminish its frequency.”

Since that remark was made, more than a million of dollars has been expended by this same hospital for the cure and treatment of insanity, but not one dollar for the dissemination of knowledge for its “prevention.”

But, in attempting to discharge the duties enjoined by this Commission, it is poor encouragement to point out defects here and there, without some prospect or assurance of their being corrected. The same might be said in respect to suggesting improvements. And notwithstanding great advances have been made within twenty or thirty years in the treatment of the insane, as well as in providing institutions for their better accommodation, there still remains room for greater improvement. Among the changes desirable in this State are: a complete register of all the names of the insane, that we may know precisely how many there are in the State; then the names of all new cases from year to year should be added to this register, showing just what the increase annually is, so that inquiry may be made into its causes, and from what classes it comes. We want to know, too, where the insane are,—whether in institutions or not,—whether in almshouses or private families; and, if private cases, whether they are not kept at home from selfish considerations, confined by their friends, when they should be sent to a hospital for treatment,—perhaps wronged in their rights of property, or harshly treated in their persons; and, in case they are of that class who find homes in almshouses, how they are situated, and what are their fare and treatment.

Again, the deep-seated prejudice that exists in some portions of the community against lunatic hospitals and their managers should, if possible, be dispelled, so that all acute



cases of the disease might be sent at once to hospitals for treatment,—that greater confidence may be felt in the management of these institutions, which would result in more friendly relations and intercourse between, on the one hand, the insane and their friends, and, on the other, the superintendents and trustees. This prejudice is based, in a great measure, upon ignorance,—ignorance of insanity, of its treatment, and of the inside operations of hospitals,—and will be dispelled just in proportion as the community obtains a better and more correct knowledge of these particulars. Whatever wrongs, defects or mismanagement may be thought to be connected with hospitals, nothing will help so much to correct them as this knowledge and confidence in the good intentions of parties concerned. The interests of all require that the most effective means should be employed for the cure and prevention of this great evil, and that our lunatic hospitals, especially, should be conducted in a manner to confer the greatest possible benefit on the greatest number of the insane. To accomplish this, all the experience, the skill and the wisdom that can be commanded, either inside or outside of these establishments, should be brought into requisition. Means should be employed to secure, as far as possible, for our own benefit, whatever modern improvements or beneficial results have been achieved, at home or abroad, in this field of charity and philanthropy. It should be seen that everything is here done which is possible, not only to alleviate human suffering by curing disease, but that some active measures should be taken towards the prevention of it. With the rapid improvements taking place in medical practice, especially as connected with the introduction of sanitary and hygienic agencies, both in curing and in preventing disease, has not the time come when some more active measures should be taken to check the increase, at least, of this terrible disease, insanity? If diffusing a knowledge of sanitary laws or of hygiene serves to prevent disease generally, why not pursue the same course in respect to insanity? Great organic evils will never be removed without first understanding their causes. Let there be diffused, then, more light, more instruction, more knowledge. The question of economy here, great as it may be, dwindles into insignificance before the



claims of humanity. In promoting the interests of this cause, individuals can do much, institutions can do a great deal, but the State can do more than all.

In closing this Report I should do great injustice, if not violence, to my own feelings and sense of duty, if I did not make special mention of two things. *First*, the shortness of time allowed for this Commission. The field is so large and the objects are so important that, to do justice to the charge, would require years rather than a few months. *Secondly*. It is not the want of time only,—which may account for any deficiencies that may appear in this Report,—but that I have been wholly deprived of the valuable services of my colleague, W. Phillips, Esq. That clause in the Act—in some respects the most important—charging the commission “to examine the laws touching lunacy,” and advising what “additions to or alterations in the laws are necessary to guard the rights of the insane,” I have refrained from noticing, expecting that Mr. Phillips would make the examination, and such suggestions as he might see fit. Since he has been prevented, by sickness in his family, from active participation in the labors of the Commission, whether by visitation or in the preparation of a report, I hope that he may, in some other form, express his views upon these laws, and suggest such amendments or alterations thereof as he may deem expedient or advisable, as well as express his sentiments upon the various topics that have passed in review before us in this Report.

In conclusion, it affords me great pleasure to return my acknowledgments to superintendents and others in charge of institutions, both public and private, for their courteous treatment and readiness to conduct me through all parts of their respective establishments, and to contribute all possible information which might further the ends of this Commission.

NATHAN ALLEN.



*To His Excellency the Governor, and the Honorable Council of the Commonwealth:*

Very severe illness in my family has prevented my attending to the duties of the Commission on Lunacy with which you intrusted me. I am happy to know that the unwearied diligence and rare ability of my colleague, have supplied every deficiency on my part. His report lays before the legislature the results of his very thorough investigation, and most important suggestions for changes needed in the policy of the State. With almost every line of that report, I fully agree.

I wish to add one or two suggestions:

1st. Touching the unwise and unsafe facility with which supposed lunatics are put in confinement. The genius of Saxon law guards the liberty of the citizen with the most jealous care. If one be suspected of crime,—even murder,—he can be arrested only on the warrant of a responsible magistrate. After that, if not brought within a fixed and brief period before judge, or grand jury, he is discharged. After being indicted, if he is not tried within a fixed and brief period, he is discharged. During all his confinement he is allowed free communication with his friends and legal counsel. Under proper conditions, he may see any one he needs or wishes to see.

But if one is supposed to be insane, a near friend, after getting the certificate to that effect of any two physicians, *whom he selects*, may put the supposed lunatic into confinement. The moment the door of the asylum closes on him, he is shut off from seeing any one. His nearest relative, his legal counsel, cannot see him without the permission of the superintendent, which is generally granted only by the consent of the friend who imprisons him. And until the statute of last session, he was not allowed to communicate with any one, neither with kindred, counsel or friend. The confinement was so close and strict that he could not even invoke legal aid for his relief. Our late statute allows him to write to the Board of State Charities and to the Commissioners of Lunacy. But this is not enough, as I shall notice in a moment. Such a power of putting a person into close confinement is too great to be trusted to husband, wife, father or son, as against a near relative. Such authority is too dangerous to be given to any superintendent. It will readily be seen that it is capable of great abuse. It is wholly unnecessary. No theory of the treatment of the insane requires it. Being entirely at war with



the genius of our institutions, it should be strictly forbidden by law. I have known an instance where a man, suddenly seized and confined in this way, effected his release after a year, only to find his property sold and changed, if not dissipated. In the case of one person now confined in one of our state asylums, my conviction is that he was not insane in any sense to justify restraint at the time he was sent to the asylum. And his property is in the hands of those who imprisoned him. Of course, a sensitive and irritable nature would, under the provocation and chafing of such confinement, often become insane. No such power should be trusted to friend, relative or overseer. If it be necessary to apply to a physician in any case, then physicians of eminent skill, of known integrity and independence should be appointed by the State, and no person should be adjudged insane sufficiently to be confined in any asylum, unless on the certificate of two of the physicians so designated by the State. To leave so fearful a power in the hands of any one styling himself a physician, of persons selected for the very purpose of giving such a certificate,—selected by perhaps interested parties,—is wholly unjustifiable. The mere statement of the case shows to what gross abuse this facility of confinement is liable, and would tempt bad men.

Further, there should be, as in England, a permanent state commissioner, wholly independent,—not connected with any particular asylum or institution. Every overseer of a lunatic asylum, public or private, should be obliged by law to summon this commissioner within forty-eight hours after receiving a patient; and unless such commissioner sanctions it, the confinement should be at once discontinued and the patient discharged. If it be said, the trustees of each institution see the inmates frequently, I reply that their visits are mere formalities; they generally defer to the superintendent's opinions, and content themselves with a formal and perfunctory discharge of their duties. Indeed this is all that can be expected of them, as they are, after all, mere appendages to the institution.

And it will not do to trust wholly to the formal service of any official,—not even to the state commissioner. A man supposed to be insane, should never be debarred from calling to his assistance such of his friends and such legal counsel as he prefers. To secure this, he should be allowed to correspond with any one he chooses. The patience, humanity, unyielding perseverance, pertinacity and strong personal devotion which a man unjustly imprisoned needs, are not to be found in all friends, much less in officials. The sufferer should be allowed to select his own help. His liberty of correspondence, therefore, should be unchecked. As in Belgium,



all letters written by persons confined as lunatics should be forwarded to their address. Of course there should be a superscription on the envelope, telling the receiver whence they came. But, as in Belgium, a heavy fine should be laid on any one who delays, or prevents, the forwarding of such letters.

These changes in the law would go far toward guarding against possible mistakes, and the gross abuses to which lunatic asylums have been found liable. And where mistakes are fraught with such grave consequences, all possible safeguard should be adopted. Many of us are familiar with the case, where the lunatic commissioners of a Western State refused to receive a wife, as they considered her to be sane, and the husband tried to get her within the limits of Massachusetts, well knowing that here he could easily accomplish his purpose to confine her.

Secondly, I desire to express my firm conviction that extensive lunatic asylums, "villages of insane," as Dr. Earle calls them, are open to very grave objections. Dr. Earle has shown that they are vastly more expensive. But farther than that, a diseased man surrounded by hundreds of men similarly diseased, must be injured, and his cure prevented. Particularly must this be the case in mental disease.

Again, the one or two persons at the head, chosen for their high character, great skill and profound interest in the treatment of the insane, cannot have any real, personal oversight of this large crowd. They must unavoidably trust to hired help; we all know how untrustworthy that is. The hospitals can get no better than we all get. Yet who cares to trust a sick friend alone, exclusively in the charge of such assistants as he can hire? We all know the neglect, indifference and shirking of duty that will sometimes come over the best intentioned during long illness. But our sick friend can complain,—will be listened to,—neglects will be remedied, and unfaithful attendants removed. In the case of the lunatic, the trying element is, the lunatic's representations are always set down to his malady,—to fretfulness,—to any cause but the misconduct of the attendants. Even the dumb elephant did contrive to inform his master how the groom cheated him. But we are bound to extra vigilance in the case of one, who, his truth and word being ignored, lies helpless in the hands of those about him. Let him specify and reiterate his complaint as much as he pleases, it matters not; the truthfulness of it, instead of being recognized, is considered a specimen of insane plausibility, and set down to cunning. It is only months after that, some accident revealing the real suffering, the vicious attendant is removed. Even parties who bring to the hospital a good heart and a fair stock of patience, get



wearied and hardened; as it has been found best not to confine judges wholly to the criminal side of the court, lest they become too hardened and indifferent. I am not speaking theoretically. I know that gross instances of ill-treatment have occurred, perhaps without fault of the superintendent. The offenders were removed only after months of mistaken forbearance on the part of the overseers.

Another evil results from this massing up of numbers. There is, after all the expense, but one attendant to several patients. In such circumstances, all means are taken to lessen the care. The most ready is to administer opiates. In my opinion these are used in our lunatic hospitals with a freedom and to a degree that injures the patient, and retards, or prevents, his cure. I feel bound to add that, in my opinion, these are administered not always or wholly from a sense of medical propriety or need; but largely as a means of saving trouble to the attendants. A system that tempts to such fatal methods ought surely to be avoided.

A third objection is the routine diet,—exactly the same food for every Monday in the season, and so for every Tuesday,—and so the week through. Now the insane are invalids, nervous invalids, such as need very nourishing food. Food often does more than medicine to quiet nervousness. The insane need often to be tempted to eat. But this routine dietary must many times disgust patients, make the table repulsive, and end in their being unable or indisposed to eat at all. I have indeed heard of instances where there was not enough even of this formal diet.

In large hospitals this fixed dietary may be unavoidable. I consider that it diminishes by one-quarter the chances of cure.

We should approach as closely as possible the plan of the village of Gheel, which Dr. Howe has so well described. In large grounds there should be a number of separate cottages; a family in each to receive a few patients. There should be as little confinement as possible. Within reach of the medical superintendent, seen by him daily, they should otherwise live as much as possible like other persons. Many have no disposition to escape; many have not the energy to attempt it; with many, an escape would be of little consequence. For the comparatively few who would seek to escape, and who would be dangerous to themselves or others, there should be buildings where they could be kept with as little personal restraint as possible. I doubt the necessity and propriety of restraining any lunatic who is not dangerous to himself or others. My experience convinces me that the largest possible freedom, a plan of life as near as possible to that of ordinary society, doubles the chance of cure. Our lunatic palaces waste money, tempt to abuses,



and encourage a hurtful routine, that amuses and perhaps impresses the visitor, but diminishes largely the chance of cure.

The large and increasing number of the insane in Massachusetts, the very large amount of money spent for their treatment and support, dictate that there should be a constant, independent and sufficient oversight of the whole system and of all institutions, public and private. The state commissioner should have summary power at once to rectify what he considered any abuse of authority or injudicious exercise of power. The rights of the insane, the chances of cure, the interests and feelings of sane friends and kindred demand this. There is work enough for the whole time of one man, and some one of recognized independence and known ability in this department should be appointed and held responsible, in the face of the Commonwealth, for proper action and system.

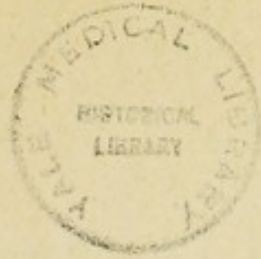
Other communities have long since found this course necessary, and Massachusetts should no longer delay to follow their example.

I beg to add to this letter a communication received from the Hon. S. E. Sewall, once a trustee of the Worcester Lunatic Hospital for ten years.

Respectfully,

WENDELL PHILLIPS.





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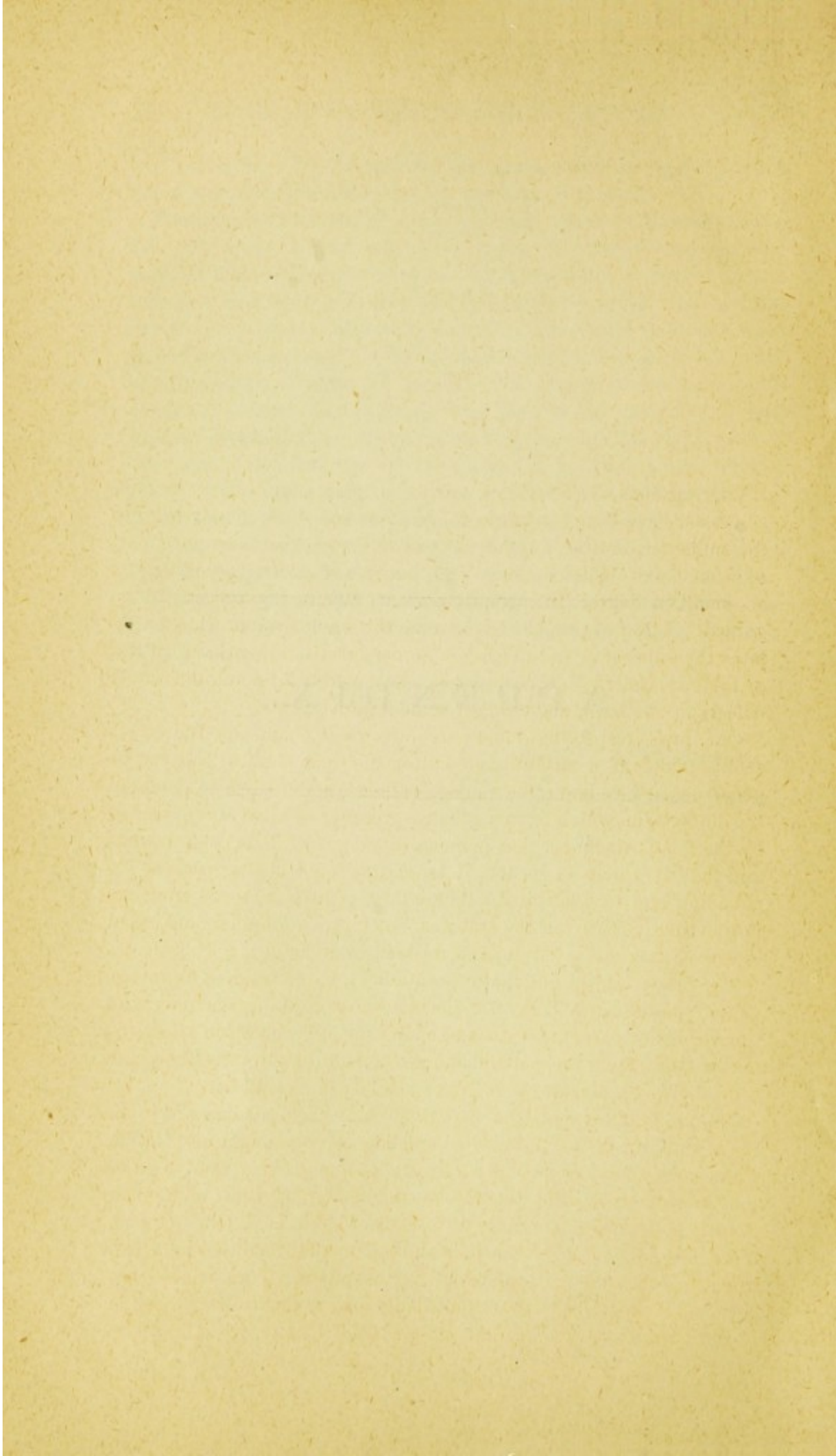
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A P P E N D I X .

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## APPENDIX

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Dr. NATHAN ALLEN and WENDELL PHILLIPS, Esq., *Commissioners of Lunacy.*

GENTLEMEN :—Ever since I noticed your appointment as Commissioners, I have been intending to send you some ideas in regard to the subject submitted to you. I cannot expect that any great part of what I write will be new to you, but if any of it aids you in ever so small a degree in your important labors, my object will be gained. I do not propose to examine the whole system which regulates the admission and discharge of persons from lunatic hospitals, or their treatment in those places; but merely to point out some defects in our laws, and suggest some improvements.

Our laws respecting lunacy require great changes. Indeed, I should rejoice if a careful examination of them should lead you to prepare a new code on the subject, rather than attempt to patch up the old system, which is, in a great degree, based upon and pervaded by the false principles, that personal liberty is of little consequence, and that, if a man is insane, it is, of itself, a sufficient reason for confining him in a hospital. These false principles, to be sure, are not distinctly stated in the statutes, but they are implied, and, what is worse, they are acted on, and mislead even judges.

The proper object of lunatic hospitals is, to restrain and protect, and, if possible, to cure, the insane who would be dangerous to themselves or others, and to cure or improve the condition of others, insane, who, from any circumstances, cannot be so well taken care of in their own houses or elsewhere outside the hospitals.

No one familiar with the facts can deny that persons are sometimes shut up in our insane establishments who ought not to be. Persons of sound mind are occasionally, though very rarely, thrust into these places. But the unjust confinement in them of unfortunates whose minds are more or less disordered, is, I fear, too common. Aged men and women, with their mental faculties somewhat impaired, are frequent inmates of our hospitals. These and others, especially incurables, who are not dangerous to themselves or others, —when they have means, and can be better taken care of either in



their own homes or elsewhere,—ought surely to be left to enjoy as much freedom as their condition permits.

The greatest faults in our statutes relate to the admission of patients. When sent to hospitals by proper authority, these wretched people must be admitted. When once in, being certainly insane, it is always difficult, and often impossible, for the trustees and superintendent to decide whether they ought to be discharged or not, because these officials cannot know the circumstances, beside the insanity, which render the confinement justifiable or otherwise. When men of property can be better taken care of away from a hospital, they ought never to be sent there to save those who are dependent on them from some annoyance. Lunatics who have not sufficient means to provide proper attendance and care for themselves must be taken charge of by the public, just as poor men, suffering from other diseases than insanity, are often sent to hospitals, because they will be more comfortable, and have a better chance of recovery there than in their own houses.

Two modes are provided for committing people to lunatic hospitals. Both are very defective.

The judges of the probate and higher courts are authorized to commit persons to the State Lunatic Hospitals. This is right; for to order a man to be deprived of his liberty is essentially a judicial function. Here commence the errors of our statutes.

1. The judge to whom the question whether a person shall be committed as insane is presented, ought not to decide simply whether he is insane and “a proper subject for treatment or custody in a lunatic hospital” (see stat. 1862, ch. 233, § 2), but should be required to state in his order for commitment, in addition to the fact of insanity, the special reason why the judge considers him insane, and also the reason why he ought to be sent to the hospital,—as his being homicidal or suicidal, or dangerous if allowed to be at large; or that his disease is more likely to be cured or relieved by being in the hospital than if not sent there; or that he is too poor to pay for proper care elsewhere. The judge ought to have his attention called by the law to the importance of considering, in every case, that mere insanity is not alone a sufficient cause for depriving a man of his liberty. Even medical experts sometimes forget this.

2. The law says, “The presence of the alleged lunatic at the hearing may be required or dispensed with at the discretion of the judge.” (Stat. 1862, ch. 223, § 6.) This is entirely wrong. The judge ought to see every alleged lunatic before sentencing him to imprisonment; or, where this is impossible or very inconvenient, the judge should be required to appoint some competent person to examine and report in writing what the man's condition is. I know



that patients in the hospitals do complain of never having seen a judge.

3. It ought not to be left to the "discretion" of a judge (see Stat. 1862, ch. 223, § 6) to determine whether an alleged lunatic shall have a jury trial or not; but whoever demands one ought to have it. It should be no objection to granting jury trials, that they would occupy a great deal of the time of courts; but, in fact, there would probably be very few which would take up much time or leave room for reasonable doubt in the minds of juries or judges. The jury, too, ought not to decide merely whether a man is insane, but whether he ought to be consigned to a hospital; and the judge, in case the decision is against liberty, ought to have the right to overrule it, and discharge any one whom he thinks ought not to be confined.

4. The mode by which our law sends alleged lunatics to hospitals, without a judge, is exceedingly defective. Before any one is sent to such a place as insane, the question, not merely of his insanity, but whether he ought, under all the circumstances of the case, to be confined, ought to be examined by an independent and competent tribunal. Our law, like that of many other States, is lamentably defective on this subject. We allow this solemn question to be decided by the certificate of two physicians (stat. 1862, ch. 223, § 8), employed, not by the person most interested in the decision, but by another, whose wishes and interests may be adverse to his. In practice it turns out, as might be expected, that if one physician refuses a certificate, another is applied to. Really, there is nothing in our law to protect a man or woman, alleged to be insane, from being committed to what may prove life-long imprisonment by the certificate of men, who may be incompetent to judge his case fairly, or bribed to misjudge it.

The only remedy for this state of things is, to allow no person to be confined as a lunatic without the judgment of one or more independent and competent persons, appointed like judges for the purpose. How such persons should be appointed, how their services should be paid for, and the exact functions they should perform, I shall not attempt to suggest, as I cannot now spare time for the purpose. What is most important is to convince the legislature of the wretched character of the present system. The remedies are sure to follow.

I venture to add a few remarks on the management of lunatic hospitals. Frequent complaints are made of the ill-treatment by attendants of patients in hospitals. No doubt there is a just foundation for some of these complaints. Yet, those who are most



familiar with the insane believe, that the greater part of such stories originate in the illusions and exaggerations of unsound minds.

It is absurd to suppose that superintendents intentionally engage the passionate and cruel in the care of their patients; or that they allow such persons to remain in the service when their bad characters are proved. It is so obviously for the interest of all who have the management of hospitals to secure humane and good-tempered attendants that we may be sure they always intend to do so; and, if attendants, of a different character are now and then found in these institutions, it is not through any design of the superintendents to encourage or tolerate cruelty. I am sorry that I can suggest no special legal provisions to prevent the ill-treatment of patients.

The Gheel system of dealing with the insane, by which they are allowed more liberty and home-life than is possible in a great hospital, is well worthy of consideration; and no doubt you will give it. I often noticed, at Worcester, how much more cheerful and contented the patients were in the families at the cottages, than they had been at the hospital. I do not propose to discuss now to what extent this system can be adopted here. But I think every lunatic hospital ought to have some houses connected with it, but entirely separate from the general building,—houses in which convalescent and quiet patients could live in families under the least possible constraint. The only objection to trying the experiment on a large scale worth considering is, that it would increase the cost of taking care of the insane. But this is no reason for refusing the trial altogether; for it might appear that, to a certain extent, the rich would gladly pay for any increased expense; and, still further, the benefit of the system, when once tested, might prove so great as to overcome the objection on the ground of cost. The support of an insane man in a hospital now costs at least twice as much as that of a pauper in a poorhouse; yet this is considered no ground for refusing the poor lunatic the care which his situation demands.

What the patients in our hospitals appear to me to need, above all things, is employment. The women, in this respect, fare much better than do the men. Many of them are employed in the laundries and sewing-rooms; and it is very plain how beneficial these occupations are to those who engage in them. Others busy themselves in sewing, knitting and similar female tasks, in the halls and in their own rooms. A portion of the men are employed in agricultural pursuits in the milder seasons. It is true, a great proportion of the insane are not capable of much labor, either mental or bodily. There is some reading of books and newspapers among both sexes. I have no suggestion for any law on this subject, yet I think that it



is probable, that some mechanical employments might be introduced into our hospitals with advantage; and that a little examination of the patients as they arrive, with a view to furnishing them with suitable occupations, might be useful.

I had written several pages more, but, unfortunately, they are mislaid. As I presume the time is fast approaching when your report ought to be ready, I will delay no longer, but close by alluding very briefly to some of the topics which occur to me.

On several occasions, not very recent, it came to my knowledge that friends were unreasonably refused leave to visit patients in an asylum. What the rules on this subject in our hospitals now may be I do not know. In some, if not all, friends are very freely admitted. But the right to such admission is so important that it should be guarded by law. The Act of the last session relating to the correspondence of insane persons was well designed. It should be supplemented by another to aid friends who desire to see patients.

It is quite time that the law should require every lunatic hospital to have a female physician for its female patients. No man can enter so thoroughly into the thoughts and feelings, whether healthy or morbid, of women as one of their own sex.

The objection most urged against employing female physicians is, that it will not be easy to find women fitted for the position,—that those best qualified will not be willing to become assistants in hospitals, since they can readily find more remunerative employment. This is very true; yet it would be better to place the female patients under the care of such a young woman as can be found, than under that of a young man. We have now so many well educated female physicians in the country, that there is really no excuse for refusing to employ them. The experiment of having a female physician for the female wards has been tried at Worcester. The result I regard as very satisfactory.

For the same reason that I desire to have female physicians, I think that the law should require a part of every board of trustees to be women.

Yours, very respectfully,

S. E. SEWALL.



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