

The psychopathic hospital of the future / by Pliny Earle.

Contributors

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THE
PSYCHOPATHIC HOSPITAL

OF THE

FUTURE:

AN ADDRESS DELIVERED AT THE LAYING OF
THE CORNER STONE OF THE GENERAL
HOSPITAL FOR THE INSANE OF THE
STATE OF CONNECTICUT, JUNE 20,
1867.

...

BY PLINY EARLE, A. M., M. D.,
SUPERINTENDENT OF THE STATE HOSPITAL FOR THE INSANE AT NORTHAMPTON, MASS.

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UTICA, N. Y.
ROBERTS, BOOK AND JOB PRINTER, 60 GENESEE STREET.
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AN ADDRESS DELIVERED AT THE LAYING OF THE

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CONNECTICUT, JUNE 20, 1857

BY ELINOR MARBLE, A. M., M. D.

NEW HAVEN: PUBLISHED BY THE AUTHOR, 1857.

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THE UNIVERSITY OF CHICAGO

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ADDRESS.

Dr. Johnson, in the narrative of his journey to the Hebrides, remarks, in substance, that while, in obedience to the promptings of his better feelings, he would abstain from wishing that there might be a terrible storm upon the ocean, yet, if, in the course of nature, such a storm should occur, he would desire to witness it from one of the Scottish islands.

It is, gentlemen, with feelings not unlike those by which the literary and learned doctor was actuated, that I stand this day among you. Although, by that measure of good-will toward men which it is hoped I may not unreasonably claim, I should be deterred from the wish that any of the human race should become insane, yet, inasmuch as tens of thousands are thus afflicted, and there is every reason to believe that these will be followed by a certainly not undiminished succession, so long as civilization largely substitutes, for man, artificial agencies in lieu of the beneficent influences of nature, I thank you for the privilege and the pleasure of joining you in the ceremonies which commemorate the addition of one more hospital for the treatment of mental disorders, to the number already existing in our land.

The event, at any time and under any circumstances, would be of no trifling importance; but, occurring, as it does, at an epoch in the political history of the nation unfavorable, if judged by the annals of the past or by the ordinary processes of reasoning, to the establishment of institutions which are the offspring of philanthropy

and benevolence, and, furthermore, at a critical period in the progress of the general scheme for the amelioration of the condition of the insane, it is fraught with a significance broad, far-reaching, and full of cheering hope and confidence to both the philanthropist and the mental alien of the future.

The citizens of Connecticut may entertain a justifiable pride in the position held by them and by their State in the great humanitarian enterprise to the promotion of which the exercises of this day are devoted. If not the foremost they were among the foremost not only to perceive the necessities of the insane, but to work out the just results of their perceptions in the establishment of a hospital for the relief of those necessities. Of the now half-hundred institutions of the kind within the limits of the United States, the *fifth* was erected almost, as it were, beneath the actual shadow of the Charter Oak.

The Retreat, at Hartford, became early and widely known for the wisdom, the skill, and the success of its management; and, down to the present day, it has always been regarded as one of the best institutions in the country.

Poets and historians have written of the Age of Bronze, the Age of Iron, and the Age of Gold. In the sphere of the alienist there is yet another age, happily, for man, an age now past, and, it is to be hoped, forever past. It is the Age of the Lancet; the era in which mental alienation was almost universally treated by venesection, and when, in some trans-Atlantic hospitals, the patients were bled not only periodically but indiscriminately.*

* "The period of physicking continues from the middle of May, regulated by the season, to the latter end of September. Two bleedings, according to discretion, half a dozen emetics, if there

Let it ever be remembered, to the honor of Connecticut, that she furnished one of the first prominent opposers of this ultra heroic, this warlike method of treatment. Dr. Todd, the first superintendent of the Retreat, boldly resisted, by both theory and practice, the almost universal medical opinion of his day, at a time when such resistance required a strength of will founded upon a sense of duty, and a moral courage worthy of all commendation.

Connecticut, too, gave to the world and to the cause of the welfare of the insane, another physician of no less merit than him whom I have mentioned, and perhaps of still wider celebrity. I allude to the late Dr. Samuel B. Woodward, for many years Superintendent of the Massachusetts State Hospital at Worcester. Living at a time propitious for the success of his labors, carrying into his work intelligence, skill, industry, energy and perseverance, and by his writings giving to the people the results and the benefit of his experience, he exerted an influence perhaps second to that of no other *man*, and to that of but *one* other person, in creating that public opinion which has founded hospitals for the insane in nearly every State in the Union.

I have intimated that the present is a critical period in the progress of the enterprise for the full and appropriate provision for the necessities of the insane. This enterprise is of so recent origin that, hitherto, it has not been reduced to the definite forms of an established system. This is true not alone in respect to the relations between the hospitals and the different classes of

should be no impediment to their exhibition; and the remainder of the time, until Michaelmas, a cathartic once a week."—*Haslam*, p. 63, of *Minutes of Evidence*, etc.

"I have bled one hundred and fifty patients at one time."—*Bryan Crowther*, *Practical Remarks on Insanity*.

the insane in the general population, but likewise in regard to the organization of the hospitals, and the modes of management pursued in the treatment of patients. The question, foreseen for many years as an inevitable development of the future, whether all our institutions for mental aliens shall be hospitals, in the true signification of that word, or whether some shall be hospitals and others mere asylums, or special almshouses, has at length arisen. If, in the attempt at its solution, there is to be an antagonism of ideas, a controversy of opinion, and a war of words, that antagonism, that controversy, and that warfare have already begun. A discussion of the question upon its merits, although consistent with the general object of this discourse, would involve a length of time incompatible with the occasion, and consequently will not be attempted. You will excuse, however, the delay of a moment upon the subject, for a few words believed to be at no other time or place more appropriate than upon this spot and at the present hour.

It has been asserted, if I mistake not, in places of great respectability and of high authority, that Connecticut would never provide for her chronic insane, establishments with the liberal endowment, the broad organization, and the efficient force of officers which properly belong to a hospital. It was said, substantially, that although she might thus supply accommodations for recent cases, she would withhold her generous and munificent hand from the chronic, and, if she regarded them at all, would give them the common dole of the pauper, in receptacles founded and furnished and managed upon the financial principle of *the least cost to a given number*.

Under these circumstances you will not be surprised to learn that, by many persons interested in the subject,

her course of action has been watched with no little interest and not without anxiety. Let her be thanked, and let the insane throughout her territory be congratulated, that these predictions have not been fulfilled. True to her history, and true to the spirit of the teachings of her eminent sons who have here been mentioned, she has settled the question, so far as she now can settle it, upon the basis of a just, a generous, a Christian philanthropy. She now lays the corner-stone of a hospital, the doors of which will be open to all, irrespective of the duration or the curability of their disorder. By this action she does much towards determining the character of the PSYCHOPATHIC HOSPITAL OF THE FUTURE.

The principle of the accumulation or congregation of large numbers of the insane beneath one roof, how extensively classified soever they may be, and divided into separate families, in distinct halls or wards, has been objected to in some quarters as erroneous, and not the best adapted to the end in view. Upon this principle all the existing hospitals of the country are constructed. In diametrical opposition is the plan pursued at Gheel, in Belgium, where many hundreds of the insane are taken as boarders, a small number in a place, in the families of the villagers and the peasants of the commune. Thus, while at the one extreme, we have a *congregation*, or large family, on the other we have a *colony* of the insane. The principle of the latter, carried to its extreme, as in the commune just mentioned, has few advocates in Europe, and fewer still in America.

But, perhaps in accordance with the old maxim, "A mean is better than either extreme," a plan has been devised for the practical union of the two principles, in a central building for the sick, the excited, the demonstrative and the suicidal, and a number of small build-

ings, more or less remote, for the convalescent and the quiet.

The late Dr. Galt, Superintendent of the Hospital at Williamsburg, Virginia, took the initiative among Americans in the advocacy of this plan. He espoused its cause *con amore*, and has left behind him no inconsiderable number of printed pages devoted, with much warmth of feeling, to its commendation.

He died apparently without a convert. But, since his decease, the plan has found one or two advocates who, with the fervor and energy of sincerity, urge its claims to pre-eminence. Without an endeavor to go into the merits of the question, it may be permitted to me to express the opinion that, how well or how ill soever this plan might work for institutions largely endowed, it appears to me that the cost of the establishment, in both construction and daily operation, would be so large as to prevent its general adoption.

It is obvious, then, from what has already been said, that even in one of the fundamental principles of its existence, the true establishment for the insane, the *Psychopathic Hospital of the Future* is an institution the character of which is not yet definitively determined. Whether or not the present discordance of opinion will increase until the now prevalent plan shall be discarded, or greatly modified, is a question the solution of which is among the evolutions of time to come.

But, assuming that the principle of congregation will be adhered to in the future, as in the past, as a radical, elementary idea of the perfect hospital, we are prepared to give a cursory glance at existing institutions with reference to their approximation toward the perfection desired.

The hospital for the insane is an institution *sui generis*, (a truism applicable, indeed, to some extent, to estab-

lishments for many other purposes, yet equally applicable to but few). It combines within itself, to a certain degree, the prominent attributes or characteristics of several other classes of institutions. It is custodial, disciplinary, educational, medicative; and both its excellence and its success depend upon giving to these characteristics, respectively, the proper degree of prominence. In my opinion that degree has never, hitherto, been attained.

Of all the defects or imperfections of our hospitals, it appears to me that the greatest is the want of an organized, systematic routine of duties, or exercises, applicable to all the patients under the discriminating judgment and direction of the medical officers, and practically applied to a greater proportion of them than any such attempted organization has ever been applied.

The hospitals, now, are too much like mere agglomerations: they should become like crystals. Carbon agglomerated is charcoal; carbon crystalized is diamond. What charcoal is to the diamond, such, I believe, is the psychopathic hospital of the present as compared with the psychopathic hospital of the future.

The hospital, no less than the college, should have its established curriculum; and this should comprehend a course of exercises, hygienic, laborious, disciplinary, amusing, recreative, instructive and devotional. The patients should go from exercise to exercise as students from lecture to lecture. They would then be subjected, during a large part of the day, to restraining, diverting, and hence curative influences, instead of being left to lounge, apathetically, or to wander to and fro in their rooms or halls, subject to the wayward impulses of their disorder, as is now too generally the case with a large proportion of them. There is much reason for the belief that the full extent of both the restraining and the

curative power of what is termed *moral treatment*, have not yet been learned. The marvels wrought in the schools for idiots are suggestive of similar accomplishments among the insane, when, with a perfect organization, the patience and the perseverance exemplified in the schools just mentioned shall have wrought their perfect work in the psychopathic hospital of the future.

It may be alleged, as an argument against the possibility of the realization of these views and predictions, that the nature of insanity is such as to preclude a large part of the patients from participation in the exercises of so elaborate a system as that which is here proposed. The loquacious, the boisterous, the turbulent, the pugnacious, the destructive and the unclean must be excluded. To this it may be answered, that the system hoped for is precisely the thing to prevent loquacity, boisterousness, turbulence, pugnacity, destruction and uncleanness. All persons of much experience in hospitals must have learned that, almost universally, the insane possess the power of self-control, although they do not always exercise it. The exceptions are but very few. A cake will quiet the talkative and the boisterous. A picture from the magic lantern will suppress turbulence. With all the patients in a hospital seated at dinner, pugnacity is generally null, and the only destruction is the destruction of food.

If, under these circumstances, the demonstrativeness of insanity is subdued, it may easily be perceived that it may be subdued by the systematic and prolonged exercises of a perfect organization. Subdued thus for a while, the patient, as a general rule, would exert his self-control permanently, and cease his abnormal demonstrations.

But, extraneous to the hospitals themselves, there is one agent which acts as an obstacle to the perfecting of

those institutions on the basis which is here predicted for them. That agent is public opinion. Hospitals for the insane are new institutions. They are almost wholly the growth of the current century. They are watched, and very properly so, with a scrutinizing, not to say a jealous eye, by the people. But the people, as a whole, know but little of the proper management of the insane. It is a subject upon which, unfortunately, the mass of even intelligent and educated persons are especially ignorant. Hence it is not surprising that the public are unprepared for some things which might improve the hospitals.

One would be surprised if, in a report from an asylum for the blind, he should read as follows: "We are fully satisfied that our pupils are capable of learning to read by the raised alphabet. We know that this method of reading greatly facilitates their general instruction while here, and will be of incalculable benefit to them in after life; *but we leave it to the option of each whether he will learn it or not. If he manifests reluctance or indifference thereto, it is not required of him. No coercion is permitted.*"

It would sound very queer if the superintendent of an institution for deaf mutes should say to us: "The manual alphabet is very useful; in short, it is an almost absolute necessity; *but if a pupil is annoyed by the endeavor to learn it, the task is not imposed upon him. In respect to all of our processes of instruction, each pupil is at liberty to participate in them, or not, as he pleases. We use no coercion.*"

Let the institutions mentioned adopt the principle of action thus set forth, and how long would it be before they would cease to be as crystals and become as mere agglomerations, devoid of system and destitute of order? How long before their pupils would become demoralized

and quite as difficult to manage as the inmates of a hospital for the insane? and, furthermore, and quite as much to the point, how long would it be before the pupils would acquire a good education, the object for which they were placed in those institutions?

But how happens it that the superintendents of the hospitals for the insane often speak favorably of the effects of certain agencies, yet are very careful to add that subjection to, or exemption from, those agencies, is *optional with the patient*? The physician, *rational*,—or, at least, *supposed* so to be,—approves, commends, and recommends, but permits the patient, *known to be irrational*, to decide and, in effect, to prescribe or to withhold. In shorter terms, reason defers and submits to the judgment of unreason.

Take, for example, the agency of manual labor. It is universally eulogized as among the most potent of hygienic and curative means; and yet it is, perhaps, as universally asserted, or intimated, that it is never required of a patient except with his cheerful volition. It is generally understood, and I believe it to be a fact, that coercion to labor is not permitted in the hospitals. But there are some patients, perhaps,—having reference to the form of the disease, it might be said a *class of patients*—who, at a certain stage of their disorder, can be cured by labor, and, apparently, by nothing else. If they do not resort to it they become apathetic and incurable, and often drag out their lives, listless and imbecile, in the wards of the hospital. Very many have, as I believe, thus died who might have been cured by the means in question.

Now in these cases, and more especially where the patient has been accustomed to daily toil, why is it that the only medicament which, as is believed, will effect a cure, is not prescribed and administered? If the medi-

cal officer of a hospital were convinced that the restoration of a patient depended upon the action of a potion of calomel and jalap, would not that potion be given, whether taken voluntarily or involuntarily? If the patient required an emetic would it not be administered, often *nolens volens*? If he refused to eat, until death were threatened from starvation, would he not be fed, even, if necessary, under the coercion of the stomach pump? Certainly, yes. Drugs and medicines may be forced upon a patient until, so far as recipiency is concerned, he becomes a perfect apothecary's shop, and all is right; but any attempt to force him to the genial, wholesome and curative exercise of manual labor, is an outrage upon humanity!

Such is the unique and anomalous position in which, by the force of public opinion, the hospitals for the insane are placed. In permitting the patients indicated to remain uncured, rather than to breast and buffet the breakers of public opinion, by coercing them to restorative labor, the superintendents of the hospitals doubtless anoint their consciences with the balsamic oil of the belief *that of two evils they choose the less*. Perhaps, for the present, their choice is right. But in the time of the psychopathic hospital of the future, the people will believe that any man whose knowledge and judgment are sufficiently good to properly deal with drugs and medicines, in their delicate relation to the great issues of life and death, may safely be entrusted not alone with the decision of the question whether manual employment will be beneficial or detrimental to his patient, but with the power of action in accordance with that decision.

If from all, or from anything, that has here been written, the inference should be drawn that I have overlooked or disregarded the merits of existing hospitals,

their numerous improvements within the last thirty years, or the patient and persistent labors of their superintendents, he who draws that inference is mistaken. *Relative* excellence, not the *actual* or the *positive*, is the burthen of this discourse.

Institutions, like nations, are slow of growth. The old age of the individual man is infancy to them; and the measure of their existence is centuries rather than years. Hence, few would be guilty of the absurdity of supposing that hospitals for the insane, just springing, as it were, from swaddling clothes and the cradle, have nearly arrived at the stature and the maturity of perfect manhood.

As regards the hospitals at the present time, it may be remarked that I am fully conscious that in many of them a large amount of labor is performed by a part of their inmates; but this consciousness is accompanied by the belief that the amount might be much increased, with advantage to those who should accomplish it. Religious exercises upon the Sabbath are established in many: but is it not the fact that the number of patients in attendance could be largely augmented, not only with propriety but with manifest benefit? Devotional exercises of some kind on the evenings of secular days are likewise regular in some; but the practical defect just intimated is still more apparent here than in the gatherings for Sabbath worship. Lectures and exhibitions with the magic lantern have been, to a considerable extent, introduced; but there is a tendency to give too much prominence to mere pictorial effect, without a sufficient address to the intellect. Schools, upon a small scale, have been tried in some of them, and abandoned, in my opinion, without a sufficient test of their utility.

Recently the healthful and disciplinary exercise of light gymnastics has been adopted in at least one hos-

pital. This is progress in the right direction; and, if it be regularly practised, by a large proportion of the patients, the exercise will undoubtedly be very useful. At one hospital, within the last three months, a course of lectures upon insanity has been delivered before an audience of more than two hundred and fifty patients. This, likewise, I believe to be an advance toward the right point.

Bowls, billiards, base ball, foot ball, croquet and various other games and amusements, both without doors and within, are more or less generally furnished for the patients; but their use is limited to too small a number, and it only too often occurs that most of them are permitted to fall into comparative disuse.

But in regard to all, or nearly all, of these means, the objection is that they are *incidental* and *spasmodic* rather than *established* and *regular*; that they are left too much to impulse or inclination, instead of being a positive duty; and that they are not applied to so large a proportion of the patients as they might be.

When the defects which I have mentioned shall have been thoroughly remedied by a comprehensive curriculum, a complete organization, a perfect systemization and an efficient administration, the charcoal, now just ready to begin the process of crystalization, will have become the diamond, and the world will possess the
PSYCHOPATHIC HOSPITAL OF THE FUTURE.

trial. This is perhaps the right direction; and it is
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