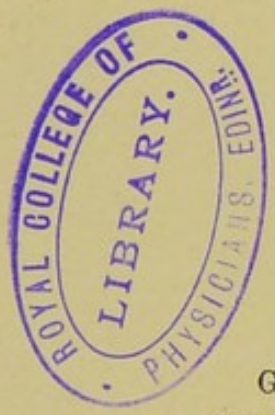
Commitment, detention, care and treatment of the insane : being a report of the fourth section of the International Congress of Charities, Correction and Philanthropy, Chicago, June, 1893 / edited by G. Alder Blumer, A. B. Richardson.

Commitment, Detention, Care and Treatment of the Insane

BEING A REPORT OF

THE FOURTH SECTION OF THE INTERNATIONAL CONGRESS OF CHARITIES, CORRECTION AND PHILANTHROPY, CHICAGO, JUNE, 1893



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THE LUNACY ADMINISTRATION OF SCOTLAND 1857—1892.

BY T. S. CLOUSTON, M. D.,

Physician-Superintendent, Royal Edinburgh Asylum, Morningside, Scotland; Lecturer on Mental Diseases Edinburgh University.

Before the year 1857 the insane in Scotland were supervised and legally protected by the sheriffs of each county, who visited the asylums within their jurisdiction and attended to all complaints of undue detention or improper treatment. The sheriff in Scotland is a local judge with large powers, and he is always a trained lawyer and has a life tenure of office. At various times within the previous eighty-five years there had been erected in Scotland seven asylums, all with royal charters, hence called "Royal Asylums," but all originating in local philanthropic efforts, and in no way subject to royal control or receiving government assistance. They were all situated near the larger towns of the kingdom and were all governed by local boards of management, who appointed the officers, visited the institutions and saw the patients. No local rates or assessments were or could be raised for their erection, but they all, after completion, took in a certain proportion of rate-paid or "pauper" patients paid for by their parishes, as well as "private" patients who were paid for by their relatives or out of their own means. In addition to these royal asylums there were many privately owned asylums where both pauper and private patients were boarded. The poorhouses also had some insane and imbecile inmates of the more quiet sort, and scattered through many of the poorer and more outlying portions of the country were a large number of insane persons boarded with private families; oftentimes very small sums of money indeed being paid for their maintenance, and no supervision being exercised over them at all. There was no central authority in the kingdom whose duty it was to exercise a general supervision over the insane or their guardians.

After the passing of the English Lunacy Act of 1845, under Lord Shaftesbury's philanthropic initiative, more than one attempt was made to pass a similar act for Scotland, especially in 1848, but without success till 1857.

In 1855, Miss Dix, who had in America done much for the insane, came to Scotland and by her exposure of the cruel neglect of the pauper insane in some of the smaller private asylums, roused the government of the day to appoint a royal commission of enquiry into the treatment of the insane and the state of the law. This commission had the advantage of having Mr. Gaskell and Mr. Campbell, two of the permanent English Commissioners in Lunacy on its staff, and also of having Dr. James Coxe as its most active local member, who, it is understood, drew up its report. It issued an admirable and exhaustive report early in 1857 showing the urgent need of legislation to remedy abuses, to erect public asylums, and to provide a central authority for the regulation and supervision of the insane of all classes.

The present lunacy act for Scotland was at once passed in 1857. A few short amending acts have since been passed supplementary to the provisions of that act, but not making any essential change in its principles. The act made provision in the first place for the appointment of a "General Board of Commissioners in Lunacy for Scotland" for the general supervision of the insane in that kingdom, to see that asylums were provided by the local authorities and out of the local rates where none previously existed, and generally to see that the provisions of the statute were executed; but not to administer the asylums themselves, or to act as an executive body in anything relating to the insane. The sheriffs and medical men were left to send the insane to asylums; the local authorities were to form themselves into "District Boards" to build and to govern the new asylums to be erected under the act. The parish authorities and the local inspectors of poor were to take the initial steps as to the sending of patients to asylums who needed to go there. The directors of the existing royal asylums that had all come well out of the enquiry by the royal commission and their physician-superintendents were to be left to govern them and to be responsible for their condition and for the treatment of their patients. Indeed, the commission was granted little power over them except to visit and report and call for returns. The constitution of the general board was a composite one. There was to be a chairman unpaid, but with considerable powers, and it was clearly intended that a man of recognised position in the country should fill the office. There were to be two other unpaid commissioners who have always been lawyers.

But the chief work of the board was to fall on two paid commissioners. It was in the appointment of the last that the wisdom of the government of the day and of subsequent governments who filled up vacancies was shown. The best known public asylum superintendent of the time in Scotland, Dr. W. A. F. Browne, a recognised authority in that department, a specialist, an author of repute, an administrator who himself had that intimate knowledge of mental disease and of the insane and their requirements only to be acquired by residence among them, and who had been in the van of progress, was selected as one. The other was Dr. James Coxe, not a specialist, but a man who had shown himself to be a medical author of a most practical and physiological turn of mind, and who, as a member of the preliminary royal commission, had studied the whole subject carefully in its wide bearings both in England and on the continent of Europe. Two deputy commissioners were appointed, under a section of the act, to visit and supervise the single insane boarded out in private families, and they were carefully selected, one of them being Dr. Arthur Mitchell, now Sir Arthur Mitchell, the present senior commissioner. It is quite clear that this selection of the commissioners was the most important matter after the passing of the act, and here were men with an ideal experience, with a secure tenure of office, with a great public and philanthropic work before them, and with a new reputation to make. They were face to face with varied forms of provision for the insane, with very good institutions and very bad ones, with successes and abuses. The lunacy act clearly pointed to the development of local interest in the insane and of local responsibility: and the commissioners showed sufficient wisdom and knowledge of human nature to set about developing local pride in local institutions, and a healthy rivalry between the different asylums and the various modes of providing for the insane. They had to meet a body of men at the head of the royal asylums of acknowledged authority in their department who were earnestly trying to do their best for their patients. How they should meet and how they should treat these men was one of the points on which their success and their usefulness to the insane obviously and greatly depended. They had to do in certain matters with the boards of those asylums, consisting often of men of great local influence, giving their time gratuitously to the service of the insane. They had to do with the new county rating boards who were to erect asylums, where

they did not already exist, and govern them when erected. The greatest power given to the general board was to erect asylums and assess the counties for them if the county authorities were absolutely recalcitrant; but this power has never been used or even threatened. They had to do with the authorities in each parish who attended to the poor and initiated all steps for dealing with their insane, and these authorities were the governors of the poor-houses and responsible for the single insane who were boarded out. In addition to these, they had to do with the insane who had property to see that they were well treated by their relations and got the benefit of their means for their own comfort and advantage. In very few instances were these powers made autocratic, so that much room was left for convincing, for persuading and for educating all those in any way directly responsible for the insane. Certain clauses of the act constituted the board as the arbiter between local bodies if disputes or opposing interpretations of the meaning of the statute should arise. They were empowered to institute books, and schedules, and forms which should be uniform for all asylums, and their use binding on all. If the statutory forms of admission were legally complied with, they had no direct power of discharging a patient from an asylum. No power was given them to be a roving commission to go about asylums and judge for themselves as to the sanity of the patients, and to discharge them if they considered them sane. When such was their opinion about a case they had to call in two independent medical men to examine the patient and to report to the board; on that report only they could act and order his discharge. As the sheriff had to grant all orders for the admission of patients into asylums, a power of discharge was vested in him as well as in the board, but only on the report of two medical men. The real authority for the discharge of patients when they were well enough to leave an asylum was to be the physician-superintendent. A clause rendered it lawful to treat recent cases of insanity without sending them to asylums, and not necessarily in their own houses, for six months, with a view to recovery, without any formal medical certification and with no judicial order whatever. The board was allowed to grant authority for the transfer of a patient from one asylum to another and for "liberation on probation" for any period under twelve months.

Such being the general provisions of the Scottish Lunacy Act

and the powers of the lunacy board, the most important questions for the publicist now to enquire into are the following—During the thirty-five years of its continuance has it worked smoothly and well? Have the insane been benefited? Has its general policy conformed to the circumstances of the country and given satisfaction to its inhabitants? Has the board taken a large and common-sense view of its duties, and not a narrow, pedantic, and purely official view? Has the public confidence in the lunacy administration of the country increased? Has it prevented or reduced the lunacy scares and sensations so liable to occur in most countries? Has it diminished lunacy lawsuits which usually have their origin and their success in an ignorant public feeling of distrust and suspicion that justice is not being done? Has it strengthened the hands of the physicians to asylums in their most difficult relationship to their patients, to the relatives of their patients, and to the public? Has it aided asylum authorities by judicious advice, and, where necessary, by vigorous backing up? Has it given the country the full benefit of its unique experience in all state questions relating to insanity? Has it been a steady educator of the public in all matters relating to mental disease, so that hurtful prejudices have been diminished, and the "reproach of madness" lessened in the public mind? Has it sweetened and mollified the opinion of men in regard to insanity so that pity and sympathy have taken the place of fear and aversion to any considerable extent? Has its policy been progressive, willing to follow scientific progress, and ready to adopt the lessons of experience? Has it taken pains to find out new modes of treatment and management and to be itself a learner whenever any benefit to the insane was to be gained thereby? Has it endeavoured to be always just and fearless in its dealings with all that it had to do with, whether the demented pauper patient, or the humble inspector of poor of a small country parish or the councils of the great counties and cities in Scotland? Has it gathered together a body of reliable and apposite statistics that will help the nation in its dealings with the problem of insanity in the future?

I have been in asylum practice now for thirty-three years, the first three years of which were spent in Scotland in the early years of the board's existence, and I knew the general condition of the insane in Scotland then, in and out of asylums. I was then ten years in England and had the great advantage of an experience of the working of the English Lunacy Act and the English Lunacy Commission.

I have since been twenty years at the head of the Royal Edinburgh Asylum, where my position is largely independent of any authority except the public and my own board, and I know the condition of the insane in Scotland now and of the public opinion there in regard to insanity. I have read all the thirty-four Annual Reports of the Board. I should, therefore, be in a reasonably good position to give an independent answer to these questions and to point out some lessons from the history of Scottish Lunacy Administration under the Act of 1857. Without hesitancy, I answer all these queries in the affirmative, and I shall adduce a few facts to show that I am not mistaken.

The whole of the poor insane in Scotland are now provided for suitably, but not at all uniformly, either in public institutions or in private houses living a domestic life along with the inmates of these houses. This has been largely the work of the Board under the powers of the act. They are all under the general supervision and regular inspection of the Board through its medical commissioners and their deputies. The very different symptoms of the different forms of insanity have been taken into account and the insane classified into three great groups, and a fourth group is now being segregated, a different kind of provision being made for each of them.

The acute and curable cases, the dangerous, the troublesome, those difficult to manage and those needing much medical treatment are all in asylums. This forms the first and largest group which is rapidly now in Scotland being sorted up into two, viz., the recent, the curable, the acute, the infirm and all those needing much nursing and intimate medical study and care which are being placed in special "Hospital Blocks" detached from the main parts of the asylums, these blocks having special nursing staffs, a special dietary, and special kinds of wards and rooms. The more chronic and industrious asylum patients are retained in the ordinary wards, forming the second asylum class. The second general group, or we may now call it the third, is formed by the lunatic inmates of the poorhouses. These consist entirely of chronic quiet cases, who are placed in small numbers in special wards set aside for them, the "lunatic wards." The accommodation is cheaper than in asylums and the whole cost of each patient less, yet they have what their mental condition and general circumstances need. The fourth group consists of chronic and harmless weak-minded patients who are boarded with private families in cottages over many of the country districts of

Scotland. They have much liberty and individual attention, and live the life of the country people in whose houses they reside. They don't need much medical attention and are, therefore, only visited ordinarily once a month by a doctor. The Board, the local authorities, and the asylum physicians have gradually been finding out the kind of cases that are suitable for these different kinds of treatment and accommodation, the Board giving a solidarity to the working of this system that it could not have otherwise had. The poorhouses had mostly some spare accommodation not needed for ordinary paupers and this was utilised for their "lunatic wards," thus saving the cost of additions to asylums and avoiding the too great accumulation of chronic cases in one institution, and giving more chance of the new and curable cases being individualised and medically treated. At first the Board evidently did not look with favour on the poorhouse ward for lunatics of any kind; but they incited the local authorities to remedy their defects, and they discovered that there were cases for whom these wards, when improved, supervised and provided with skilled nursing, were suitable.

It is still more interesting and instructive to pass in review the "Boarding-out System" for the chronic insane, for which Scotland has become famous and has set an example followed in other countries. The Board at first did not look with favour on the system: but Dr. Arthur Mitchell, who has really done more than any one else to develop it, rid it of its defects and, taking advantage of its capabilities for good, soon began to see in his work as deputy commissioner that certain of the insane could be made comfortable and happy at a small cost, as inmates of cottages, boarded with the cottagers in certain parts of Scotland. In the report of the board for 1863 he went carefully into the subject, laying down broad principles and pointing out dangers, showing the suitable localities, conditions and patients. Subsequently in 1864 he published a small work on "The Insane in Private Dwellings." Certain villages in Scotland have fair houses, respectable inhabitants, and no industries, where some of the quieter insane can find real homes, can mingle in family life and can thus be made happier in their lives than when aggregated in the necessarily artificial life of pauper asylums. Strict and constant supervision by the deputy commissioners and the local authorities is needed and careful selection has to be made of suitable cases, and this is provided for by the board. In Scotland, at the present

time, there are 8,871 patients or 70 per cent. of the whole in asylums; 875 or 7 per cent. in poorhouse wards and there are 2,560 or 20 per cent. boarded out in private families. Had all the two latter classes, amounting to 3,435, been placed in asylums, the cost of buildings would have been something like £700,000. Only 163 or 1½ per cent. are now in private asylums.

The history of the relationship of the commissioners to the asylum physicians in Scotland is a question well worthy of study by those who desire to understand how an inspecting government authority, with very limited power of directly carrying its recommendations, may influence for good an executive authority without impairing its vigour of action, its power of initiative, or causing undue irritation. To say that no friction or irritation on either side has ever arisen would not be true. To say that one side has always been in the right would be incredible, as human nature is constituted. The commissioners on their side endeavoured to back up the authority of the asylum physician. When reform or advance was needed they tried to have it come through him. They almost never appealed over his head to the asylum board. They mostly recognised that the daily irritation and wear and tear of meeting his patients was a strain on the doctor far worse to bear than the strain on them from their occasional visits to institutions. They did not conceal that to do a thing is much more difficult than to recommend its being done. They did not demand or expect perfection and they were not too exacting about small things or details. They did not, as a rule, go in for fads or small irritating and non-essential recommendations. They tried to enter fairly into men's special difficulties. Whilst always trying to do full justice to the patients' grievances and views, they did not assume that these were of necessity the whole truth. In their personal relations with the doctors, they studiously cultivated a friendly and courteous manner, for the most part avoiding all martinet ways or unduly suspicious procedures. They were willing, nay eager, to notice improvements and advances, to give full credit to those who originated them and to spread them to other institutions. I may adduce a few examples. From the very beginning the commissioners, more especially Sir James Coxe, were observant and commendatory of every arrangement that promoted more freedom among the patients in asylums, that made their lives more domestic, and that promoted employment. A

large number of the patients in asylums were at first wholly or partly confined to enclosed "airing courts" for their out-door exercise. Dr. Sibbald, now one of the Commissioners, then superintendent of the Argyll Asylum, disused his airing courts altogether, sending all his patients into the grounds and on the farm. The success of this experiment showed that undoubtedly airing courts had been too much used and might be attended with marked disadvantages to the patients, which their disuse largely overcame. The commissioners at once went in for an anti-airing court crusade, giving Dr Sibbald full credit for the suggestion, and now few airing courts in the old sense are used in Scotland. Dr. Batty Tuke at the Fife asylum put handles on many of his ward doors so that the patients in these wards could go out and in as in an ordinary house or hospital, and called this the "open door system." The Commissioners very soon saw that there had been too much locking up and advocated more "open wards." All over Scotland every asylum has now half or more of its wards with "open doors" in this sense. Dr. Rutherford at the Argyll, Lenzie and Dumfries asylums in succession adopted a system of management, more free, apparently more risky, but more trustful towards the patients than any asylum doctor had ventured to adopt before; and the Commission soon took up the good points of his system and advocated them all over Scotland. Even though some serious accidents did happen in the course of these experiments towards making the lives of patients in asylums more like those of men and women in their homes, the commissioners backed up the doctors and took a fair share of the odium and risk. More recently I reconstructed our former "refractory wards" and converted them into handsomely furnished and bright "Hospitals" for recent cases, for the sick and for those patients who needed special bodily nursing, introducing into these wards a special nursing staff and more markedly medical arrangements than had existed before in asylums. The Commissioners approved of this as an advance in asylum arrangements and as being for the good of the insane, and they have advocated it all over Scotland, so that there are now finished or building at six asylums such "Hospitals." Above all every royal asylum in Scotland has of recent years rebuilt, extended, or modernized itself *sua sponte*, the commissioners freely using the experience thus gained for the general benefit.

The Commissioners have always more or less, and of recent years,

distinctly more, recognised the spirit of *esprit de corps* in our department of the medical profession with its subtle but strong and pleasant effect in softening personal differences, in heightening self-respect, and in creating personal regard. They constantly attend medical meetings where subjects connected with insanity are to be discussed. They commonly try to get things put right through the process of convincing by facts and the example set by others rather than official reprimands. They want every asylum doctor in Scotland to feel that in many respects Scotland is ahead in the treatment of the insane and that he must help to keep up his country's credit, and this is not done in a patronising or offensive manner. They recognise that it is a great scientific as well as an administrative problem which the Commissioners and asylum physicians have to solve together; and the spirit of modern science tends to produce a fellowship of enthusiasm in all who are earnestly engaged in its work. Asylum administration without the spirit of modern science must be a barren and unfruitful pursuit, as well as an uninteresting if not repulsive employment. If the Scottish system of lunacy administration has been in any way successful, it has undoubtedly been largely due to the fact that medicine and law were allocated their proper places on the Commission. The medical Commissioners visit the patients and the institutions; the legal Commissioners sit at the Board meetings and give the benefit of their legal knowledge.

With all their *suaviter in modo*, however, the Scotch Board can exhibit the *fortiter in re* and have exercised their statutory authority vigorously when the occasion demanded it, and do not hesitate to take the public along with them in carrying any important point. They have had several very important differences with asylum Boards of Directors and physicians and have fought out the matters in dispute sharply. They have not always been in the right on all points, but such differences have now almost ceased.

On the other hand, the asylum physician-superintendents have gradually come to recognise how great a help to them in their work the Commissioners are. They see that where personal liberty is involved the public and the law must step in with efficient safeguards and that such safeguards must be independent and outside of asylum influences altogether. They have come to recognise that in this way only will the public have full confidence in them

and their work. They have, therefore, loyally accepted the position and endeavour to satisfy the Commissioners in every reasonable way that the real interests of the insane are safe in their hands. They are disposed to take advantage of the wide general experience of the commissioners and to ask for counsel and help in their difficulties, a spirit which they always find appreciated and cordially met. The irksomeness to human nature of being inspected and looked after is thus greatly done away with. They know that when they do their best they will get credit for it; that when unavoidable mischances arise they will be fairly and not suspiciously treated; that their individual ideas and efforts will be appreciated though they may not be quite in the routine lines. They have come to look on the Commissioners as a great bulwark and protection to them, exposed as they are to the suspicions and misinterpretations of the public that is necessarily ignorant of their difficulties. Their comfort in their work and in life is thus increased. Some men are by temperament very jealous of official control or supervision and are irritated and often embittered by it. Our Commissioners have been on the whole large-minded in dealing with such men so long as their work was well done. When an asylum superintendent once gets his own Directors or the Commissioners on the brain it is all up with his future official happiness. He gets suspicious of everything they do, thinks of nothing else and becomes too thin skinned to work comfortably with. Our Commissioners have not been unmindful of this phase of human nature, trying their best to avoid giving occasion for it. Men who will not recognise that their work is a greater thing than their feelings cannot always be propitiated, however.

One possible reason of the success of the Scotch system of lunacy administration has probably been the smallness of the country, which enabled the commissioners to know each asylum and its local circumstances well, and to know almost every patient. Sir Arthur Mitchell, now the senior medical commissioner, did a very valuable service to several of the old royal asylums by investigating their histories, bringing out the conditions of their origin and their original, *raison d' être;* this information coming from an impartial authoritative source helping to get these institutions out of difficulties they had got into, and saving expensive fights before the law courts. At the present time the whole sys-

tem works with smoothness, while the insane are nowhere better taken care of, and our institutions are every year visited and are commonly praised and held up as examples by distinguished and impartial visitors from all parts of America and Europe.

Since the 1857 act came in we have never had any important lunacy law suit in Scotland, and it is certain that the Scotch people have great confidence in their system of lunacy administration, as is evidenced, amongst other ways, by what is constantly said of it in their great newspapers.

THE TREATMENT OF DEGENERATIVE PSYCHOSES.

BY JULES MOREL, M. D.,

Medical Superintendent, Hospice Guislain, Ghent, Belgium.

For nearly three years I have been daily occupied with the medico-psychological examination of prisoners and young offenders in the reformatories of Belgium. As my experience has enlarged, I have felt the high importance of what I like to call my mission and the happy results that may follow from it in behalf of those deprived of intelligence and moral sense. I called attention to the great importance of this examination before the psychological section of the British Medical Association in 1892,* and there offered the following conclusions:

First.—That every prison with a population of, for instance, one thousand or more convicts should have a special ward in which one could take proper care of all the criminals who have become insane during their detention and are susceptible of recovery.

The treatment of the criminal and curable lunatics in a separate building of a prison seems to me to have great advantages. On their discharge these unhappy men could not have the stigma of having been in a lunatic asylum and consequently it would be easier for them to reconquer an honorable place in society. The special lunatic asylums for criminals ought only to be opened for those whose mental condition would not allow of rational treatment in the division of the prison called the lunatic ward; they should also receive the insane criminals whose incurability is more or less established.

Second.—That each prison, and a portion in each ward destined for criminals having become lunatic, ought to have a special staff of attendants with the necessary qualities, instruction and education required to treat rationally the convicts who become insane.

Third.—That all convicts belonging to the class called imbeciles ought to receive special physical and mental care. They ought not to be discharged before the end of the duration of their imprisonment, because, it is this class of degenerates that furnishes the great contingent of recidivists. One ought also to group in this class those criminals who, by their former way of living, have weakened their body and mind.

Fourth.—That society does not take sufficient care to preserve malefactors from relapse. In the present state of things, and almost generally, the

* The Psychological Examination of Prisoners, in "The Journal of Mental Diseases," January, 1893.

old criminals feel themselves abandoned by those who ought to protect them in a social point of view; very often they are obliged to look for hospitality in lodgings inhabited by the lowest class of society. It is not easy for them to find work again, consequently they are obliged to spend most of their time in these houses of ill-repute. With the little money they have they begin to drink; they make the acquaintance of bad people, and by and by they begin to attempt, or are provoked to commit new crimes.

The psychological examination has often proved that these individuals on leaving the prison cured, as much as possible, physically and morally, if they are obliged to follow the course we have described, soon again decline mentally, and, above all, lose their will and their self-respect.

I read also, before the Congress of Anthropology held in Brussels a few days afterwards, a paper "On the Nature of the Incorrigible,"* and asserted:

That anthropologists cannot classify the incorrigible without having recourse to the science of pathology. Degeneracy may involve at the same time the physical and the psychical state, but it may vary greatly and predominate in one or the other of the two states. Lombroso's school has devoted too little of its attention to the opposite etiology which considers the amelioration of man. After having studied the so-called incorrigible as well among children as among youth, we concluded: In order to give to the theory of incorrigibility some standing, some scientific value, it would be necessary to be able to bring forward certain specimens as having passed through all the different systems of treatment and education. The proof of incorrigibility in men who, psychically, present no hereditary taint, is, therefore, yet to be made. . .

The reformation of so-called incorrigibles should be attempted in the reformatories and prisons; it should be continued even outside of these institutions. . . . If every country had the good fortune to have a law for the protection of childhood; if the authorities had sufficient latitude to remove the children from parents and tutors incapable or unworthy; if the governments would organize methodically a system of education for these unfortunate creatures, in a very few years we should see criminality decrease to a considerable extent.

To-day, and in consequence of the kind invitation of your worthy President, Dr. G. Alder Blumer, I have the honour to offer to the section on the Commitment, Detention, Care and Treatment of the Insane, of the World's Congress of Chicago, the benefit of my unintermitting study, hoping that the alienists of the New World will be pleased to accept favorably these few lines. Indeed, in what other part of the world could we meet more extended ideas of charity than in the United States? Is it not in

* The Monthly Summary, 1883, Elmira No. 2, and Bulletin de la Société de Médicine Mentale de Belgique, 1892.

this country that one ever says and repeats: No State or nation was ever ruined by the greatness of her charities? The Lord seems rather to prosper those peoples who are most generally charitable toward the helpless and the unfortunate.

I submit these lines to your learned appreciation and I should feel myself well rewarded if the *élite* of the American alienists who favour me with their kind attention, could also favour me with the expression of their opinions concerning the question of the unfortunates predisposed to insanity and criminality either by heredity or by acquired diseases or bad education.

During my later studies I had the good fortune to make the acquaintance of the excellent German book of Dr. Koch, Medical Superintendent of the Lunatic Hospital of Zwiefalten, entitled: "Die Psychopathischen Minderwertigkeiten."* This title of "Psychopathic Depreciations" is given by Dr. Koch to a very large number of these psychical manifestations, so varied in their nature and intensity which, without belonging to the class of mental diseases proper, cannot, nevertheless, be reconciled with the idea of perfect mental sanity. Under this head of psychopathic depreciation we meet cases perhaps better known in mental science as premonitory symptoms of insanity, incomplete recoveries, nervous temperament, hereditary neuroses, obsessional insanity, hereditary madness, neurasthenia, neuropathic constitution, etc.

Koch prefers his single denomination and, in preparing his work, his aim was to call the attention not only of the medical world but of all persons interested in pedagogy, law, and morals. In order to make his book, or rather the importance of it, better known, he made several divisions and subdivisions of his psychopathic depreciations; he took a special care to establish evidence of pathological shades corresponding to functional alterations of the brain and the nervous system; he made two great divisions, congenital, mostly hereditary, and acquired. Each of these conditions were divided into three others: psychopathic predisposition, psychopathic defect, and degeneration. A few words are necessary to define these conditions as we meet them in the different cases of mental weakness of which I have to speak: Congenital predisposition in psychopathic depreciation may be latent or evident. It is characterized by an exaggerated sensibil-

* Baumburg. Published by Otto Maier: 1893.

ity accompanied with a lack of activity or of energy of the nervous system.

In the psychopathic congenital defect we have anomalies of the psychical excitability, exaggerated excitability, rapid weakness (irritable weakness), want of balance in the mental faculties, an exaggerated individualism, a want of uprightness and judgment, inconsistency in the conduct, eccentricities, singularities, obsessions, and periodicity in these symptoms. Also Koch speaks of eccentrics, desequilibrated, overscrupulous and capricious persons, foolish, misanthropes, redressers of wrongs, reformers of society, etc.

The congenital degeneration is characterized among other psychological deficiencies by a mental weakness, now in the province of the intelligence, now in the department of the moral sense, and at other times in both the intellectual and moral spheres.

The acquired psychopathic depreciation may naturally depend upon a predisposing etiology and in this case heredity will be the most important. It is needless to mention the efficient causes before this learned body; they are, moreover, too numerous. Great caution is to be used here in order not to confuse this depreciation with neurasthenia and the first symptoms of general paralysis.

In the psychopathic acquired defect the learned German alienist distinguishes the idiopathic blemish from that resulting from a vitiated constitution from intoxications, infections and nervous diseases, railway-brain, onanism, puberty and pregnancy.

The acquired degeneration is, like the congenital degeneration, a pathological condition, an intellectual or a moral weakness. It may be the consequence of an uncured insanity, of infectious diseases, of cerebral traumatism, etc. We may call it a specific degeneration when it follows alcoholism, senility, epilepsy or any other chronic neurosis.

The above quoted divisions and symptoms make it clear why Dr. Koch is not a partisan of Lombroso. We also have only to mention the results of the last Anthropological Congress, held in Brussels last year, to prove how the Italian school has lost a great deal of its prestige. This may be of importance before entering upon the practical part of my subject.

What I am now advancing is not new to competent alienists, who are daily called to give their opinion in doubtful cases, and, consequently, in cases of psychopathic depreciation. But how

often does it not happen that patients and their friends only take the advice of their family doctor who, many times, knows scarcely anything about mental diseases; who, generally, even when he knows of the results of heredity and acquired predisposition, is incompetent to properly advise his patients, because he never passed a medico-psychological examination when taking his degree, or never had the opportunity to practice to any extent in mental diseases.

How difficult it seems, and certainly is, in general practice to recognise the diminution of the force of resistance in nervous diseases! How little attention is given to the question of predisposition or heredity! How often the predisposed are living under bad influences!

The treatment of all psychopathically depreciated individuals and consequently their preservation from the evils that threaten them, ought to begin in their earliest infancy. Let us first avoid assuming hereditary predisposition when either insanity or a serious nervous disease has been stated to have occurred only once in the parents. Too often such a conclusion is adopted and hope of recovery in the descendants is given up, because one of the parents or the grandparents was affected with insanity, for instance at the period of puberty, of pregnancy, even of senility or by reason of another organic disease of the brain. A preliminary examination of the insane needs to be made before one is enabled to judge in regard to an appearance of heredity. It is only after a careful examination that one can believe and sometimes prove the existence of heredity. The proof will be beyond doubt when in parents and in their children stigmata of anatomical and psychical degeneration are abundantly found.

Whatever may be the prognosis after examination, the alienist need not always despair, except in cases of idiocy in a very high degree and of extreme dementia. The physical and mental training in the special asylums for imbeciles and idiots give such splendid results that we can not imagine how parents, and, especially, those charged with heredity, are not encouraged and advised by their doctor and friends to try, from the first year of the child's life, special measures for their preservation. If a good and persevering physical and psychical management of the weak-minded gives such admirable results in asylums, it would be still better if the child could be trained from the earliest period of its

life. This subject is ignored by the public, and in every case not sufficiently appreciated. Great efforts should be made to call the attention of all educators to this capital point.

For cases of simple congenital predisposition it is impossible to give here a full description of the prophylactic treatment. It will be sufficient to mention that indications and directions are in this matter very numerous, and that patients ought to be under the care of a physician possessing an extensive knowledge of this subject. In many of these cases it is of urgent importance that the family doctor be assisted by an alienist, as very often the judgment and the science of two medical men are not too much to save a child for the remainder of his life.

The cases of psychopathic defect must be taken into serious consideration as we are now living in the century of the neuropathies and nervous weaknesses. Here the duties of an alienist and of the medical men in general are very important. First of all we have to try and preserve the patients of a nervous, or of a weak constitution. It need not be said that we have to oppose their marriage, as nothing exactly proves their hereditary tendencies. However, advice is to be given to them, they ought to know in what state of health they are living, they must be informed of the great danger of the matrimonial union with a person of the same tendencies and especially when consanguinity exists between them.

The greatest care is to be given to children of this class. Experience, already, has led to the conclusion, that mental and physical overwork increases this defect; that young brains must not be overexcited with pernicious thoughts. The will of the children ought to be cultivated and strengthened, and consequently their mind should be regularly educated. The bodily exercises should be regular and not exhausting; the digestive functions should never be artificially stimulated in any way to increase unduly the assimilation of the food. The development of the intelligence, the sensibility and the physical training ought to be looked after in the same way. Consequently special attention should be given to the schooling and education.

Again, it is not possible to give here all the special directions. It would lead us too far, and, moreover, it would not be possible to give them completely, as they vary so much according to the individual under care. Nevertheless, we must know that physicians and parents or educators ought to understand each

other, and, once a plan of living is laid down, it ought to be followed and watched every day. The success depends on this. Let us not forget the great influence of hygienic conditions (air, light, food, dress, habitation, sleep, muscular exercises, etc.), for, without them, the efforts made for mental training are useless.

When putting these orders into execution, we not only prevent an increase of the congenital tare, but also we perceptibly amend the psychopathic depreciation that no doubt in the usual way of living would certainly become wòrse. The object very often thus secured is double: aggravation has been prevented, amelioration has been obtained.

But how frequently the efforts are unsuccessful, because either the family doctor, and the educator have no time to superintend the treatment and often also are unable, for many reasons, to individualise the treatment as they ought. Therefore we cannot sufficiently appreciate the high value of well organized special boarding-schools for the weak-minded.

The special aim, says Koch, is to teach the patient and to enable him to govern himself, to repose confidence in himself. To reach this end, a great deal of patience is required of him who undertakes this treatment; he has to exercise himself to win this patience; he must know how to divide the time for work and the time for rest. For many of these mentally depreciated subjects, variety is wanted as well for the physical work as for the mental training.

Those charged with the application of these remedies and exercising good judgment, are soon enabled to distinguish those cases that are the most favourable, from those that are the most difficult; they can soon say, that a favourable remedy for the one may be noxious for another and vice versa. The use of tonics, spirits, cold baths, etc., and even hypnotism, may be tried, but great caution is to be exercised and these remedies should never be employed or prescribed except by medical men.

What has just been said proves the superiority of good special institutions. All those connected with them have very delicate and difficult duties to perform. As the end to be attained is unique, all the teachers and other persons belonging to the institution should do all they can, to co-operate with and to fulfil the instructions of the medical staff.

Even the subjects of congenital psychopathic depreciation in a

high degree, as for instance, those suffering from obsessions without delusions, are not inaccessible to successful treatment. In those cases, naturally the most important part belongs to the medical treatment as in most mental diseases the more serious cases, dating from the first youth, and aggravated in proportion to the age, are more difficult to be completely cured. However, we can often stop the progressive evolution, and patients can be ameliorated in such a way that the improvement makes their life very bearable. How often since attention has been called to neurasthenia, the so-called American disease, but existing in all civilized countries of the world, have these sufferings, these formerly incurable nervous exhaustions, been cured!

The same results may be obtained with the intelligent but psychopathically depreciated subjects. Almost daily we see these successes when patients are enabled to understand the nature of their sufferings, to discern that their disease does not belong to insanity, that it will never lead to a mental disease. This understanding is one of the best of all anodynes; it reminds me of what one day the celebrated Professor Donders of Utrecht (Holland) told to one of his patients suffering from an hyperæsthesia of the optic nerves of a neurasthenic origin: "What science cannot, often time and hygiene can, realize." The intelligent patient had received from this learned man the assurance of his sight; a good hygiene and mental rest did soon afterwards produce a cure.

Is not this the best proof that the psychopathically depreciated ought to give their entire confidence to the person of their doctor's choice, who has, so to say, to nurse and to help them according to the medical directions?

The acquired psychopathic depreciations, of either the first or second degree, may also exist from the first years of the child's life. Already we have said that neurasthenia can be confounded with it. These depreciations, in proportion to their intensity, are successively characterized by a state of fatigue, and even a nervous or mental exhaustion accompanied with physical weakness and functional trouble in one or more organs of sense,—by a pathological debility of the intelligence, and impaired memory especially for recent facts, a difficulty of comprehension and of bringing up ideas and judgment,—often together with other troubles, fears, despairs, especially in cases of intoxications by morphine, cocaine, bromides, coffee, etc., in cases also of passive cerebral

hyperæmia, traumatic neurosis, etc.—and increased by irritability and excitability when the troubles arise from onanism, puberty or other period of transformation in the sexual life. In the highest degree, when there is nearly no hope of recovery, the patient is in a lingering state for the remainder of his life. These cases are met with in cerebral traumatism, in organic cerebral diseases, and as a consequence of many infectious diseases. In this degree we have modifications of the character, and in the sphere of the sensibility and the will. These troubles are still more marked in hypochondria and hysteria.

As to its treatment, many prescriptions are the same as for the congenitally depreciated we spoke of. It is a capital duty to begin to fight, from the first symptoms, against predisposing and occasional causes, because if you prevent aggravation, you make recovery possible. Especially in these depreciations, the alienist ought to utilize all his science and prove that only mental science is insufficient to cure such patients. Not only has he to guide the intellectual life, the life of sensibility and will; he has also to remedy the morbid somatic conditions, to superintend the general régime: times of work and rest, air, light, dressing, preservation from alcoholic and other excesses.

So doing, following the scientific prescriptions, not only one increases the force of resistance of the patient, but also of future generations. Often one succeeds in increasing the power of commanding one's self, of renouncing certain factitious wants and passions, enlarging the feeling of duty, understanding the aim why he is born, and what holy mission he has to fulfil upon earth. The intelligent man has always to have in mind that he has to improve himself, to try and benefit his fellow creatures and so he fulfils before society and the Lord the most important of his duties. Medical men, parents or educators, have always to think about these essential principles, and when they do not reach the wanted results at home, they have to commit their patients to proper special institutions, but never to those where care and education is given by routine.

In the highest degree of congenital depreciation we have the real mental degeneration. Persons suffering from this defect are better known under the name of degenerated or weak-minded. Many of them are found in lunatic asylums; the greatest part enjoy their liberty but the population of the prisons and of the

reformatories count a certain number of them. In order not to repeat, we will include in the same division the acquired psychopathic depreciations, also degenerates or weak-minded, as in a medico-psychological view the treatment may be said to be nearly the same.

We all know that a great difference exists in the mental state of health of the degenerates. Some degenerates are distinguished by a great deficiency in the intellectual sphere, some others are characterized by a great want of moral power, others finally have deficiencies in both the intellectual and the moral spheres.

Although many degenerates are hopeless as regards treatment, a great number, a proportion of nearly sixty per cent., is suited to be submitted to a mental training. According to Shuttleworth and Seguin, if a complete cure may be considered as impossible, many of the most serious and disagreeable symptoms can, nevertheless, be removed. The degenerates, inaccessible to kindness, to severity and to every kind of treatment, are individuals, so says Koch, whose pathological lesions are identified with physiological wickedness. Notwithstanding this, some of them often show one side on which they can be taken, especially when they are kept away from noxious influences and when they are brought into a new medium. This fact is to be verified in well organized lunatic asylums; seemingly hopeless weak-minded cases, after a certain time of training, are often enabled to learn a handicraft or a trade and to return to their family.

Some weak-minded of the lowest degree, if unable to reach this so-called perfection, can still be made useful and happy, although they must meet certain difficulties in the course of their existence. These results can be obtained, but before attaining them a great deal of courage and energy is requisite. Courage and energy should be applied, great should be the patience and persistence as long as some hope remains. Do not even despair with morally insane. Meynert, Von Krafft-Ebing, Koch and others of the best known alienists have succeeded, after a certain period of treatment, in attaining more or less great and permanent results. What nature really refused cannot be given to a degenerate; but sometimes it happens that something can be added to what already exists, and very often more natural qualities can be discovered in an individual than was to be hoped.

The qualities required for the training of degenerates are so numerous that it is very seldom parents and relations possess them; often they are unable to form for themselves any correct opinion of the mental state of their weak-minded charges; often too, the intellectual powers of the relations are insufficient, and often also they refuse to be good aids because they cannot believe in the good results of a rational treatment. And without a gradual education the mental deterioration of the degenerates increases without interruption. For all these reasons we have scarcely any hope of amendment if the weak-minded are kept in their families.

Happy are the degenerates confined in season in a good lunatic asylum or in special schools for weak-minded and even in reformatories. Some are to be found in the prisons. The most fortunate are those who encounter on their way medical advice rather than a judge! The staff of the lunatic asylums, or better still the staff of the asylums for idiots and imbeciles, know their mental deficiencies, and the medical superintendent keeps them under proper care as long as they are unable to join their family.

The reformatories and even the prisons mostly receive the neglected or abandoned degenerates, who have become criminals.

Can a happy modification of the degenerated be obtained in lunatic asylums? Does a reformatory suffice to amend the psychical lacunae of the weak-minded offenders? And I mention only the prisons, as a recollection, because in the present situation of the penitentiary system I don't believe very serious improvements can be reached in these institutions.

I make haste to say that at the present time we possess several well organized asylums with special sections for children, which have all the desired means to ameliorate the mental state of the weak-minded, but only upon condition that they should be sent to them when their age and the degree of their intellectual powers still give some hope for their return into society.

I have seen many lunatic asylums. I know all those of Belgium and several of France, Germany, Austria, Holland and England. I have been surprised to ascertain that, in most of these asylums, little attention is given to the education of patients of no more than fifteen or twenty years of age. In asylums with special sections for idiots and imbeciles, it is a rule that the children leave the school at the age of about fifteen years for the workshop where they have to learn a trade suited to their phys-

ical and intellectual strength. At about this age it is thought that sufficient experience has been gained with the feeble-minded and that one may then conclude as to a favourable or unfavourable prognosis.

The foregoing observations must be applied to the training of children in most reformatories. If instruction and moral training of the young offenders is what medical science requires at the present time, I should say that pupils of reformatories are more happily trained than the children in many of the special sections of lunatic asylums. In Belgium the pupils generally leave the reformatories between their eighteenth and twenty-first year. In many European reformatories, perhaps also in some American, the pupils are allowed to leave sooner and even without a previous determination as to whether they are weak-minded or not.

Daily experience proves this is a great mistake. If the old pupil is weak-minded, if he has the misfortune to be fatherless or motherless, if his father, his mother is disqualified or unable to give a good education to their child, all that has been done in his favour in the industrial school or in the reformatory is lost, the boy may be considered as abandoned.

Is this not one of the inconveniences of the reforming school? It is only in case a pupil should have proved, during all his stay in one of these institutions, that he has been an idiot absolutely unable to assimilate the least notion of a training, instruction or profession, that care is taken by sending him to an asylum.

Moreover, generally, it is considered in the reformatories that when a pupil has succeeded in mastering the primary instruction, or the first principles of a trade, he is prepared and ready for taking care of himself and associating with his fellow creatures, and is able to know his duties. He is set free and takes his liberty when the door of the institution is opened to him. If he belongs to the class of the degenerates, what good can one expect from him on his return into society? The reformatory may have it registered that he was a boy of a bad disposition, indifferent, undisciplined, immoral, in one word he had a bad record. No good report can be given of him.

What ought he to do without any adequate protection? Members of the committee of patronage dare not and cannot introduce him into a workshop or into any other business; certainly

they cannot do so without blushing. He who deserves perhaps the highest commiseration does not receive the slightest protection! And this because the managers of some reformatories have not the good fortune to have chosen a competent man who, in this case, would have been enabled to discern the psychological situation of this probably weak-minded individual.

My aim is not to make known the splendid results of many reformatories. These results only appertain to their normal population. These institutions receive but young offenders; usually they have but one programme, no selection or rational classification is made between the pupils, be they intelligent or not. I think the time has come that all offenders, young and old, but especially those of the reformatories, ought to be mentally examined if, after a few weeks of their detention, some doubt arises concerning their psychical conditions. It ought to be taken in consideration that many offenders are born from parents with congenital or acquired and consequently hereditary mental taints; that their children, not being born in a normal physiological condition, come to the reformatories because of the tare of degeneration they have inherited or acquired and because of the bad education they received from their unworthy or incapable ancestors. Therefore they ought to be classified according to the degree of their mental capacity, and special treatment ought to be prescribed for those who move every one's pity. Double charitable work would then be realized. Efforts should be made toward raising up the unfortunate, not only in his own, but also in society's interest.

With these modifications introduced into the reformatories much better results ought to be obtained from the beginning and at the entrance of the inmates; careful psychological examination should be made from time to time if any reason should exist for it, as, for instance, insufficiency of progress obtained, suspicion as to their mental faculties, bad conduct, etc.

Since the service of mental medicine has been introduced in the Belgium prisons and for the undisciplined pupils of the reformatories, we are almost daily occupied with this, in so many respects, difficult question. We have examined more than five hundred young and old offenders, we have taken up their case at the moment the condition of their intelligence seemed suspicious to the managers; at the same time, as no good medico-psycholog-

ical examination can be made without inquiring of the pathological conditions that could have contributed, in the course of the existence of the offenders, to trouble their mental faculties, we directed our investigations to the nature of their education and their passions, we wanted to know the conduct of their parents, their uncles and aunts, brothers and sisters, and, further still, the nervous and mental diseases of their relatives; in a word, we sought for all the information that could be called upon for the proposed end.

I have dwelt too long upon the reformatories, but it ought to be remembered that in Belgium we have no good asylums for imbeciles. Usually these weak-minded remain free and very often they are either neglected or abandoned by their parents; they become delinquents and then, when young, the government keeps them in reformatories. So it is explained how so many degenerates are found in these institutions. If this fact were known sufficiently, no doubt a rational treatment could be undertaken in these schools as well as in the asylums for imbeciles. One would begin naturally with the treatment of the congenital tare and with this often the progress of the depreciation or degeneration would be stopped; it would be neutralized or even diminished.

Special principles of the treatment of the degenerates are very numerous. One ought to remember that many of them are so weak-minded that even their organs of sense have but the slightest education. The educator has to know this; it is of capital importance. He has to systematically study these senses, and the degree of their functions; and when necessary, he has to classify his weak-minded charges according to the degree of their degeneration. The educator has also to study their moral nature and their natural feelings. He should try and discover their natural dispositions and take them into consideration in the education he has to give; he must utilize them because they can help in the choice he has to make of their profession.

These few suggestions point in favor of an early treatment of the degenerates. They also prove how the interference of the educator should be slow and prudent, and, as the natural dispositions of the weak-minded are limited, one ought not to make haste and attempt too much for fear of exhausting their mental power. The nature and the degree of the progress to be made will vary considerably according to the qualities of him who has the charge of

their improvement. The very important thing is for the teacher to win the confidence of his patient, and to assure himself at the same time that the patient reciprocates his confidence. Moreover, the teacher has to know the limits of this confidence in order not to destroy the object he wishes to attain.

It is natural that in the course of the treatment, and especially in the beginning, there should be disappointments, but one must not lose his courage if disappointments are met; and one ought never to make known, by words or otherwise, in the presence of the degenerates, that any hope is lost. Experience teaches us every day that we have never completely to despair and that, by persevering, many disappointments are largely compensated for by brilliant results. One cannot guess at the might of the combined action of kindness, patience, perseverance, justice and equity. One ought to so work the mind of the degenerate as to extract from him something useful, and the least occasion ought not to be lost to prove what we wish to obtain from him.

What I just said argues in favour of the individualization of the treatment. When enquiring after the natural disposition of the degenerate, as well for his instruction as for his future professional teaching, we ought to try and develop at the same time his character.

To attain these results, the teacher must evidently not consider himself as having the same situation as a teacher of the lower classes. His mission is much higher, and, because of the numerous difficulties he will find on his way, and of the superior qualities he ought to possess, he will have to stay a longer time with his pupils.

Unhappily in most countries, there are not sufficient asylums for imbeciles and consequently for degenerates. Even supposing families can avail themselves sufficiently of the institutions, parents, and especially poor parents, are not to be readily separated from their children when they are idiots, or morally insane, except by superior force. The other children, the imbeciles, go to school, they make no progress, and very often are a hindrance to the class. The teachers, seeing no results are obtained, neglect them, or do not trouble themselves with them any more; then they are really abandoned. If the teacher gives them an excess of kindness and patience, it will be at the expense of the better pupils.

All these facts being taken in consideration, why should governments not undertake the creation of special institutions for weak-minded children? Such institutions, if well organized, would certainly diminish the population of the reformatories, and also the population of lunatic asylums and prisons. There, doubtless, most of them would be enabled to receive some education.

The creation of a law forfeiting parental control on account of incapacity or unworthiness would soon fill up and multiply such institutions. It is in these schools for the weak-minded that the alienist will be enabled to obtain undeniably brilliant results and to separate, at a certain moment, the degenerates beyond any hope of becoming suitable for society, or noxious for themselves in a moral point of view.

The incurable degenerates often go from a lunatic asylum to a prison and vice versa. Dr. Koch wishes to see them brought together at a certain age, also in a special institution. We completely agree with him on this important question. Governments ought to afford protection for all the degenerates who after a certain time of treatment are considered as hopeless for society; they want protection as well for themselves as for the public security. They should not be admitted for any fixed time but for as long as public security, morality and order may demand it.

ON THE INSANE.

BY W. J. CORBET, ESQ.,

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PART I.—ON THE INCREASE OF INSANITY.

Mr. Chairman, Ladies and Gentlemen:

The invitation with which I have been honored, to visit the World's Columbian Exposition as a member of the International Congress of Charities, Correction and Philanthropy, and to contribute a paper on the insane, is most highly appreciated by me.

Finding it impossible to attend in person, I willingly respond to the latter part of the invitation.

As one who has devoted much time and attention, under peculiarly favouring circumstances, to the study of the statistics of insanity, and being impressed with the fact that the malady is increasing at a rapid rate, it seems to me that no more fitting time or opportunity could arise for drawing attention to so grave and serious a social problem than this which is offered by the great International Congress now assembled in the magnificent city of Chicago, a city which has drawn within itself the products of civilization, from every clime, to an extent never before equaled, and where at this moment the mental powers of mankind, the genius and intellect of the human race, are represented more fully than in any other place upon the earth.

Writing in the *Fortnightly Review* of January last, on the increase of insanity, I expressed the hope that, in the event of failing to impress its importance on the English Official Mind "a conference outside official circles should be held by qualified independent and disinterested men to consider the subject." At that time I had no thought of how wide and far reaching a platform was about to be provided for the discussion, or how soon my humble efforts to bring it on were to be rewarded with success. It may be taken for granted that the public at large have little knowledge, unless in a vague and general way, of the extent to which insanity prevails, or of the extent to which the care and proper custody of the insane has been studied, investigated, discussed and written about during the last

half century. The subject is in itself so painful and uninviting that only philanthropists, specialists and official persons take much interest in it. The general public, from natural repugnance, avoid the distressing topic. Madness, be it in the individual, the family or the multitude, is so full of affliction that everyone not immediately concerned, either philanthropically or otherwise, with the care, custody, or supervision of the insane, wishes to pass it by, to hide it, to cover it up, and, if possible, to put it away out of sight and out of mind altogether. Hence, as just said, few people have any comprehensive knowledge of the facts, or of the enormous amount of research latterly bestowed upon them. The field of inquiry is a dismal region from which most people turn away with feelings of fear and aversion wishing it to remain a *terra incognita.* The psychological aspects are said to be so inscrutable as to baffle the researches of the ablest and most profound scientists. But of this I am not qualified to treat, my only claim being to some knowledge of the statistics of insanity.

Before entering on the consideration of the two questions I propose to discuss, namely "The Increase of Insanity" and "Private Lunatic Asylums Kept for the Personal Profit of their Owners," I desire, in connection with the foregoing observations, to mention a few of the most remarkable books, with which I am acquainted, issued from the press in recent years by persons eminently qualified to write on lunacy.

The first perhaps in importance is entitled "Legislation on Insanity" a collection of all the lunacy laws of the States and Territories of the United States to the year 1883, inclusive, with the laws of England on insanity, legislation in Canada on private houses, and important portions of the lunacy laws of Germany, France, Belgium, Russia, etc. The work, which contains over 1,100 pages, is best described in the words of the learned author, George L. Harrison, LL. D., late President of the Board of Charities of Pennsylvania, in his preface: "This volume presents the facts and materials for a 'Comparative Anatomy' of almost all civilised legislation on this subject. Instead of a volume of reasonings and appeals, it lays before the community and throws in the way of legislators a complete collection of the legislation of all our States and Territories, and of the most important legislation of England and other foreign countries in regard to the care of the insane."

In my opinion the value of this volume as a book of reference on the laws of insanity can hardly be over-estimated, while the all too brief preface, or introduction, contains ample evidence, in the comments and suggestions, compressed within the short space of sixteen pages, of the profound knowledge possessed by the author and of his deep feelings of sympathy for the insane.

Doctor Frederick Norton Manning, of New South Wales, who was commissioned by his government to visit the lunatic asylums of the world, with a view of introducing the most approved methods of housing and treating the insane into Australia, has given the result of his investigations in an exhaustive report of 300 pages, presented to the Colonial Legislature in 1868, which contains a large amount of varied information of the highest interest and value.

Another important volume also dates from New South Wales, entitled "Lunacy in Many Lands" published in 1888, twenty years after Doctor Manning's Report. It is compiled by Doctor G. A. Tucker, of Sydney, who devoted much time to visiting lunatic asylums in various countries. He has given his experiences in perhaps the most remarkable and comprehensive book ever written on the subject. Extending to over 1,500 pages, it contains as Dr. Tucker says, p. 1,564, "Every scrap of information collected during three years and a half visitation of lunatic asylums throughout the world." This enormous amount of matter is skilfully treated, admirably arranged and carefully indexed for easy reference. One other work I desire specially to name, which, although not devoted exclusively to lunacy, includes a valuable contribution on the subject. This important work, in five large volumes, namely "A System of Practical Medicine by American Authors," edited by William Pepper, M. D., LL. D., assisted by Louis Starr, M. D., was published in Philadelphia, by Lea Brothers & Co., in 1886. The fifth volume, which alone runs to over 1,300 pages, is exclusively devoted to diseases of the Nervous System and includes a special article on Mental Diseases by Charles F. Folsom, M. D. I have cited these works to indicate briefly the profound interest that has been, and is being, taken in the matter and to impress, if I can, upon the many the vital importance of the subject as evidenced by the immense amount of labour, time and thought bestowed upon it by the few; that is to say, by those who are aware of the gravity of the issues at stake and the necessity of doing all that human wisdom can devise, to arrest, if it can

be arrested, the spread of insanity, and to ameliorate as far as possible the condition of the insane.

First in point of order I take the increase of insanity. It is to be regretted that, so far as I am aware, no successful attempt has been made to get together a universal return of the insane throughout the world, at stated periods, so as to ascertain with some degree of accuracy the rate at which the increase of insanity has been proceeding generally. In the year 1874 I tried to collect materials for such a return. Circulars and printed forms were issued with that object. The Earl of Derby, then Secretary of State for Foreign Affairs, courteously consented to cause them to be circulated, through the Foreign Office, in the countries for which they were intended. In due course returns, more or less complete, were furnished from various countries in Europe and States in America.

The English Lunacy Commissioners, when applied to, did not seem disposed to encourage my inquiries and, as I have reason to believe, through their interposition, an intimation was conveyed to me, from a quarter I was then bound to defer to, which prevented me from carrying my researches any further. Had my hand not been stayed, an amount of valuable information, on the general statistics of insanity, not previously existent in concrete form, would probably have been collected. The attempt may be in the recollection of some of the members of this Congress as from some of the States of America, as well as from several European Countries, the returns asked for were kindly and promptly furnished. Owing, however, to their incompleteness, and to the fact that I was unable to carry out my inquiries to the end, it is not possible to use the fragmentary information received for the purpose of this paper. It may, nevertheless, be interesting to note that during the twenty years embraced in the partial returns furnished, namely, from 1853 to 1873, the actual numbers show a regular annual increase as if influenced by the natural law of Genesis. I refer to the incident now in the hope that some better qualified and more fortunate investigator may undertake the task which I failed to carry out to a successful issue.

Not having the necessary materials, therefore, at hand to enable me to summarize, in tabular form, the statistics of insanity at stated periods in other countries, I am forced to fall back upon the statistics for England, Ireland and Scotland, which may probably be taken to illustrate, with the help of such other information as we possess, at least approximately, what has been occurring through-

out the world in regard to the progressive increase of the malady.

Of the large actual augmentation of numbers the figures given from year to year on official authority leave no doubt whatever. The theory promulgated by the majority of the Lunacy Commissioners, with resolute persistency, in the face of facts and figures that should convince the most casual observer to the contrary, is that, apart from the increase proportionate to the growth of the population, the increase is only "apparent" and consists of the ingathering of pre-existing cases, which hitherto escaped official cognizance, and the prolongation of the lives of the chronic insane by reason of the greater care taken of them now than formerly. In using these statistics as an example of what is probably happening in other countries, it is only fair to let the Commissioners be heard in their own words, in this connexion, so that their respective views may be considered on their merits. The English Commissioners (15th Report, p. 75) say, "During the ten years from the 1st of January, 1849, to the 1st of January, 1859, the number of patients in the various asylums of England and Wales have advanced from 14,560 to 22,853; this increase has been principally in public asylums. In county and borough asylums the advance has been from 6,494 to 15,845, making an increase of 9,351; in lunatic hospitals from 1,195 to 1,992, making an increase of 857. The great increase which has taken place in the number of patients in asylums is limited almost entirely to pauper and criminal patients." The figures here given do not include workhouse lunatics 7,963, or 5,920 others located elsewhere.

In a table "showing the number and distribution of all reported lunatics" the total in England and Wales at this date, viz., in 1859, is put at 36,762. At that time, thirty-three years ago, the Lunacy Commissioners were evidently convinced of, if not alarmed at, the increase of numbers, and accordingly in the same report, (pp. 77, 84) they assign the following as the causes of what they all along insist on describing as "an apparent increase."

"1. To the more complete collection of annual returns, formerly very defective in this respect.

2. To the detection and registration of cases formerly left unnoticed.

3. To the removal of a larger proportion of patients, when they are exposed to causes of death, into asylums, favouring the prolongation of life.

4. To the effect of sanitary regulations in asylums, of improved

diet, and of various means of sustaining the health and promoting the longevity of the entire body of inmates.

5. To a like effect on those out of asylums, from the removal of large workhouses to more healthy sites, and from the medical visitation of such of the insane paupers as are in neither workhouses nor asylums."

The great solicitude here shown by the Commissioners to account for, and minimize, the embarrassing "apparent increase" shows how seriously they would regard an actual increase if such had, in their opinion, taken place. It is to be noted that the five causes given by them for the augmentation, are reducible to three, namely, improved returns, prior to 1859, improved diet and improved sanitary regulations.

Note also that these influences were for some years previously in operation and must consequently have spent their force by drawing all, or nearly all, cases of lunacy existing at that time, within the scope of official cognizance, or, to put it perhaps more clearly, the limit of numbers would then have been reached and the ominous word "increase" which runs through the whole series of official reports from beginning to end, would cease. But what is the fact? Why this, that as shown in a table of figures, in the Commissioners' forty-sixth report, (pp. 7, 8, 9) the numbers have risen from that time to this by regular annual average increments of over 1,500 until they have reached the enormous aggregate at which they now stand, namely, 87,848.

Now as to Scotland, the Commissioners, who first entered on their functions in 1858, when the total number of insane under official cognizance stood at 5,748, following the lead given by their fellow Commissioners in England, attempt to explain the "apparent increase" in a similar way. In their Thirty-fourth Report (p. LVII) they say:

We have had since 1858 a net increase of 6,975 in the number of lunatics jurisdiction of the Board, or 120 per cent. The increase of the population during the same period has been only 38 per cent. They go on to say:

"1. That the increase of pauper lunacy is much beyond what would naturally result from the increase of population.

2. That it cannot be attributed to accumulation resulting from longer periods of residence of pauper lunatics in asylums.

3. That it is only in a very slight degree due to the lowering of the death rate.

4. That there is no reason for believing it to be due to an increased tendency to insanity in the community.

5. That it is not due to any one cause but to many causes operating with different degrees of force in different localities and under different social conditions."

This mode of accounting for an increase of 120 per cent. is rather oracular and leaves us more in the dark than ever. On a former occasion when the insane in Scotland had reached to little over one-half of their present numbers the Commissioners endeavoured to explain the "apparent increase" by an equally oracular utterance saying in their Fourteenth Report, that it was "ascribable to the growth of lunacy or at any rate to the increased numbers of lunatics in asylums."

Then as to Ireland. In the departmental report presented to Parliament for 1891 "The Inspectors of Lunatics" (I don't know why they are not designated Commissioners as well as the English and Scotch officials, their duties being identical in every way) having referred to the effects of emigration taking away the strong and healthy and leaving behind the weak and infirm to swell the numbers of the insane, proceed as follows, "hence it is safe to assume that the present number of the insane in Ireland properly belongs to a much larger population than that which now exists. However, making allowance for this cause, which tends to show an apparent increase of insanity, we are still driven by the facts before us to conclude that the large increase of lunacy has been absolute as well as relative." The Report goes on to say, "the rapid increase of insanity in the country, in the face of a diminishing population, ought therefore to engage the attention of all who take an interest in the social and material progress of Ireland, in order to ascertain how far such increase can be stayed by any means within the power of the State."

This is a highly important pronouncement and one, let us hope, that may not prove fruitless.

In a paper read, nineteen years ago, before the "Statistical and Social Inquiry Society of Ireland" I quoted from a report on the "Relation of Education to Insanity" by Doctor Edward Jarvis, of Dorchester, Massachusetts, which was embodied in the Report of the United States Commissioner of Education for 1871, as follows:

"The successive reports, upon whatever source or means of information procured, all tend to show an increasing number of the insane. In the United States, Great Britain, Ireland and other civilised nations, so far as known there has been a great in-

crease of provision for the insane within forty years and a very rapid increase within twenty years. Hospitals have been built seemingly sufficient to accommodate all the lunatics within their respective States, counties, or districts. These have been filled, and then crowded and pressed to admit still more. They have been successively enlarged, and then other institutions created, and filled and crowded as the earlier houses were." Doctor Jarvis has thus described with singular accuracy what has been taking place here. Since that time the insane, as will be seen from the tables given below, have all but doubled, and the cry is—still they come. In every successive Report of the Commissioners, concurrently with the increase of numbers, records of the erection of new asylums and of the enlargement of old are to be found. In the Forty-fifth Report (pp. 43, 44), having given a history of the additions, alterations and improvements in 1890, they say, under the head of "Insufficiency of Asylum Accommodation," "The additions enumerated above have done something but not enough to meet the ever-increasing demand for asylum accommodation, which in several counties is yet very inadequate. That there should be a constant tendency towards deficiency, taking a general view of the country, is not surpising when we remember that the average annual increase in the lunatics treated in the County and Borough Asylums during the ten years ending 1st January, 1891, has been 1,368."

Under the same heading, in the next issue, they are still more emphatic. They say, "The pressure for asylum room, which in our last Report we mentioned as existing in so many counties, continues, we regret to say, in undiminished severity and we do not find that County Councils are more prompt than their predecessors who had the control of asylums in adopting measures of relief. We will notice in alphabetical order the counties in which the insufficiency of accommodation was, at the visitation of the past year, most apparent." They then enumerate over a score of counties and cities, including the city of London, in which the provision is still altogether inadequate, the existing asylums overcrowded, and the pressure for admission urgent. Their comments on the condition of the London district may be taken as an example of all the rest. They say, (Forty-sixth Report, p. 53) "The difficulty of finding accommodation anywhere for London patients to which we referred in our Report for 1890 continued to be felt last year in equal intensity: nor can we report now that any

further action has been taken by the London County Council to make the necessary permanent provision for the insane poor beyond advertising for an estate as a site for another asylum. The additions to Cane Hill are now available, but we believe the Claybury Asylum will require at least another year for its completion. These two extensions will provide for 2,800 patients, but there will be still left boarded out a sufficient number to fill another asylum of considerable capacity, while there can be little hope of any diminution of the annual increment of insane paupers for whom provision must be made."

I have written elsewhere on several occasions during the last twenty years pointing out that, account for it how we may, as time progresses, the stream of insanity broadens and deepens continually. The great central fact stares us in the face, it cannot be hidden, no effort of obscurantism can conceal it. The figures given from official records indisputably prove it. The ominous word "increase" is written large upon every page of the annual reports for the last forty years, and it is surprising how the commissioners apparently fail to see the significance of their own figures or of the emphatic language they themselves have used.

Through the favour of the "State Commissioners in Lunacy" New York, I have just received a copy of their third annual report, being for the year 1891, from which I gather that the same tendency to increase exists in America as with us. In Chapter 3 (p. 209) it is stated that "in appropriations for the insane the State has never kept pace with the actual increase of its insane population." On p. 381, Chapter 29, it appears that the number of registered insane in the State on October 1st, 1891, was 16,648, a net increase over the preceding year of 642. I merely glance at this fact in passing, not having the means of ascertaining the circumstances elsewhere or whether the increase is general throughout the other States of America. But to return to my illustration. From what small beginnings the system has developed, during this century, into its present great proportions may be gathered from the fact that a return presented to Parliament in 1807 put the number of the insane then in England at 2,248, (Report of Commissioners, 1846). The Report proceeds: "The numbers became gradually better known, partly owing to individual inquiries, until the year 1827, when the ascertained number of pauper lunatics exceeded 9,000; whilst on the 1st day of January, 1847, the number returned was 18,814." This relates to England only.

With regard to Ireland, so insignificant were the numbers believed to be when the question of providing special asylum accommodation for the insane was first mooted, that the celebrated Dean Swift, under whose will the first lunatic asylum was established, by charter granted by George the Second in the year 1747, thought it doubtful whether a sufficient number of insane persons could be found to occupy the building, as appears from the following words of the charter: "And if a sufficient number of ideots (sic) and lunatics could not be readily found, he (Dean Swift) directed that incurables should be taken into the said Hospital to supply such deficiency; but that no person labouring under any infectious disease should be admitted into the same."

As regards Scotland the first report of the Commissioners was presented to Parliament in 1858, when the number then under official cognizance was 5,748. But lest it might be thought I wish, in reviewing the movement of the insane, to minimise the original number by going back too far, and thus make the increase appear greater by contrast, the year 1862 will be the point of departure. The following tables show the development from that time to the present:

(TABLE No. 1.)

Date.	Country.	Number of insane under official cognizance.	Population at large.	Ratio of insane per 1,000.	Actual increase of numbers in each decade.*
1862	England,	41,129	20,336,476	2.02	
	Ireland,	8,055	5,798,967	1.36	
	Scotland,	6,341	3,062,294	2.01	
	Total,	55,525	29,197,737	1.81	
1872	England,	58,640	23,074,600	2.54	17,511
	Ireland,	10,767	5,368,696	2.04	2,712
	Scotland,	7,606	3,399,226	2.27	1,265
	Total,	77,013	31,842,522	2.41	21,488
1882	England,	75,072	25,798,922	2.90	16,432
	Ireland,	13,444	5,294,436	2.54	2,677
	Scotland,	10,355	3,695,456	2.80	2,749
	Total,	98,871	34,788,814	2.84	21,858
*1891	England,	87,848	29,403,346	3.01	12,776
	Ireland,	16,689	4,704,750	3.54	3,245
	Scotland,	12,799	4,025,647	3.17	2,444
	Total,	117,336	38,133,743	3.07	18,465

*The figures for 1891 embrace a period of nine years only, the figures for 1892, to complete the decade, not being yet available.

This table of figures shows how the fixed stock of the insane at the end of each decade had risen by thousands, while the ratio of the insane to sane rose at the same time from 1.81 to 2.41-2.84 and 3.07. The following table shows that concurrently with this augmentation the admissions, discharges, and deaths, have gone on increasing in proportion, while the increase of expenditure has fully kept pace with the increase under every other head. For shortness I compare the figures of 1862 and 1891 as an illustration combining the Returns of England, Ireland and Scotland together.

(TABLE No. 2.)

	1882	1891	Increase in 10 years.
Admissions	18,862	23,091	4,229
Discharges	12,630	14,946	2,316
Deaths	6,133	8,300	2,167
Total	18,763	23,246	4,483
Cost of Maintenance	£2,491,685	£3,069,870	£578,685
Cost of land and buildings to 1878 and 1888 respectively, extracted from Returns ordered by Parliament	1878	1888	Increase for land and buildings in 10 years.
	£9,603,231	£15,250,435	£5,647,204

Now as to the cause, or causes, of the accumulation of numbers. No doubt increased asylum accommodation, improved methods of obtaining returns, improved sanitary regulations in asylums, improved dietary and other means of sustaining health and promoting longevity, together with the attraction of the State Grant in aid, account for what may be quite properly described as an "apparent increase" or an ingathering of pre-existing cases. But these causes were terminable, they exhausted themselves, more or less many years ago; yet the annual increment continues not only undiminished but ever increasing in volume. For some years the Commissioners have suspended the publication of the assigned causes of insanity and I am therefore unable to give the figures. I can say, however, from other data, that hereditary influence largely predominates over all other exciting causes.

In Doctor Charles F. Folsom's article on Mental Diseases, printed in volume V of the work already mentioned, it is stated (p. 113): "Among the predisposing causes heredity includes nearly or quite 75 per cent. of all cases and is easily first; in considering which, not only the immediate parents are to be taken into account, but also

the collateral branches, grand-parents, uncles, aunts, sisters, brothers, and cousins, for hereditary insanity often skips one generation and even appears sometimes first in the child, and then later in the parent." On this point I may be permitted to quote another name whose authority will hardly be disputed. Darwin (Descent of Man, Vol. I. pp. 110, 111), says, " I have elsewhere so fully discussed the subject of inheritance that I need here hardly add anything. A greater number of facts have been collected with respect to transmission of the most trifling, as well as of the most important characters in man than in any of the lower animals; though the facts are copious enough with respect to the latter. So in regard to mental qualities, their transmission is manifest in our dogs, horses, and other domestic animals. Besides special tastes and habits, general intelligence, courage, bad and good temper, etc., are certainly transmitted. With man we see similar facts in almost every family; and we now know through the admirable labours of Mr. Galton that genius, which implies a wonderfully complex combination of high faculties, tends to be inherited; and on the other hand *it is too certain that insanity and deteriorated mental powers likewise run in the same families.*" The italics are mine.

If time permitted, quotations might be multiplied to any extent to prove that insanity is transmitted from generation to generation. The writings of such eminent scientists as Esquirol, Morel, Moreau, Forbes-Winslow, Bucknill, Maudsley, Tuke, and numerous others contain overwhélming evidence of the sad truth. As shown on Table No. 2, the discharges from the lunatic asylums of England, Ireland, and Scotland taken together, reach near to 15,000 in a single year. The exact figures for 1891 are 14,946 as against 12,630 in 1882. The total numbers of persons of all classes discharged recovered and not recovered, in ten years, namely, from 1882 to 1891 inclusive, reach the enormous aggregate of 133,195.

These are stupendous figures—taken in connection with the established fact of hereditary transmission they shed a lurid light on the progressive increase of insanity. Could the history of these hundred and thirty-three thousand persons be traced, or of the hundreds of thousands discharged between 1852 and 1882, it doubtless would be found that most of them were merged again in the general body of the community. That the married resumed their positions, that many, perhaps a majority, of the single, entered

the matrimonial state, and very likely led blameless and useful lives to the end of their days. But what of posterity? Has the inexorable law of heredity asserted itself? Have the children of such parents been insane, or, in turn become the parents of lunatics? I am afraid the question, in the majority of cases, must be answered in the affirmative. It is only necessary to glance at the conditions under which the insane existed, or rather pined away and died, some fifty or sixty years ago, for a solution of the problem of increase by heredity. Referring to the "enormities" existing in public as well as in private asylums previous to 1827, the Commissioners in their report for 1846 say they comprised "Almost every species of cruelty, insult, and neglect to which helpless and friendless people can be exposed when abandoned to the charge of ignorant, idle and ferocious keepers acting without conscience or control."

In Wynter's Curiosities of Civilization, when contrasting the treatment of the insane in past times with that which is adopted at present, he says: "Supposed to be degraded to the level of beasts, as wild beasts they were treated. Like them, they were shut up in dens, littered with straw, exhibited for money, and made to growl and roar for the diversion of the spectators who paid their fee. No wonder (he adds) that Bedlam should have become a word of fear: no wonder that in popular estimation the bad odour of centuries should still cling to its walls, and that the stranger, tempted by curiosity to pass beneath the shadow of its dome, should enter with sickening trepidation. But now, instead of the howling madhouse his imagination may have painted it, he sees prim galleries filled with orderly persons. Scenes of cheerfulness and content meet the eye of the visitor as he is conducted along well-lit corridors, from which the bars and gratings of old have vanished. He stops, surprised and delighted, to look at the engravings of Landseer's pictures on the walls, or to the busts on the brackets. He beholds tranquil persons walking around him, or watches them feeding the birds which abound in the aviaries fitted up in the depths of the ample windows."

This description of the modern public asylum applies equally to all countries with which I am acquainted.

From the nature of the treatment the insane were subjected to in the earlier half of the century, longevity was out of the question, recovery all but impossible, they died and the danger of hereditary

transmission died with them. Since the period just referred to the change in everything relating to the care and treatment of the insane has been marvellous. Asylums furnished with every modern appliance for convenience, comfort and even luxury, have been provided. Amusements, theatricals, concerts, in-door and out-of-door occupations, everything, in short, that sympathy for human suffering could suggest, has been generously provided at an enormous, and annually increasing, expenditure of public money, to replace the evil system of former days. Concurrently with this beneficent change, the cure of the malady has received no less attention than the kindly treatment of the patients. Speaking at a meeting of the Medico-Psychological Association in London twenty years ago, the President in the course of his address said, "The special aim of the physician is to heal disease, not merely to care for the incurable. The most diligent heed to one duty will not excuse neglect of the other. Let your journal bear witness that this society has neglected neither. It teems with new remedies and new combinations of those that are old. During the last ten years many drugs have been added to the pharmacopoeia, and the experience of every year adds to our knowledge of their efficiency." It is a sad reflection that the outcome of all these beneficent efforts and designs is a continuous annual increase of lunacy in these kingdoms.

That intemperance is only second to heredity as a cause of crowding our lunatic asylums with inmates should not be left unnoticed. On a former occasion I drew special attention to this phase of the question making use of the Budget Speech of Mr. Goschen, Chancellor of the Exchequer in 1890, to show the enormous proportions of the drink bill and how its evil effects are felt. He said, "The £2,500,000 of excess of revenue of which I have spoken have been due to an extraordinary rush to alcohol;" pointing out how the receipts from useful and necessary articles of consumption, tea, coffee, etc., did not come up to the estimates, he continued: But when you come to alcoholic drinks, I frankly admit there is a very different tale to tell. The net receipts from all alcoholic drink is £29,268,000." (That is $140,486,400). What must the deluge of drink be when the mere tax upon it annually reaches to such a prodigious sum! Mr. Goschen went on: "The committee will notice that this consumption has been universal. Some have rushed to the beer barrel, others have rushed to the spirit bottle, and others to the decanter. All classes seem to have combined in toasting the prosperity of the coun-

try, and have largely increased the revenue," a sally received by the House with loud laughter. Mr. Goschen, however, felt the terrible significance of what he rightly called "These stupendous and sensational figures" observing, it was a circumstance "which must be deplored by almost everyone for many reasons, and which places upon the Government and upon the House an increasing liability to deal with the question of the consumption of alcoholic drinks." Three years have since passed, but nothing has been done. The alcoholic brain-poisoning goes on just as before, contributing its thousands of victims annually to swell the population of lunatic asylums, prisons, and poor-houses, to add to the seething mass of the morally depraved, and to increase the general death-rate of the kingdom.

In closing, I desire to say that inasmuch as the conclusions at which I have arrived unfortunately differ very widely from those of the official authorities in England and Scotland, though not in Ireland, and as I have dealt unreservedly with what I consider to be erroneous opinions aud false deductions; it is only just to state that the vast improvement of the lunatic asylum system is entirely due to the unwearied exertions of the lunacy departments in these Kingdoms persevered in through a long series of years. Two of the most earnest reformers and resolute workers forfeited their valuable lives in the discharge of public duty. Doctor Francis White, for many years head of the Irish Lunacy Department met his death through a railway accident while on a tour of inspection; and Mr. Lutwidge, an English Commissioner, was stabbed to death by a criminal lunatic at Fisherton House Asylum. I wish to add, that the efforts of the departments have throughout been well seconded by the medical officers connected with the various public asylums, many of whom are men of high professional attainments.

Part II.—Private Lunatic Asylums.

In the whole range of reforms affecting our social system, during the last half century, perhaps one of the greatest has been in the housing and treatment of the lunatic poor in Great Britain and Ireland. Prior to the year 1889 over fifteen million pounds were spent by a humane and generous public in providing asylums for them. The current expenses of their maintenance are met by an outlay from public sources of three million pounds annually. Everything calculated to "minister to a mind diseased," to promote personal comfort, or relieve human suffering, is amply, even munificently, placed at their service.

But though the lunatic poor have thus won the sympathy of this philanthropic age, strange to say the condition of the middle classes and of the rich who pay well, sometimes lavishly, for maintenance, in licensed houses kept for profit, is practically unaltered. Royal Commissions and Select Committees have time and again sat in judgment upon these proprietary asylums. Hosts of witnesses have testified against them. Volumes of evidence of the most damnatory character, have been printed. Pyramids of parliamentary reports have been piled up. Acts of Parliament passed without number. Yet the evil system survives and flourishes, like rank tropical vegetation, annually renewed, augmented, extended, and fertilized out of the proceeds of its own luxuriant rottenness. It will continue to flourish as long as the evil principle inherent in it is permitted to exist. What I want to urge is that the wealthy classes, when insanity supervenes, are far less favourably circumstanced than the insane poor, who have nothing to excite the cupidity of those whose capital is invested in the business of private lunatic asylum keeping. I do not for a moment suggest that all proprietors of private asylums, or even a majority of them, are venal unscrupulous men, acting from a spirit of avarice; very far from it. I have known many who were good, kind, philanthropic, conscientious, and deserving of the confidence reposed in them. It is the original sin of the system under which, for pecuniary consideration, not only the unsound but frequently the sane are shut up, and kept in the custody of speculators, who carry on a trade in lunatics, that excites my aversion and deadly hostility. Forty years ago, or more, public

attention was called to the enormities perpetrated in proprietary asylums. Instance after instance of horror was adduced. The press reported continually appalling cases of misconduct on the part of proprietors and their servants, to some of which I will now refer. About this time a case of extraordinary turpitude was brought before the superior courts in Ireland, the medical proprietor of a private asylum being defendant. It transpired that a lady patient placed under his care had fallen a victim to his immorality. The offspring of the crime, a son, grew up in the asylum and was kept in durance there. The case got wind somehow—an action at law was the result—when all the miserable details were made public and created a sensation of a very painful character. The wretched father had to acknowledge his guilt in open court.

The lady was undoubtedly insane, a fact that should have kept her sacred in the eyes of the person in whose power and under whose protection she had been placed. The most extraordinary feature in this melancholy case is that besides being the proprietor of a private lunatic asylum Dr. H. (I purposely withhold his name for he is long dead and to mention it might give pain somewhere) was a leader of his fraternity and held public appointments of trust in Dublin. When the Act 5 and 6 Vic. C. 123 was passed, providing that no patient should be received into a private lunatic asylum without an order and Medical Certificates, he it was who championed the proprietors in their objections.

I have before me a pamphlet written by him, published in 1843, and addressed to the late Sir Robert Peel. It is mainly a protest against official interference, especially against inspection of the Asylums which were then under the surveillance of the Prisons department. He says (at p. 40) "For more than 30 years I have been physician to all the criminal prisons of Dublin; during the whole of which period, besides the occasional visits of the Inspectors General, the Local Inspector was required to visit each prison *twice a week* at least, and on these occasions to see every department and inmate of of the Gaol. Did these frequent visits of the Inspectors prevent or abolish the many notorious abuses that prevailed, and prevailed too, in many instances. to their knowledge and with their reprobation? They did not, nor could they succeed in the great objects calling for their interference, until the character of the gaoler was elevated, until a superior class of men was selected for that office, and salaries

attached thereto, such as gentlemen could accept. Then indeed commenced the reformation; so that now, and for many years past, the Prisons of Dublin, and of the country at large, are no longer the vile and abominable nurseries of vice and crime that they had been and such as I had long known them."

Here then was this canting hypocrite who, at the time of writing, had the guilt on his soul of a revolting crime that subsequently brought him to the bar of justice, setting himself up as the advocate of virtue and the censor of morals.

> "Could this mean peace, the calmness of the good
> Or guilt grown old in desperate hardihood."

For one such instance of depravity that comes to light how many are never heard of. As in this case, however, accident sometimes opens the door and reveals the horrors within. Other remarkable cases have from time to time come under public notice in which the sane have either been immured in proprietary asylums, licensed under statute to receive lunatics, or attempts on their liberty have been made. Sometimes a Police Court is the medium of exposing a case of kidnapping; sometimes a sensational trial before Her Majesty's judges. During the twelve years I had a seat in Parliament it fell to my lot to bring forward several such cases.

The motives by which people are actuated in calling in the aid of a private lunatic asylum proprietor illegitimately in certain cases are various. The avaricious or impecunious next of kin takes advantage of some escapade committed by a rich relative and makes his conduct a peg to hang a charge of lunacy upon. With the aid of Medical Certificates, easily procurable for a consideration, he establishes a case of insanity, places his relative under the care of an accommodating proprietor, paying a good pension out of the victim's funds, and so enters into the enjoyment of the property himself. Needless to say it is not the interest of either of the parties to such a nefarious transaction that the "patient" should ever be discharged.

In other cases the motive is revenge, punishment for misconduct, reckless extravagance, dissipation, acts of immorality or "disgracing the family name."

Now it is an enraged husband who takes this method of paying off an inconstant or troublesome wife. Now a jealous wife serving out a faithless husband. Again a distracted parent who tries to reform

a profligate and incorrigible child by confinement as a lunatic. Be the motive what it may there is no doubt, on the evidence before us, that numbers of persons of perfectly sound mind have been incarcerated in private lunatic asylums, and, shocking as the reflection is, doomed to spend their lives there.

The following cases show how the private lunacy Acts can be, and are, perverted to evil uses. The first example is the well-known case of Mrs. W., a lady of singular ability, distinguished for the versatility of her gifts, and apparently fond of publicity. She had, it appeared, incurred the displeasure of her husband. No charge of impropriety was ever made against her; her chief offence being, according to the reports, belief in spiritualism, and, what is occasionally a feminine peculiarity, a desire to have her own way. Her husband thereupon thought a lunatic asylum the proper place for her.

The certificates and order for her detention were prepared in due form. The son of the former proprietor of a private asylum came with carriage and keepers to carry her off;—£550 a year was the stipend agreed upon and great was the anxiety to secure so rich a prize. The lady, however, was too clever and the attempt failed. The case became a "*cause célèbre.*" It was tried for five days, before Mr. Baron Huddleston and a special London jury, as reported in the *Times* 14th to 19th March, 1884. The learned Baron in giving judgment dwelt on "the astonishing fact that, with an order and a statement signed by paupers and two certificates signed by men whose only qualification need be the possession of diplomas and the fact that they were not related to the keeper of an asylum to which a patient was to be sent, any body might be shut up in a private asylum. . . . . He regretted to think that the plaintiff could have no redress for the serious inconvenience to which she had been put, but being clearly of the opinion that such was the case he must hold that she must be non-suited."

It is as certain as anything can be that if the Doctor succeeded in capturing the lady when, accompanied by male and female keepers, he went to her house for the purpose, she would have been shut up and perhaps driven really mad by association with lunatics. The former proprietor of the asylum to which the lady was to be brought was an eminent physician, and writer on diseases of the mind, who would have been the last person to lend himself to such an outrage. In the next case it was an angry wife who put the machinery of the lunacy law in motion and with better success.

The facts as they came out on the trial were of an exceedingly painful character. Mr. M. was a fine looking young man of the "fast" type. His wife was his senior in years, and not handsome, rather the reverse. From whatever motive, the unfortunate young man was seized and confined in a private lunatic asylum for over two years. He was debarred from all communication with the world outside but eventually succeeded in getting into communication with a friend through whose interposition he was brought up, on a writ of habeas corpus, and discharged. The case created at the time an immense sensation. The following sensible remarks upon it are extracted from *The Irish Times* and deserve to be quoted:

"We have not the remotest idea of passing censure upon the system or management of any private lunatic asylum or of attributing by implication motives for the conduct of any parties in this most extraordinary and painful case. But we feel called to express our opinion that private lunatic asylums should not be tolerated in a free state. They are very costly, they are very secret, and they are altogether unnecessary.

The state alone should have the power of depriving man or woman of liberty. The evidence which should of right be required before a man is shut out from light and life and society in a private asylum would, if true, entitle him to the direct protection of the state. If well furnished apartments, if obliging attendants, if luxurious food are recommended as means of cure it would be very easy to provide all these in a public institution under the direct and constant surveillance of responsible Goverment Officers. . . . . Private Asylums are opened and maintained, not through any peculiarly philanthropic concern for the insane, but for the sake of profit as a commercial speculation, but no private individual should be entitled to trade on the insanity of his fellow man."

A few years ago the case of Mr. C. H. who was forcibly abducted and placed in an asylum, was brought before Parliament by the writer. An action for wrongful detention had been brought in the superior courts.

The following are the comments of Mr. Baron Huddleston who tried the case, as reported in the *London Times* of 24th February, 1885:

"Somebody—who it was we do not know, and everybody repudiates it—somebody sent the policeman and the other man with the blacksmith to break open the door and take him away. Somebody had hired a carriage to take him and two men to go with him. Somebody had caused this to be done without any order, or any previous inquiry; or any personal examination; without any of the conditions prescribed by the statute to authorize the exercise of the jurisdiction, the applicant was put into a carriage and carried away to the asylum."

If time permitted, cases of the kind could be multiplied to any extent, but it is not necessary.

Thus far I have been dealing with private lunatic asylums in my own way and from my own knowledge, giving such examples as are calculated to support the opinions I hold. We now come to much more important witnesses—the highest in authority that could be produced. The first in importance is the late Earl of Shaftesbury, a nobleman who held a prominent position in the House of Lords and was conspicuous above all for his large-hearted philanthropy. He was chairman of the Lunacy Board from its first formation in 1845, and his experience was therefore unequaled.

In the year 1859 he was under examination for six days before a Select Committee of the House of Commons "appointed to inquire into the operation of the acts of Parliament and Regulations for the care and treatment of lunatics and their property."

His Lordship condemned private asylums in the most unqualified terms. It may be said he exhausted the resources of the English language in reprobating them, as the following quotations show. Asked (question 82) as to the element of profit involved he said, *inter alia*, "I consider that that is the cardinal point upon which everything turns. That the system should rest on the principle of profit I think is not only objectionable but intolerable." In the course of his reply to question 101, he said: "I feel strongly that the whole system of private asylums is utterly abominable and indefensible." Replying to question 494, Lord Shaftesbury made the following statement, still further emphasizing his utter detestation of the odious system:

"It is the result of very long experience in these matters that a large proportion of the difficulties of legislation, and almost all the complications we have to contend with, or to obviate, arise from the principle on which these licensed houses are founded. The licensed houses are founded upon the principle of profit to the proprietor, and the consequence is that any speculator who undertakes them having a view to profit is always eager to obtain patients and unwilling to discharge them; and he has, moreover, the largest motive to stint them in every way possible during the time they are under his care. Now, this must be borne in mind, I do not intend to cast any reflection on the medical profession. I know that when I have urged arguments of this kind I have been told that I entertained most undue suspicions of that great profession. I have no suspicion of them as medical men; but my suspicions are of these medical men only when they are proprietors of lunatic asylums into which lunatics are taken for profit. . . . . Even supposing that you gave them full credit for care and for proper treat-

ment from a desire to do their duty, nevertheless they must, with a view to making a profit, take the utmost payment they can exact; and of course within proper limits they give the smallest amount of treatment, and go to the smallest expense that would be consistent with the discharge of their duty, and therefore there is this vicious principle of profit that runs through the whole . . . . . this, to a certain extent, must be the case even with many of the best intentioned proprietors."

In reply to question 504 his Lordship said:

"I know that nothing can be more attentive, more minute, or more conscientious than the care that some of these proprietors take, but we have no security: they are here to-day and they may be gone to-morrow . . . . . the license by the death of one proprietor may pass into the hands of another and he might act upon totally different principles and you have ever to contend with that vicious principle of profit."

Lord Shaftesbury went on to say:

"There are some cases in which the patients are paying from £400 to £500 and £600 a year; and the loss of one or two of those patients would be a dead loss, a loss of the most serious kind, and one that would fall very heavily upon the condition of an establishment; for the proprietor is by no means secure that another patient, able to pay an equal amount, will come to take the place of the one he has lost. I remember one instance, not very long ago, where a patient was paying no less than £1,200 a year, and I am certain that the expense of that patient in the House was not £300 a year; so that was £900 a year clear profit to the medical man . . . . . in that case, when £1,200 is paid, I say there is the strongest possible temptation to retain that patient."

In the course of his reply to question 507 Lord Shaftesbury said:

"When I look into the matter I see that this principle of profit vitiates the whole thing; it is at the bottom of all those movements that we are obliged to counteract by complicated legislation, and if we could but remove that principle of making a profit we should confer an inestimable blessing on the middle classes."

His Lordship then proceeded to explain the method by which he proposed to get rid of private lunatic asylums, saying:

"That brings me to the great point, viz., the establishment, I will not say of public asylums, but hospitals or asylums, at the public cost for the reception of all classes of lunatic patients . . . . if you had establishments of that kind, asylums, or public hospitals, I should like to say chartered asylums, you would find that they would be precisely the reverse of those I have mentioned. First of all, there would be a total absence of that motive which constitutes the vicious principle of the present licensed houses, there would be no desire or view to profit of any sort."

Lord Shaftesbury then entered into details showing how the system of state or chartered asylums contemplated could be founded and worked, as self-supporting institutions.

The next witness against the private lunatic asylums system is one whose name is not unknown in the United States, Doctor John Charles Bucknill, than whom no higher authority on lunacy matters could be found. He was exhaustively examined before the Select Committee of 1859 and gave unqualified approval to the supercession of private asylums in the manner recommended by Lord Shaftesbury. It would be impossible to compress the evidence into the space of a paper such as this. Suffice it to say that the opposition to proprietary asylums, which was initiated by Lord Shaftesbury, includes the names of Bucknill, Mortimer Granville, Conolly, and many others.

Doctor Bucknill's work on "The Care of the Insane, etc.," published in 1880, had for its object, as he writes, to "hasten the inevitable hour when the public will declare that the most helpless and pitiable of their fellow subjects shall no longer be confined and detained as a profitable private business."

In an article in the *Nineteenth Century Magazine* for February, 1885, Doctor Bucknill again attacks the system. He says, (p. 264): "The suspicion and distrust of private asylums is not now founded on the belief that their inmates are treated with cruel violence. It may perhaps even be said that it is founded entirely upon the belief that persons are admitted into them who ought not to be admitted, that they are not treated with a view to promote their recovery; and that they are detained long after they ought to be set at liberty."

Again he says, (p. 275): "Imprisonment, bringing pecuniary profit to the person who holds the keys, is inconsistent with modern notions of justice; and private asylums founded and conducted on this principle must be abolished. 'Delenda est Carthago.'"

Doctor Bucknill winds up this able article as follows:

"The Committee of 1877 was rather remarkable, inasmuch as having been granted on the demand of a member of the House opposed to private asylums, it was dominated to a great extent by members entertaining a very different opinion and who knew more about the subject and were more interested in it. One most influential member of the committee was actually the proprietor of the largest private asylum in the country . . . . . it is not surprising, under these circumstances, that the recommendations of the Committee were feeble and temporising . . . . . perhaps neither the legislature

nor the public were ripe at that time for the abolition of private asylums by the simple process of refusing all renewal of licenses: but it may safely be foretold, that if the promised Bill does not provide in some decided way for such abolition, it will either fail to become law or, as law, it will fail to endure."

Doctor John Conolly, for some years the resident Medical Superintendent of Hanwell, after five years' experience as "Inspecting Physician of the Lunatic Houses for the County of Warwick," wrote, as stated in Doctor Bucknill's book already mentioned, "his first eloquent, humane, and thoughtful work on insanity." Doctor Bucknill says, (p. 59):

"Doctor Conolly grounded his maxims of reform upon facts which he adduced and summarised in the following conclusion: 'That the present regulations regarding the insane are at once inefficient for the protection of the insane themselves, and dangerous to the public; that it results from them that some are improperly confined, and others improperly at large.'

Other evils, arising out of the present manner of providing for lunatics are that they are often confided to persons who are unacquainted with bodily and mental disorders, and who neglect such treatment as might conduce to recovery; that it is the interest of such persons to keep patients under their care who ought not to be so confined."

Doctor Bucknill continues:

"Nothing which Doctor Conolly ever wrote does more credit to his head and his heart than these opinions on a subject that was to make his name famous; early opinions it is true, and published before advancing years and personal interests had made him indulgent to the evils he had denounced."

This allusion is to the fact that Doctor Conolly ultimately became a private lunatic asylum proprietor himself and was chosen to represent the fraternity, on whose behalf he gave evidence before the Select Committee of 1859, having a few years before laid down the maxim that "every lunatic asylum should be the property of the State and be controlled by public officers."

Doctor Conolly, speaking for the proprietors, said in the course of his examination: "There is a general feeling on the part of medical men belonging to asylums that they are somewhat unworthily estimated; that they are supposed more peculiarly to be under the influence of mercenary considerations than they deserve to be considered." (Question 1,986.)

In reply to a previous question (1,936) as to his knowledge of private asylums, he said: "I am acquainted with several; I am intimately connected with two. I am part proprietor of two; and

in my own house I receive six ladies." It is sad to think how even the good and generous are blinded by self-interest. As Lord Shaftesbury put it in his reply to question 82—"It is the cardinal point upon which everything turns." Had not Doctor Conolly become a proprietor himself he would doubtless have continued hostile to the system.

Dr. J. Mortimer Granville, a London physician of high standing, and eminent in his profession as a specialist in lunacy, was examined at length before the Select Committee of 1877. Having stated that the private asylums did all the work before public asylums existed, and should be given credit for it, he said: "Nevertheless I think the time has possibly come when their work might be continued by them under a better system." (Question 8,993) Asked—"Supposing you were going to establish a system for the regulation of lunacy, would you admit the existence of private asylums into your scheme?" Answer—"I would not." Doctor Granville's proposal was to buy out the interests of the proprietors on a valuation of the receipts for a certain number of years and to reconstitute the asylums under State officers, paying the money now paid to the proprietors into a central fund. Subsequently writing on the escape of a "patient" from a lunatic asylum, that had been the subject of heated discussion in the London papers, Doctor Granville said: "It is a cruel and most dangerous law which enables any man to commit another to prison without trial or habeas corpus, on the mere certificate of two medical men, 'Neither of whom need,' as I wrote more than 20 years ago, 'have seen a genuine case of mental disease, read a page of any book, or heard a lecture or been asked a question at any examination on the subject'.... it is sickening to have to repeat these assertions again and again; I made them before the Select Committee of 1877, and I shall continue to give them expression without fear or favour until a baneful and oppressive law is changed."

Speculation on unfulfilled contingencies is not always barren or useless. One may therefore be permitted to consider what would have been the consequences to society generally, to the sane as well as the insane, if the views held by such unimpeachable authorities had prevailed, and the "abominable and indefensible system" been swept away root and branch. At any rate we would have been spared many hideous scandals, and much human suffering would have been

avoided. From that day to this the evil system has not been grappled with. It is painful to reflect how often the labours of Royal Commissions and Select Committees prove fruitless, and how evidence of the most damnatory character is watered down in the Reports made to Parliament.

The terrific indictment framed by Lord Shaftesbury in 1859 against private lunatic asylums, sustained by witnesses of the highest authority, should in the ordinary course have led to the immediate abolition of the system; but the clique of proprietors was too cunning or too strong, and having succeeded in capturing Doctor Conolly and making him, instead of a powerful opponent, a powerful advocate, they had not much difficulty in putting a wet blanket on the proceedings. After the lapse of eighteen years the farce of another Select Committee was re-enacted, and, as Doctor Bucknill has told us, in his article already referred to, dominated by members in favour of private asylums, with "the proprietor of the largest private asylum in the country" on the Committee. Of course under such circumstances the ridiculous farce could only end in the one way. Nothing was done; the Government stood stock still.

The late Mr. Dillwyn, M. P., who was a member of the Committee of 1877, and took a life-long interest in the well-being of the insane, made an effort to deal with the evil as a private member by introducing, in 1881, a Bill "to amend the laws relating to the custody and treatment of lunatics," but it never got beyond a second reading. In the course of his speech introducing the Bill, Mr. Dillwyn quoted the evidence given by Lord Shaftesbury in 1887 to the effect that "he had seen no reason to change any of the opinions which he had expressed in 1859 as regards the objectionable principle of persons having an interest in the retention of lunatics being intrusted with the care of them." During the debate Mr. Courtney, then Under Secretary of State for the Home Department, said, speaking on behalf of the Government, "The gradual suppression of private asylums . . . . was a subject of the highest interest. . . He hoped that the private asylums would in the course of time die out. There was no vested interest in them." (Hansard, 3rd Series, Vol. CCLXI). The theory of dying out is absurd as long as they are permitted to drive a roaring trade sanctioned, protected, and licensed by Government authority. The idea must be regarded as one of Mr. Courtney's flights of imagination. As well expect a

blast-furnace to burn itself out while plentifully supplied with fuel. There is only one way to do it—stop the supply.

Another attempt to deal with the question was made by the member for North Shropshire, Mr. Stanley Leighton, who, on 25th April, 1882, moved a resolution "That all lunatics ought to be committed to the keeping of the State." He said, "He did not wish to speak harshly of persons but only of the principle . . . . . he could not help speaking strongly of a system that encouraged speculation and large expenditure in licensed houses with a view to the profit of their owners." Mr. Sclater-Booth, now Lord Basing, contributed a remarkably able and exhaustive speech to the debate saying:

"The ideal system they ought to aim at was a system by which lunatics belonging to the wealthy and middle-class families might have the ample security which the poor enjoyed in pauper asylums—namely the security that it was not in the interest of any human being in the asylum to retain them in it one minute after they were cured. In a public asylum the interest of all the officials was to discharge the patients as soon as possible; but in the private asylums this state of things was reversed, and his view was that no lunatics should be entrusted to those who were pecuniarily interested in their maintenance."

Mr. Sclater-Booth pointed out that it was not the intention of the mover of the resolution to relieve the better class of lunatics from maintaining themselves and that they need not be maintained at the cost of the public. The incomes of the opulent insane classes now flowing into the coffers of the proprietors of private asylums, increasing the wealth of the capitalist or enriching the adventurous speculator, would, if administered under Government authority, maintain all the private lunatics in the country in comfort and even luxury in special institutions managed by qualified persons, whose only pecuniary interest in connection with them would be their salaries. The next attempt to grapple with the subject in Parliament was made by the writer, who introduced a Bill "To alter and amend the law relating to private lunatic asylums in Ireland and to make other and more suitable provision for paying patients." The vested interests of proprietors in Ireland are so trifling, compared with English interests, I thought the measure would not be strongly opposed and that if the thin end of the wedge was inserted it could afterwards be driven home. The introduction of the Bill, however, was the signal for an outburst of indignant opposition on the part of the proprietors who saw in my action the beginning of the end. The Bill was "blocked" and,

though re-introduced session after session for several years, it never got beyond the first reading stage.

Meanwhile the revision and consolidation of the whole lunacy law of Great Britain was undergoing the tedious process of incubation. The evidence given to the Select Committees of 1859 and 1877 was sat upon and hatched in the official incubator until the year 1890 the only result, in regard to proprietary asylums, being a very nasty addled egg indeed. The advocates of reform fully expected that a system so abhorrent, so universally, authoritatively, and justly condemned would have been effectively dealt with and that private lunatic asylums would either be taken over by the State or abolished in some other way. Now, not only was this not done but the very reverse. The system of lunatic asylum keeping for profit, profit being the "fons et origo malorum" has been perpetuated under the Act of 1890, and perpetuated in an infinitely worse form than before. Section 207 specially enacts that every license may on its expiration be renewed "to the former licensees, or any one or more of them, *or to their successors in business;*" and subsection 6 of the same clause provides that "no new license shall be granted to any person for a house for the reception of lunatics." What is the effect of this? Simply that it perpetuates the condemned system. It gives a new lease forever to the eighty-five private lunatic asylums now in existence, enhances their proprietorial value, and, by prohibiting the issue of new licenses, gives a monopoly of the trade to the present proprietors and "to their successors in business" for all time. Who is responsible for this outrage on humanity? The Lord Chancellor and those who, under his direction, framed the Bill had necessarily to be guided by that department of the State which controls and supervises lunacy affairs. It must then be assumed that either the Lunacy Commissioners approved of, or at least did not protest strenuously enough against, the continuance of the evil. In spite of the accumulated evidence of half a century Mammon has triumphed. How it was managed is a mystery that could only be explained by the Jay Gould of private lunatic asylum capitalists.

While writing I have received a copy of the Third Annual Report of "The State Commissioners in Lunacy, New York." The State care of the insane of the poorer classes, as well as of those who are able to pay either wholly or in part for their maintenance, is manifestly the right thing, and it is not surprising to find "better results

at less aggregate cost can be secured than any town or county or other municipality could be expected to secure." The following paragraph from the Report (p. 269) indicates the method in which the Lunacy Commissioners of New York desire to see lunatics belonging to the wealthy classes cared for: "It may be that in some more advanced stage of public sentiment upon this subject the State will, in view of the dreadful nature of the malady of insanity, enlarge its views and extend its philanthropy so far as to be willing to provide for all insane persons within its borders, irrespective of their pecuniary condition;" meaning, no doubt, to provide suitable care and treatment in State asylums, under the management of State officials for rich people, the expense to be borne by the patients themselves or by their relatives.

The world at large owes very many debts of gratitude to America. Her initiative has conferred incalculable benefits on the human race in various ways. If by the exercise of those high mental faculties for which the nation is distinguished; if through "the power of thought, the magic of the mind" she can devise means to arrest the spread of insanity, and to abolish private lunatic asylums keeping for profit, America will confer a boon upon humanity unsurpassed by the greatest of her achievements.

In bringing my humble contribution to the proceedings of this great International Congress to a close, I desire to assure this distinguished assembly that if I have been instrumental in letting in a ray of light, however feeble, on the sad subject dealt with, the privilege accorded to me is an ample reward.

THE FUTURE OF ASYLUM SERVICE.

BY A. CAMPBELL CLARK, M. D.,
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Reform is always in the air—the spirit of unrest is always abroad, and we pin our faith to the old shibboleth "a change for the better"—a faith which is "the substance of things hoped for, the evidence of things not seen." Faith and Hope are the abiding well-springs which keep the energy of reform alive and patient and persevering, and the history of our asylum service abundantly proves it. We have been waiting and working for years, and as faith without works is dead, I take this opportunity, so graciously afforded me, to address this representative Congress on certain matters of practical and vital interest to the success of asylum management and treatment. These refer to asylum service, the machinery of asylum administration. It is not my purpose to deal with the prime levers of this machinery, the central or state executive, the local boards, or even the principal officers. These might well be discussed without going much beyond the mark, but the machinery which really drives the asylum routine is chiefly located in the lower official strata, and to this I beg your brief attention. The attendant and nursing staff constitute our fundamental reliance in the work of asylums. They are to asylums what the engineer and signal man are to our railway system, and the best executive, the most competent superintendent, is nothing without them. They are the custodians of lives, the vital circumstances, for weal or woe, of our patients; and we have to reckon up this human equation of factors and results.

Asylum medicine is not dealt out by pills and potions alone. We are told that mind and body act and react on each other. That is true; but in this age of cast-iron materialism on the one hand and speculative psychology on the other, we are apt to lose sight of the prosaic fact that minds act and react on each other. Even the benighted subjects of mental disease have glimmerings of consciousness, and are receptive of impressions and influences from

minds stronger and clearer than their own, and from the surroundings which these minds create for them. Asylum wards are all the time the scene of a mental conflict, the grinding wear and tear of the insane mind on the sane, and the influence, good, bad and indifferent, of the sane on the insane. Mental or physical breakdown is not uncommon in our attendants and nurses,—they are weak in numbers, and strain tells. On the other hand, their influence can never be fully and accurately estimated—they are the effective machinery of discipline and routine, but how can we calculate the effect of this on individual patients? Discipline and routine are good things where the higher faculties of mind are perverted or suspended; but our purpose now is to demonstrate the importance of personal influence on individual minds. Discipline and routine have become fixtures of old standing in our asylums; but the application of mind to mind, the focusing of individual cases, the recognition of each personal identity in the asylum wards, constitute the rational scientific basis of medical treatment.

The question now comes. Is this object attained? My answer is No, but we are driving towards it. The identity of some patients is lost in a negative existence—they may be driven like sheep, but the identity of others is so pronounced that they force themselves on your attention. It is easier to individualise such cases, for there is something to go on. As a matter of fact, attendants do individualise some cases without prompting: but the majority are treated *en masse*. To individualise seems hopeless wear and tear of body and mind in many instances, but good attendants teach us the lesson not to despair, and wonderful recoveries are recorded from time to time after years of asylum hopelessness. I take it, therefore, that we should overhaul our machinery, and see whether our nursing staff cannot generate in greater measure curative magnetism of mind on mind, a keener faculty of observation, and a higher sense of responsibility for the care and cure of the insane.

This brings me to the question of the material of asylum service, the problem of efficient mental nursing. Physique was the paramount idea in the past, an idea by no means disparaged to-day, but no longer paramount. Moral worth, intelligence, education, training are factors of the highest importance to-day, and the *personnel* of our nursing staff is perceptibly changing for the

better. It appears to me, however, that this process of evolution should be carefully scrutinised at the present time, that prolific offshoots in certain directions should be judiciously pruned, and that we should not be too much carried away by appearances. The time will come when those who have not moved with the times, and some who have, will put such pertinent questions as these: What are the fruits of this new order of things? Are your recoveries more, your accidents, escapes and deaths less? Is the general well-being of the insane improved? Are the amenities of asylum life increased? You will observe that I say nothing about reduced appropriations and rates—that should be the last consideration, provided honest reform in asylum service is achieved. I say, then, that these questions will come to the front sooner or later, and no æsthetic show of sweet girl graduates, no mere parade of training school results will satisfy our level-headed citizens. "By their fruits ye shall know them".

If it be granted that results may be improved, it may be accepted also that this necessitates a revision of the methods from which these results accrue, and this, of course, includes the backbone of the whole thing, our nursing staff and its work. What reform is here possible? or, to state it differently, where are the defects in the nursing staff and its work? My argument may briefly be outlined as follows: A. The defects of our nursing staff are threefold: defects of (a) quantity, (b) quality, and (c) organisation. B. The defects of Nursing Work are the natural result of the foregoing, but they are also due to (a) large wards, (b) lack of personally conducted coöperation of superior officers; (c) the same monotonous grind from week to week. I might go further, but the kernel of my argument is there in a nutshell. I trust I shall not weary you by saying a few words on the several points now raised. I shall do so as shortly as possible.

The present number of attendants or nurses, properly so-called, is one to ten, twelve, or fifteen patients. If these are all chronic negative cases, this is quite enough. All that is wanted is care. But I am speaking of recent acute and curable cases; and for such the number is too small. The hours of duty are too long, and the nurses are not officially attached to particular patients. When you consider that nurses are in the wards, or with the patients elsewhere for fourteen hours a day, the idea of their energies being concentrated acutely on their patients all that time is preposterous—their

work must necessarily become automatic and routine in character. Individual responsibility for individual patients does not go much beyond the muster and the roll call. There are exceptions of course; but I state the aggregate result, and ask you what better you could expect under the circumstances. The remedy is, first of all, a larger staff, but if I dare to say so, the ratepayer is thrown at my head. The poor ratepayer is much maligned, he is held up to us as a chronic growler, a being without the soul of charity in his composition. I believe this is a libel on the majority of our citizens. Well then, to stick to the point you ask me, How would I propose to remedy this? My proposition is this: You cannot have an eight hours day in asylums for reasons too lengthy to discuss: but you can give much larger leave, and you can have a larger percentage of nurses on duty. There are many ways of considering the means whereby hours may be shortened, if a larger staff is provided.

Now for the question of quality. A mistaken notion is that above all things we want more style, and higher education. This is a delusion most disastrous for asylums. We want the born mental nurse, a *rara avis:* but there is no sufficient supply of this commodity in the market, and we must take the next best we can get, and try to make the most of what is elastic and adaptable in human nature. Placed in the balance against a bright, sunny temper and obliging disposition mere education would be found wanting, and the parade of education sometimes made in asylums as a feature of their nursing, though very fetching, and in itself a recommendation, is not the one thing most needful for the study and cure of mental disease. Well then, sunshine in our attendants and nurses is dependent largely on sunshine in the conditions of their existence, and on sunshine in their surroundings. We do not realise that they also are under more or less restraint as well as their patients. They are eternally keeping down the "Old Adam," sitting upon themselves so to speak, for many insane people would rile a saint, not to speak of a human being. In a word, don't keep them so long in harness at a time, feed them well, groom them well, increase the attractions of their work, make them as healthy and happy as the nature of their work will allow, and the sunshine you thus create will radiate from them right into the lives of their patients.

My third point is Organization. The aim of an ideal organi-

zation is to expend energy without waste or fruitless result, and in proposing a larger scheme of organization, a reconstruction and elaboration of our present system, I have carefully kept this object in view. In the first place I would point out that the night supervision and nursing of the insane is woefully insufficient. You will find in most asylums one attendant responsible for the care of one hundred or more lunatics at one time. While the day officers and staff slumber and sleep, he stands alone, the one responsible sane official. The night care we trust to Providence, and a half of one per cent. of sanity, and this fact increases the anxieties of the responsible heads of the establishment, who are therefore never absolutely out of harness. We cannot have short watches as on board ship; but with numerical strength increased, we can assign for night duty a larger staff with a supervisor or chief, and do away with the humiliation and degradation of the tale-clock system, which at its best can be tampered with. At present night service is shorter than day service; but it is continuous. I would make night service longer, and day service shorter; but I would break the night service in two parts, allowing one hour's suspension of duty between. In small asylums it would be the duty of the supervisor to relieve the subordinates in turn—he would thus be more practically acquainted with the night work. In large asylums a relieving officer would be told off for this duty. Once a month I would allow night attendants off duty from Saturday morning till Monday night. I would have the night staff, with the assistance of the junior day staff, responsible for the morning toilet, &c., of the patients, and for seeing them to bed at night; so that the work of the senior day staff wonld not exceed twelve hours. The leave of the day staff I have not touched on; but it should be much more liberal than at present. The patients should be detailed in small groups for special written observations, and each nurse should have a group, and a note-book for that group. Nurses should exchange groups every three months, so that a fresh interest is continually kept up, fresh observations are possible, and the patients come under new influences. I would change patients from one ward to another, oftener than is done at present. I would have the superior officers direct and assist the nurses in observation and treatment, The lunacy laws impose a tremendous amount of clerical work on asylum medical officers, thus restricting the exercise of the true function of medicine in asylums. I would have medical officers and

supervisors more in the wards collaborating with the nurses and forming more and more a collective investigation committee on the patients. I might warp and woof this skeleton of reform which I have set up, until it is perfectly clothed; but time presses, and it may seem to you that I have gone far enough, and am merely sketching an asylum Utopia never to be realized. Ten years ago I pleaded for a conjoint scheme of special training for asylum attendants and nurses without much encouragement to hope for its fulfillment in the near future. Yet to-day in the old country this scheme is an accomplished fact, and in America at the McLean Asylum, Boston, at Buffalo, at Utica, and in many other asylums throughout the world the reform grows apace. Therefore I am emboldened to lay down the views which I enunciate to-day.

The defects of nursing work are, as already stated, the natural result of the defects in the nursing staff: but they are also aggravated by three factors which I shall take in order. *First*, large wards. Elephantine asylums, and worse still elephantine wards, are self complacent monuments of public charity when they first break upon the gaze of the stranger; but let him take time to analyse his deeper impressions, as he may do on a second visit—a first visit gives a blurred sensation—and he recognises three things (1) that a great gulf is fixed between the sane and insane, (2) that it is a case of the shepherd and the sheep, (3) that for the sane leaven to leaven the unleavened mass of insanity in so large a crowd is a superhuman, paralysing task. When you want a quiet confidential talk with another man, when you want to consult with or advise him, you don't think a crowded public room or a public function the place and season for such a purpose. You want to get him in a quiet corner all by himself. On the other hand, when a humble supplicant for mercy, kindness, help or some other exhibition of christian charity watches for his opportunity he does not seek the benefactor in the thick of a crowd, when he is likely to be urgently engaged with other affairs. A quiet corner will also suit his purpose best. And so in our asylums, though we dread quiet corners as places of suicidal contemplation, they are really quite the opposite if we look at the matter aright. Blunt knives in asylums suggest suicide more than sharp ones. Unbroken straight lines of gallery walls in asylums invite gnawing suspicions of confinement and imprisonment. We want day-rooms broken up—coteries—cliques, if you will, but presided

over and regulated by sane people. In small parties there is confidence—not in large; and in confidence won and discreetly used, we have one of the secrets of successful asylum treatment. *Second.* There is the lack of "personally conducted" coöperation of asylum officers. I have already referred to the excessive clerical work, and I may add the red tapeism of asylum administration. Nursing of individual cases lacks inspiration from the superior officers. I confess that instead of frequently inspiring my nurses, they oftener inspire me. At the present moment I am reminded of a case to cure which I have labored assiduously for two years, and for which the attendant has labored more. I am ready to give up hope now; but the attendant won't allow me. Just a week ago he gave me a fresh inspiration, he suggested that there might really be something wrong with the patient's stomach besides mere lack of energy to account for his positive refusal of food—his breath was offensive. I washed the stomach out. He is, therefore, being individualised in a new direction, and already he is more active, brighter, and on the whole better. He may not recover, but this new treatment will help him, if there is a chance at all. *Third.* There is the same monotonous grind from week to week. So long as work is interesting, and not pushed to over-strain, it cannot be monotonous. From what has been already said, you can see that the evil now stated is a curable one. A continuous round of fresh outlets for energy and observation, a daily programme of varieties for patients and nurses, convalescent homes a few miles away for both, more domesticity, and individualising home life, tea parties in the wards, more fusion with the outside world. These are a few of the many suggestions that may profitably be discussed here.

And now, gentlemen, before I close this somewhat rambling sketch of the problems of a great and beneficent service, let me ask your consideration of two of the latest evolutions of asylum reform now clearly discernible on the horizon. These are (1) the formation of a mental nursing association, and (2) a provident or pension scheme. If linked together under the patronage of asylum boards of management, they can only be followed by one result—decided success. If initiated and carried on without the help of asylum administrators, the result will not be so gratifying—indeed it may be disastrous. The day of pensions as they exist in the English and Scotch Royal asylums is gone by. What is now

by law established may remain, but the legislature will undertake no fresh liabilities of this kind. Heaven (in other words, asylum managers) may be expected to help those who help themselves—dollar for dollar put by for a rainy day. That's the principle which the railway systems of the old country recognise, and it is the only possible one for asylums. By such means a really good asylum staff is secured and maintained in efficiency, while a reasonable prospect for the future is held out to them. Here also is the foundation of a mental nursing association which may be expected to work loyally, and not as a mere trades union. It should have its own weekly newspaper, managed by representatives of all classes of asylum service.

I regret that space forbids my going further: but hope that in this short paper, I have given you some thoughts that are worthy of consideration. Such an opportunity as the present for the discussion of such questions must prove one of the abiding monuments of the great World's Fair at Chicago; and I am sure the exchange of sentiments now being called forth will advance materially the cause of asylum service reform.

REFORM IN THE TREATMENT OF THE INSANE.

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Mr. President and Gentlemen:

Had I not been requested to refer on this occasion to an important event in the history of the insane, which has recently been celebrated in England, I should not have ventured to do so, from the fear that some might think that it had already received sufficient attention, and that its importance was over-estimated.

But in truth granting that the present standard of the management and treatment of persons of unsound mind is on the whole highly satisfactory in the United States and in Europe, it ought certainly not to be regarded as either useless or dull to cast a glance at the beginning of the movement which has ultimately developed, step by step, if not by leaps and bounds, into the present humane and, with some exceptions, efficient condition of management of the class now referred to, at least as regards public asylums. I do not include almshouses.

The event of which I speak as so important was celebrated in the city of York last year, because it was the Centenary of the projection of the Retreat in that place by William Tuke, who besought members of the philanthropic Society of Friends to support the undertaking and ultimately succeeded in his endeavor.* Everyone knows and, therefore, it would be wearisome to reiterate, the neglected state of the insane and, worse than that, the actual cruelty to which they were formerly subjected. It was the clear conception and the painful sense of the barbarous methods by which they were coerced, the conviction that this was inhuman and therefore wrong, that led to a definite attempt to make a radical reform, in the face of prejudice, ignorance and opposition of the most determined character, and to the foundation of an institution which for the first time bore the name of "The Retreat."

* The steps by which this movement was carried out successfully are given in the writer's "Reform in the Treatment of the Insane," 1892. J. & A. Churchill, London.

Indomitable pluck, the stern sense of duty, a dogged perseverance in the right course could alone conquer the manifold abuses by which the old system was hedged about, and, much more than that, succeed in holding up an example of a reasonable and benevolent mode of treatment. It is extremely easy now to look back on that experiment and see that it was calculated to succeed; it was so simple; it went so directly to the bottom of the evil; but before the experiment was tried and when it was being tried, it must have caused some misgivings and fear lest it would after all end in failure. Had not judgment as well as humanity, had not common sense as well as pity, had not profound depth of feeling as well as mere sympathy actuated this great revolution, there might have been nothing more than a transitory emotion, a spasmodic movement, which would never have exercised the wide, far-reaching and beneficent influence which, as a matter of fact, it did exercise and exercises still. The extremely practical character of this reform is proved by the critical observation of the effects of what was then the routine medical treatment of the insane, the discovery that it was altogether injurious, and that a directly opposite treatment was surprisingly beneficial. It has been often said that while the moral treatment pursued at the Retreat was admirable, the medical treatment was neglected if not despised. I wish to emphasize the fact that this is altogether a mistake. The moral tone was no doubt in happy contrast to that elsewhere adopted, but the refusal to follow blindly the monstrous treatment then fashionable among medical men, coupled with the adoption of a more rational method, was a remarkable feature of the experiment. Speaking generally, it was the substitution of tonic and stimulating remedies for depressants (including periodical bleeding) which marked the new system of treatment at the York Retreat. Another advance made at that time was the knocking off of the fetters by which the insane were bound (a bold measure independently adopted by Pinel in Paris) and the endeavor to restrain dangerous actions by gentle methods of repression. The doctrine of non-restraint was not, it is quite true, adopted. It may, however, be granted that the avoidance of manacles at the Retreat in any form or shape and the strenuous endeavor to calm the violent patient by kindly words and sympathetic action, quickly led to a very slight resort to restraint of the limbs, and ultimately to the entire abolition of straight-waistcoats and the like. If it is an

honor to have gone to the extreme of abjuring all mechanical restraints whatever, that honor must be awarded to Charlesworth, Hill and Conolly, and not to the York Retreat.

That the Retreat was fortunate enough to effect an extaordinary change of opinion and practice throughout England, and more widely, is attested by innumerable competent authorities. Among these are American specialists who have loudly proclaimed the value of the example set by the Retreat a century ago. It has happened to many reformers that their work has been slighted or even questioned, but there has always been the most generous appreciation of the work done at the Retreat. There is, therefore, happily, no claim on its behalf to defend, and no occasion for disputation. All that is necessary is to bring out in strong relief the enormous contrast between the old and cruel and unscientific method of treatment and that which was inaugurated at the Retreat a century ago with a success only equaled by its simplicity.

And all this was done when the city in which the story is revived to-day had no existence, and the site on which it stands was a primeval forest. It may be said that there is no lesson to learn from the deed which was so courageously done in the year 1792, but from this I must be allowed to entirely dissent, for it would not only be ungracious and unthankful to forget an historical fact of this kind so pregnant with great results and benevolent ends, but if no lesson were taught, men would lose by so much the incentive to good works arising from the knowledge that success attended efforts made with great singleness of purpose, with no eye to fame or human praise, and without any pecuniary benefit, but the very reverse—expenditure of money, loss of time, much anxiety and even contumely and abuse. Similar battles have to be fought at the present day in the contest with ignorance, indifference, sordid interests and even inhumanity, and in this conflict, the modest yet determined, and as it proved, victorious struggle of the last century cannot but nerve the combatants in the Holy War of humanitarianism and scientific progress in whatever country it may be fought.

THE IRRESPONSIBILITY OF THE INSANE UNDER THE LAWS OF FRANCE.

BY DR. VICTOR PARANT,

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The legal provisions which govern the question of the irresponsibility of the insane under the French laws meet almost completely the scientific requirements and the best established views of mental medicine. It has seemed to me that it would be not without interest to enter here upon the principal considerations that the subject allows.

It is universally admitted that a person in a condition of mental alienation is irresponsible for his actions. But if we all are agreed as to this principle, all do not interpret it in the same manner, and according to nativity and opinion one is led here to allow it too great an extension, and to restrict it unduly there.

These divergences are due to the different ideas as to mental alienation and what is to be understood by that condition. Some recognize as insane only those who are altogether incoherent and extravagant and have altogether lost their intelligence, and would only give the benefit of irresponsiblity to those who are incapable of understanding anything whatever.

Others recognize the existence of insanity wherever they find hallucinations or delusive ideas, without sensible disturbance of action, but they refuse to consider the lunatic irresponsible if he can still take account of the compass and the value of his acts, if he recognizes the difference between what is allowable and what is forbidden, between right and wrong.

Still others make a distinction between the acts that are in direct relation with the delusions, and those that are performed entirely without reference to them.

Others finally, and with altogether opposite opinions, call every one insane, and consequently irresponsible, who may be a little odd, eccentric or ill-balanced, whoever presents the slightest mental anomaly or imperfection. They even go so far, by a singular interpretation of facts, as to say that crime and insanity

proceed from the same elements, and that there is no fundamental difference between the criminal and the lunatic.

These diverse opinions, of which the ones extend too far and the others restrict unduly the domain of mental alienation, are alike incompatible with the teachings and most correct notions of science.

What, then, is mental alienation?

The first point to be considered is that mental alienation is a disease, we might add that it is before all and especially a disease of the physical organism. There is not one condition of mental disease in which we cannot recognize bodily suffering, and the symptoms on which we can, with most certainty, make our diagnosis are bodily symptoms, sensory disturbances, excitement or depression of the functions, nervous exaltation or obtunding of the senses, alterations of the muscular activity or of the nutritive functions. These principal symptoms and others still, which are met with in various combinations in conditions of insanity, bear witness to the part played by the suffering of the organism.

I may add, as a complement of what I have said, that in order to cure a mental disorder, it is necessary, first of all, to cure the diseased body. Any treatment directed solely to the mental troubles is condemned to absolute and certain failure.

A second and not less important point to be considered, and yet one that is too universally ignored, is that in insanity the disorders of the intelligence have only a secondary importance, and that when we meet them it does not mean that the intelligence is itself diseased. The appearances in this regard are altogether deceptive. The exact fact which it is essential to bear in mind is that the morbid process interferes with the functioning of the mental faculties, whose normal manifestations are thus suspended or embarrassed. The mind is unable to enter into regular relations with the outside world, but it continues to live its own life often much better than we suppose.

To be convinced of this, it is enough to study attentively certain cases of mental disease, of the nature of which there can be no doubts, for example, simple conditions of maniacal or melancholic delirium. Although the patients seem very wild, they have often, and under diverse conditions, a very clear knowledge of their condition and of whatever goes on around them, as well as

of their own actions. Those who live with the insane have constant proofs of this fact.

When the patients recover, or during lucid intervals of their disease, in which they can recover possession of themselves, they themselves testify, and their words need not be doubted, that, in spite of contrary appearances, their mental faculties were adapted with exactness to the conditions of their own consciousness and the phenomena of the external world. In spite of their unreasoning attitude and their extravagant talk, they had full knowledge of what was going on around them; they realized the absurdity, the malignity or the danger of their acts; they sometimes have a fixed determination to do a wickedness, they suffer from not being able to control or escape from their delirious obsessions, their evil tendencies, but cannot prevent themselves from submitting to all the demands. Their will is suppressed or restrained, their intelligence only manifests itself in unreason, but both continue to exist in their own life and to keep in themselves their integrity.

It is well, while mentioning these phenomena, traces of which are to be found, in various degrees, in all conditions of mental disease, to remark that if a definition of insanity is required, we may say that it is a disease of the organism in consequence of which the normal relations of the intelligence with the external world are changed, suspended or destroyed; indicating also, in as clear a manner as possible, that insanity is not, properly speaking, a disease of the mind.

It follows, therefore, that we are not to seek the really characteristic symptoms of mental alienation in the normal or abnormal manifestations of the intelligence. By so doing we would be liable, like the great mass of the public, to fall into formal and absolute error. No more should we affirm or deny the existence of insanity from certain manifestations of the will, since these, varying in form and intensity, occur in very many of the insane.

Insanity is not essentially recognized by any of the mental troubles to which it gives rise. What really characterizes it with certainty is the sum total of the symptoms from which it is evident that the presumably deranged individual has not his customary control of himself, that he has lost his free will. His intelligence and his will may be more or less conserved, but sometimes their external manifestations are obscured or altered, sometimes they are enfeebled or destroyed, at other times again they are subjected

to the influence of forces developed in the physical organism which dominate them and from which it is impossible for them to escape.

Failing to understand insanity in this light, which is absolutely correct, one is liable to be grossly deceived and to fail to recognize it where it actually exists. By the same error one may be led to consider as responsible unfortunates who are really not so at all.

In medico-legal cases, where the irresponsibility of the insane is in question, we should therefore use these general data as a basis in order to estimate the value of acts and to determine whether the individual is or is not responsible. But as the estimation of irresponsibility has to be made according to prescribed formulæ enacted in the laws, it follows that the law should be regarded as good, which, while specifying that it applies only to confirmed insanity, formulates its rules in a general manner, and does not support them by too restricted or exclusive data.

The French law appears to us to realize these conditions quite fully and to merit the attention of anyone interested in the legal medicine of insanity. In the words of Article 64 of the Penal Code: "There is no crime or misdemeanor when the accused was in a state of dementia at the time of commission of the act, or where he was under the control of a force he was not able to resist."

The word "Dementia," here employed, has been the cause of some errors of interpretation. This is so because the term in its stricter sense signifies the abolition or profound diminution of the mental faculties. Dementia, properly so-called, is the final result of most insanities and not insanity in general. There is, therefore, a possibility here for error.

For a long time, however, the word has been used in a more general sense, and it is understood in the same way by all, jurists and physicians, that in legal medicine it signifies mental alienation.

While we agree in giving the term dementia a signification conformed to the circumstances, we likewise have to decide what is to be understood by mental alienation. This is not quickly decided and presents some real difficulties. It should be recognized, however, that the fault is in mental medicine itself, which had not, in the beginning of the century, definitely determined

what was insanity, and which gave too great an importance to the mental troubles, leaving in the shade the bodily disorders, the importance of which, however, it did not entirely ignore. In originating the doctrine of monomanias, alienists put all the world against themselves and their science. Men could hardly understand how, and did not want to admit that a predominant idea, an exceptional tendency, however exclusive, could constitute insanity, and they regarded as mere suppositions of which the law could not take account, the insanities which, under the names of pyromania, kleptomania, etc., consisted only in impulsions to arson, theft, murder or other unlawful or criminal acts. The evolution of mental pathology and the progress of the science, however, have shown that behind the impulsion there is not only the fixed and predominating idea, but also a group of physical disorders, more or less marked, the recognition of which is always possible, that these characterize clearly the disease of the organism and the mental symptoms are absolutely dependent upon them. From this it has been made more clear in what alienation consists.

Some questions have also arisen lately in regard to the conditions of insanity in which the intelligence still preserves in various degrees its external manifestations. But it is understood that, while these manifestations seem regular, they are not really normal, since they are embarrassed by morbid impressions that give rise to delusive ideas mingling with rational mental functioning. French jurists are to-day aware that if mental alienation is attended by disorders of the mind, these are only the *contrecoup* of bodily ailments that may not be sufficiently generalized to prevent the exercise of certain normal moral and intellectual aptitudes. It matters little whether the individual has still the knowledge of the world around him or the memory of past events, it is of small importance whether he is able to discern right and wrong or can premeditate his acts and appreciate their bearings, or, lastly, whether in some respects he speaks, reasons or acts as might a person of sound mind. What is to be ascertained is the existence of a mental disease, whatever may be its symptoms and their intensity; and if account is properly taken of deficiencies of reason we are more and more impressed with the important truth, that it is necessary to estimate a man's insanity, not by what rationality remains in him, but by what is lacking.

The terms themselves of Article 64 of the French penal code, have also contributed to clear the minds of French jurists, and the closing words of that article, where it says that an individual is irresponsible if he is constrained by a force which he cannot resist, were well devised to relieve their doubts and misgivings.

It is true that we must not ignore the fact that in the mind of the lawmaker this provision applied just to persons undergoing external compulsion, as where one is forced to act under the influence of threats and pressure from others. The close relations, however, of these conditions of irresponsibilty should be taken in consideration, and whether or not it was intended by the lawmakers, they have given a very well-defined indication of the data for estimating the irresponsibility of the insane.

This indication is especially valuable in those conditions when the insane person, in spite of his mental disorder, preserves, nevertheless, more or less perfectly manifested, his intelligence or consciousness of his acts, and often also his will which he cannot utilize. He is in this case able to feel his condition, his mental integrity is sufficient for him to understand that he ought not to do the irrational acts he is forced to do; his will would resist but cannot, being dominated by the disease. He is therefore in the same condition as the hypnotized subject when the slumber is not yet deep enough to deprive him of all consciousness of himself; he then hears the orders given him, realizes the absurdity of the acts suggested to him to perform, wishes to resist the suggestion but cannot, as he has no more control of himself; his will is oppressed, dominated, constrained, and the action commanded he carries out in spite of himself.

For the provisions of the French law to be complete, it should also aim at cases where the will is not oppressed or dominated by impulsions or irresistible force, but is inactive, inert or impotent. Such is especially the condition in certain cases of melancholia when the patients have no power to act, they understand, nevertheless, what they ought to do but are reduced to impotence by want of action of the will. Since, however, cases of this kind more rarely commit unlawful or criminal acts, excepting suicide, it is a matter of less importance that the law has not foreseen them; furthermore they can be included in the general mass of cases of mental alienation.

In its main determinations, therefore, the French law is simple and categorical. It is applicable to all the clearly recognized conditions of mental alienation. Without excluding this or that case where the individual, though insane, has retained to a greater or less extent his mental faculties, it declares that from the moment when the insanity begins he should be declared irresponsible for his acts.

In conformity with these provisions, the magistrates charged with administering the law, whenever they have to do with a presumed case of insanity, call in the aid of physicians, the only competent persons in such matters, ask them to investigate and declare whether or not insanity exists, and according to their conclusions the question of responsibility is decided.

There is a class of persons that attracts much attention at the present time; they are those who without being really insane are yet not perfectly sound in mind. What should be their position before the law? Ought they, as regards responsibility, to be classed with normal individuals or with the insane, or should we devise for them some special rule of treatment?

A doctrine has been brought forward in regard to these cases which is called that of partial responsibility, a seductive doctrine at first sight, but one which studied with care cannot fail to appear erroneous. It claims, in fact, to measure the degree of responsibility according to the degree of soundness and of mental force of the individuals. This is evidently impossible; and, moreover, were it practicable, who could be intrusted to do it? the physicians? they are competent only for investigation of disease: the magistrates? if they are, as a rule, more practiced than physicians in analyzing the psychic condition of men, they have not the competence required to determine whether the relations between the physical and the moral exist in their normal condition. In both there is a lack of the means of certain and complete estimation. Moreover, had they the means, how could they find the true amount of responsibility belonging to this or that individual? To pretend to do this is to claim the impossible, and to talk of partial responsibility is really to be satisfied with mere words.

We cannot ignore the fact, nevertheless, that the man who is not perfectly normal, whose mental and moral faculties have not been able, on accouut of the vices of his organism, to reach their

regular expansion, ought not to be judged as severely as one who is normally constituted and well-balanced. His responsibility cannot be as seriously involved and he has a title to commiseration and indulgence.

The French law affords a very simple method of treating such persons according to their deservings; it permits the allowance of what are called attenuating circumstances. In fact they are not insane, strictly speaking, they are responsible; but if having committed a crime or unlawful act, they should he punished, the penalty they merit should be mitigated, softened, less severe than that for a man in possession of normal mental faculties.

The various provisions are wise and conform at once with the rules of social morals and the founded requisitions of medico-mental science; they are at the same time very simple, although applying to all cases, and they deserve to be proposed as a model of their kind. They have also a solid basis, establishing the principle of irresponsibility on the well assured existence of a mental disease.

Any other method of estimation is insufficient and conducive to grave errors.

We have already shown, when speaking of those cases where the patients who, with all the signs of being fully insane, some of them agitated, disordered, incoherent or extravagant, others, on the contrary, weakened, dominated by depressing prepossessions, terrifying delusions, and extreme anxiety, have, nevertheless, consciousness enough of themselves to understand at once their condition, the nature of their act, the seriousness of their impulses, the absurdity of their delusions, and are, notwithstanding all this, incapable of avoiding them.

If individuals in this condition have committed a crime or misdemeanor, having understood what they were doing, having felt all the horror of the act, and tried to avoid it knowing its evil nature, ought they to be held responsible? and even if some of these patients have done wrong intentionally and even with a sort of pleasure in it, as we see some of them do, should they be punished? We should limit ourselves to pitying them. The benefit of irresponsibility should be extended to all the insane whoever they are, and even when they have retained openly or in a latent condition a greater or less extent of their mental powers.

We find, indeed, combined in the insane under very different aspects according to the surroundings, the country and the times, elements that have been invoked as bases or evidence of their responsibility for their actions.

One of the most important of these elements is the ability to discern good and evil. (1). In some countries, notably in England, this ability is regarded as the absolute sign of responsibility. The question asked is, was the person convicted of an unlawful act or crime capable of knowing that the act was wrong and that it was forbidden by the moral law or by human law? If the answer is "yes," he is declared responsible and punished. There are lawyers who have even gone so far as to say that in such a case an insane person should be punished more severely than a man of sound mind, so that the chastisement should have on him a deeper impression. They did not trouble themselves to ask if the will of the patient was free, if he was master of his actions, if, in spite of his ability to recognize good and evil, he was able to choose freely between them. Lastly, if they had not been impelled to do wrong by ideas arising from a disease that had falsified and altered their natural healthy judgment. There are many, even among the most disturbed and extravagant of the insane, even among the delirious maniacs, who know that their actions are wrong. Some are abusive, insulting and filthy in their language, fully knowing it is wrong. There are others who are violent, seek to do injury, go as far as to commit very serious offences, even murder, and know very well what they are doing, that they are transgressing and are in opposition to human laws. Some of them do not hesitate to commit criminal acts, hoping thus, being brought before the courts, to be enabled by their crime to make public the miseries, the misfortunes and the imaginary persecutions of which they believe themselves the victims, and justify one by the other.

Together with the capacity to recognize right and wrong, we may place the ability of premeditation. It is not rare to see the insane, even among those whose minds are profoundly affected and weakened, essentially demented even, meditate the act they wish to commit for days, months and even years prior to its commission. Long premeditated attempts at suicide are common, the same is true of homicidal attempts, without mentioning attempts

of a minor character. This ability to premeditate enables certain of the insane to foment conspiracies among themselves, the results of which may be very serious. And when we consider that in order to prepare their machinations, to dissimulate, to use strategy, and improve the favorable opportunity the insane exhibit sometimes marvellous cunning, we ought to either deny the insanity or admit that premeditation is no more than the capacity of knowing right and wrong, to be made an index of the responsibility for acts.

The insane, moreover, act according to intellectual processes analogous to those of persons of sound mind, they are often guided by definite motives that their disease makes them consider as legitimate and from which they regulate their actions. It is in obedience to such motives, very precise, if not well considered, that certain imbeciles become incendiaries. The great majority of suicides do the act in order to escape moral distresses by which they feel themselves tormented. Revenge is an active incitement of very many insane homicides, especially those having delusions of persecution, who hope to obtain by the death of their supposed enemy relief from their troubles.

We should also bear in mind that the insane are not illogical, and that their mode of reasoning, like many of their other habits, is analogous to that of sane individuals. A man, whoever he may be, forms his ideas, his opinions, his judgments, from external impressions and according to the analysis, conscious or otherwise, that he makes of them to himself. But, in order that these may be normal, certain essential conditions must be fulfilled, viz.: that the senses perceiving the external impressions, the brain that receives them, the inmost functions that elaborate and transform them to be transmitted, in turn, under the form of acts and words, in other words, the entire organism must be in condition to furnish correct ideas to the mind and permit it to perform its functions perfectly and regularly. This is the *mens sana in corpore sano*, the soundness of mind based essentially on soundness of the entire organism.

But what makes the fundamental difference between the man of sound mind and the insane is not the unlikeness of their methods of intellectual action or their moral tendencies, it is not the difference of their mental capacities, it is the abnormality of the formation and intimate perception of sensorial impressions,

and the morbid irregularity in the manner of appreciating these impressions. Both sane and insane form their mental conceptions from the data supplied by the general or special sensibility; but the one is able to correct such of the data as are false, while the other is incapable and conforms blindly to the errors arising in the disorder of his senses. It is not incorrect to say that the lunatic is self-deceived, but it is a serious error to assimilate his mistakes with those of a sane man.

It is under these conditions that the insane person draws from his false premises and his morbid condition the conclusions that they permit, and shows them more or less strictly logically in his manner. We can also see logic in the formation of his ideas and his reasonings, in his acts, and in the evolution of his delusions. But we also find throughout the action of his disease and therefore it is not here that we are to seek the signs of moral or legal responsibility.

Similar considerations will apply to other analogous elements, like the consciousness of his condition, memory, and intellectual activity, none of which are incompatible with indubitable and confirmed insanity.

None of these, therefore, can be made the index of irresponsibility. This should rather be sought for in the conditions which, according to the case and the form of insanity, destroy or impair the moral and mental faculties, and which cause, in the last analysis, the individual to be deprived of the control of his actions, of his free will, so that he can be, properly speaking, insane. This condition is the disease in every case of insanity, and whoever is a subject of mental disease, whatever it may be, should be considered irresponsible for his actions.

This is the position taken by the French law. It considers only one thing, the condition of mental disease, the individual affected with a disorder of this kind, whatever may be the form or the degree of intensity of the insanity, is irresponsible.

This principle is simple, relatively easy of application, it fits all the cases to which it is addressed, and conforms to the rules of human morals, which attribute responsibility for actions only to such individuals as are in actual and full possession of themselves and of their free will. It merits universal application.

If it is desired, without changing the spirit of the French law, which is excellent, to complete it and to formulate in terms more in conformity to scientific language, it might be stated as follows: There can be no crime or misdemeanor when the accused was in a condition of mental disease at the time of the act, when he was compelled by a force which he could not resist, or when his *will was destroyed* by his morbid condition.

STATISTICS OF INSANITY IN NEW SOUTH WALES CONSIDERED WITH REFERENCE TO THE CENSUS OF 1891.

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Statistics on any subject are usually, but not necessarily, dry and uninteresting. A statement, however, of the proportion of insanity to the population, the nationality of the insane, their ages, condition as to marriage, religious profession, and death rate, may be of value if only as a standard for future comparison.

According to the census taken on the 5th of April, 1891, in New South Wales, the population was 1,132,234, made up as under:

TABLE I.

POPULATION.	MALES.	FEMALES.	TOTAL.
General population (exclusive of Chinese and Aborigines)	594,448	515,350	1,109,798
Chinese: (*a*) Full blood	13,133	156	13,289
(*b*) Half castes	422	445	867
Aborigines: (*a*) Full blood	2,896	2,201	5,097
(*b*) Half castes	1,663	1,520	3,183
Total population on April 5, 1891,	612,562	519,672	*1,132,234

Turning to the statistics of insanity, we find that on December 31st, 1891, there were 3,134 registered insane persons in the colony, made up of 1,912 males and 1,222 females, or showing a proportion of 1 insane person to every 361, or 2.77 per 1,000 of the general population. On referring to the statistics of 1881, ten years ago, it appears that the population of the colony as ascertained by census was then 751,468, and that the number of insane persons under official cognizance on December 31st of that year was 2,218, being 1 in 338, or 2.95 per 1,000, so that whilst the number of insane persons increased during the ten years by the large number of 916,

* The figures used in this paper are the census returns of New South Wales taken on April 5th 1891, and the statistics of insanity on December 31st, 1891, in the Report of the Inspector General of the Insane.

they were proportionately fewer in relation to the population at the close of 1891 than at the same period in 1881, ten years earlier.

During the ten years 1881–1890 the proportion of registered insane persons in England increased from 1 in 352, or 2.84 per 1,000 to 1 in 343 or 2.91 per 1,000. In Scotland, during the same period, the proportion increased from 1 in 370 or 2.70 per 1,000 to 1 in 335 or 2.98 per 1,000, and in Ireland there was an increase of from 1 in 386 or 2.59 per 1,000 to 1 in 288 or 3.46 per 1,000.

YEAR.	Population of New South Wales census April 5.	Total number of insane in New South Wales 31st December.	PROPORTION OF INSANE TO POPULATION IN			
			NEW SOUTH WALES.	ENGLAND.*	SCOTLAND.*	IRELAND.*
1881..	751,468	2,218	1 in 338 or 2.95 per 1,000.	1 in 352 or 2.84 per 1,000.	1 in 370 or 2.70 per 1,000.	1 in 386 or 2.59 per 1,000.
1890..	.....	.....	.....	1 in 343 or 2.91 per 1,000.	1 in 335 or 2.98 per 1,000.	1 in 288 or 3.46 per 1,000
1891..	1,132,234	3,134	1 in 361 or 2.77 per 1,000.	.....	.....	.....

From the above calculations it will be seen that: The proportion of the insane to the population in this colony is smaller than in either England or Scotland and remarkably so compared with Ireland. To account for the high percentage of the insane under certificate in Ireland, a committee on Lunacy Administration appointed by the Lord Lieutenant set forth in a report published in 1891, that "the persons who have emigrated from Ireland consist almost entirely of those who are sound in mind and body. Emigrants have always been of this class; but it is more true of them now than formerly, because in so many of the countries to which they go emigration of weakly persons is prohibited. There is an exodus of the strong and sound but the infirm, the insane, the imbecile, the idiotic, the deaf mute and the blind are left at home. Emigration thus leads to an undue proportion of defective persons of all sorts to population in the districts or countries from which it is taking place."

While the proportion of insane in relation to the population in all parts of the United Kingdom is increasing—slowly as regards the two divisons of Great Britain and somewhat rapidly as regards

*The figures for Great Britain and Ireland are taken from 1881–1890, as the returns for 1891 are not yet available.

the sister island—the proportion to population in New South Wales has been practically stationary, and on the whole has rather diminished than increased during the ten years under consideration.

On the whole it must be conceded that the statistics of insanity in New South Wales compare not unsatisfactorily with the statistics of the United Kingdom, but it must be borne in mind that in new countries the general conditions of life are usually more favorable to mental soundness.

In these colonies there is but little real poverty, the number of large cities is not great, so that overcrowding and consequent insanitation are less common, heredity has not had time to exert its full evil effect, mental poverty through want of training and education is rare, the Australian born is unemotional to an unusual degree, life is not taken very seriously, self-reliance even to self-assurance is their possession, and the climate of almost all the colonies undoubtedly tends itself to the acquiring and keeping up of physical and therefore, to a large extent, of mental health.

On the other hand, it is certain that a large proportion of the insane in New South Wales are importations, no prohibition being in force to prevent their introduction—as obtains in most if not all of the other Australasian colonies.

In almost all countries, and especially in those with a settled population, the proportion of insane women in relation to the female population is greater than the proportion of men in relation to the male population, and it is interesting to compare the statistics of England and Wales with those of New South Wales in this particular.

In England and Wales in 1890 the proportion of insane to population was, for males 2.70 per 1,000, and for females 3.11 per 1,000; whilst in New South Wales the proportion was, for males 3.12 per 1,000, and for females 2.35 per 1,000. This remarkable difference is best shown in tabular form thus:

PROPORTION OF INSANE TO POPULATION PER 1,000.

	MALES.	FEMALES.
New South Wales.....	3.12	2.35
England and Wales.....	2.70	3.11

To account for the larger proportion of insane women in England it is held:

First. That the physiological crises of a woman's life, such as the onset of menstruation and the menopause, especially the latter, are responsible for much mental disturbance, and in addition to these pregnancy and childbirth are decided factors in starting mental disorder.

Second. That insane women live longer under asylum care, being less subject to general paralysis and the more rapidly destructive insane lesions, and less affected by urinary and other complications, which tend to shorten life in insane persons. This is plainly shown by statistics in this colony as well as elsewhere, and as a consequence there is, as time goes by, a greater accumulation of chronic cases among the female asylum populations.

What then is the explanation of the smaller proportion of insane women in this colony?

It is probably to be sought:

First. In the circumstance that for many years, each of which contributed its quota of insane persons to our asylum population, the proportion of males in the general population largely outnumbered that of females, and the residuum of these years, the chronic and incurable cases, largely males, still remains.

This cause is even now, to some extent, in operation, as the excess of males over females in the general population was shown by the census of 1891 to be 92,890.

Second. In the peculiar struggles and trials of early colonial life to which men are particularly subjected, to the lonely life of the shepherd, to the excitement of gold mining, and to the greater stress and strain consequent on ambition and enterprise, which, falling more heavily on men everywhere, are particularly incident to this sex, and are combined with much hardship in the ordinary processes of bread-winning, owing to the peculiar conditions of early colonial life.

The relative proportion of insane women is slowly increasing—in 1861 the proportion of insane males to the general population was 2.63, the proportion of insane females was 1.32 only, or relatively two of the former to one of the latter, whilst the proportion in 1891 had risen to 3.12 for males and 2.35 for females, or relatively 3 to 2.

There is reason to believe that in less than another thirty years the relative proportions in New South Wales will have assimilated to those in England and Wales.

The native countries or the nationality of the population of New South Wales taken at the census of 1891 and the close of the year 1881, and the comparisons as to insanity are shown in the accompanying tables.

The population of Australian, of British, of French, of German, and of Chinese birth are given separately, and other nationalities are classified together; the number of insane is given under the separate nationalities, and the proportion of insane per 1,000 calculated for each.

1881	POPULATION.			NUMBER OF INSANE UNDER CARE.			PROPORTION OF INSANE PER 1,000 TO THE POPULATION.		
BIRTHPLACE.	Male.	Female.	Total.	Male.	Female.	Total.	Male.	Female.	Total.
New South Wales.....	233,515	232,044	465,559	371	285	656	1.58	1.23	1.40
Other British Colonies and possessions.....	27,339	26,936	48,275	33	22	55	1.20	1.09	1.13
England and Wales...	70,787	39,887	110,674	478	226	704	6.75	5.66	6.36
Scotland.....	15,828	9,251	25,079	105	50	155	6.59	5.40	6.18
Ireland.....	36,494	32,698	69,192	414	390	804	11.37	11.92	11.63
France.....	1,205	292	1,497	14	4	18	11.61	17.12	12.06
Germany.....	5,367	2,154	7,521	49	14	63	9.13	6.03	8.37
China.....	10,141	64	10,205	66	0	66	6.50	0.00	6.46
Other Countries.....	9,535	2,288	11,823	108	15	123	11.32	6.55	10.40
1891.	.....	.....	.....	.....	.....	.....	.....	.....	.....
New South Wales.....	363,495	361,520	725,015	701	537	1,238	1.92	1.48	1.72
Other British Colonies and possessions.....	55,575	44,496	100,071	118	57	175	2.12	1.28	1.74
England and Wales...	95,849	58,380	154,229	617	287	904	6.43	4.91	5.86
Scotland.....	23,026	13,795	36,821	131	64	195	5.68	4.63	5.29
Ireland.....	39,449	35,602	75,051	559	467	1,026	14.17	13.11	13.67
France.....	1,585	445	2,030	19	7	26	11.98	15.73	12.80
Germany.....	6,976	2,589	9,565	81	22	103	11.61	8.49	10.76
China.....	13,048	109	13,157	84	0	84	6.43	0.00	6.38
Other Countries.....	13,559	2,736	16,295	181	27	208	13.34	9.86	12.76

In the annual report of the Inspector General of the insane for the year 1882, the figures given in the census of 1881 were reserved in connection with the statistics of insanity at the close of that year, and it was pointed out that "the very small percentage of Australian born population (i. e. insane population) is to be accounted for by the fact that insanity is a disease most common in middle and old age, and is rare in childhood and youth, to which period of life one-third of the population mainly, if not entirely, of Australian birth, belong."

It would appear from statistics that mental disease or disorder occurs less frequently in childhood than between the ages of fifteen to thirty years, the vast majority occurring between twenty-five and fifty; in other words, during full manhood and woman-

hood, the period of marriage, of stress and strain, in fact, of mental and reproductive power. In more detail, the most frequent age at which insanity appears, is probably between twenty and thirty; the tendency is rather less between thirty and forty; and between forty and fifty it begins to diminish still further. In the report above cited it is also pointed out that "the high proportion of foreign born patients appears due partly to the admission of the waifs and strays of all nations to our hospitals, the ports of other Australian colonies being to a large extent closed to them, and partly to the peculiar isolation of foreigners in an English speaking community—an isolation which tends to mental disturbance."

The statistics for 1891 do not differ very materially from those for 1881 in the proportion of insane to the population. The chief points of difference are a small increase in the proportion of those of Australian birth, and a small decrease in the proportion of those born in England and Scotland—together with a considerable increase in the already large proportion of those born in Ireland, Germany and "other countries."

These changes are more clearly seen in the following tabular form:

BIRTHPLACE.	PROPORTION OF INSANE PER 1,000 TO POPULATION.		INCREASE.	DECREASE.
	1881	1891		
New South Wales	1.40	1.72	.32	
Other British Colonies and possessions.	1.13	1.74	.61	
England and Wales	6.36	5.86		.50
Scotland	6.18	5.29		.89
Ireland	11.63	13.67	2.04	
France	12.06	12.80	.74	
Germany	8.37	10.76	2.39	
China	6.46	6.38		.08
Other Countries	10.40	12.76	2.36	

During the ten years the number of insane persons of Australian birth has almost exactly doubled those of English and of Irish birth, which have each increased by about 200, and those of foreign nationality which have increased by 150. At the close of 1891 there were 421 persons of foreign nationality in the asylums of New South Wales. These constitute upwards of one-fourth of the entire asylum population, although the proportion of foreigners to the general population is less than one-twenty-

seventh. It is clear that what was mentioned in the report of the Inspector General for the year 1881 as "the admission of the waifs and strays of all nations" still continues.

A remarkable feature in the statistics for 1891 is the very large proportion of insane persons of Irish nationality—which stands at 13.67 per 1,000 of the Irish born population. It is considerably more than double the proportion for England and Scotland, and is more than seven times as large as the proportion for New South Wales. No less than 1,026 persons of Irish birth were under asylum care at the close of 1891, being more than one-fourth of the total number of the insane in the colony, whilst the proportion of persons of Irish birth form only one-fifteenth of the total population of the colony.

These facts would seem to contradict the opinion of the Committee on Lunacy Administration in Ireland before mentioned, because if only the strong and sound emigrate from Ireland why should they as immigrants become so liable to mental trouble?

It is indeed a curious fact that whilst the proportion of insane to population in Ireland is 3.46 per 1,000, the proportion of insane to the population of Irish birth in New South Wales is 13.67 per 1,000, which would seem to indicate that the restless and mentally unstable have emigrated in much larger relative proportion than those strong and sound of mind. This is also the conclusion which must be come to in examining the statistics relating to England and Scotland. Why should the proportion of insane to population in the people of these nationalities in New South Wales be more than double what it is in England and Scotland?

It is worthy of note in passing how favorably the Chinese compare with other foreigners, the proportion of insane to population being 6.38 per 1,000, or about the same as the proportion for England and Wales. This comparatively low proportion is the more remarkable as the number of insane Chinamen now under asylum care represents the accumulation of many years during which the general Chinese population was much larger than it is at present.

According to the census of 1891 the aborigines of the colony numbered 8,280, made up of 5,097 of full-blood and 3,183 half-caste. Of the insane at the close of that year there were but 8 of aboriginal blood, viz.: full-blood, 2 males, 1 female; half-caste, 4 males, 1 female. In relation to the total aboriginal population the percent-

age of the insane of both full and half-blood is just short of 1 per 1,000. In 1881 it was 2.83 per 1,000. All observers are agreed that insanity in the primitive and uncivilized aboriginal was a very rare affection. Perhaps this rarity was more apparent than real, because like most savage people the natives (black) were wont to kill the demonstrative maniac, whilst the quieter forms of mental trouble either ended in the subjects of them being neglected and allowed to die, or if melancholic to commit, if they so wished, suicide. At any rate insanity would appear to have been comparatively rare till the Europeans came with their civilizing methods. Then the ratio of insane rose in keeping with the contact of this civilization till in 1881, as before stated, it amounted to 2.83 per 1,000 of the aboriginal population and has again fallen to about 1 per 1,000 in 1891.

The ages of the insane in 1881 and 1891, as given in the following table, are interesting as showing, as has already been pointed out, that insanity is most frequent between 30 and 50 years, when the strain and battle of life are most pressing. In the earlier years of life, notwithstanding a considerable amount of congenital idiocy or imbecility, the percentage of insanity is small, not reaching 3 per cent. at any age before 20 years. From the age of 20 to 30 the percentage is about 15 per cent., rises to 23 per cent. between 30 and 40, and to 25 per cent. between 40 and 50, when it rapidly falls.

A comparison of the statistics for the years 1881 and 1891 shows but little variation in the percentages, except that there is some decrease in the ages between 5 and 20 and some increase between 20 and 30.

AGES.	PATIENTS UNDER CARE.		PERCENTAGE.	
	1882	1891	1882	1891
1 to 5 years	4	1	.14	.02
5 to 10 years	30	18	1.09	.45
10 to 15 years	42	39	1.53	.98
15 to 20 years	95	98	3.46	2.47
20 to 30 years	397	671	14.46	16.94
30 to 40 years	643	913	23.44	23.06
40 to 50 years	693	968	25.26	24.45
50 to 60 years	475	702	17.31	17.73
60 to 70 years	256	379	9.33	9.57
70 to 80 years	93	145	3.02	3.66
80 to 90 years	15	24	.54	.60
90 years and upwards	0	1	0	.02

With regard to the conditions as to marriage as shown in the following tables—taking the years 1881 and 1891—two somewhat important differences appear. The proportionate number of the single has increased and of the "unascertained" decreased, the married showing 2.54 per cent. more at the end of the decade. This may probably be accounted for by the fact that of late years more care has been taken to ascertain definitely the social condition of the insane on their admission to the hospitals, making it not unlikely that many of the unascertained were single.

SOCIAL CONDITION.	PATIENTS UNDER CARE.		PERCENTAGE.	
	1881	1891	1881	1891
Single	1,240	2,188	49.90	55.26
Married	656	1,146	26.40	28.94
Widowed	162	272	6.52	6.87
Unascertained	426	353	17.14	8.91

SOCIAL CONDITION PER 1,000 OF POPULATION.

Single males	3.81 per cent.
Single females	1.76 per cent.
Married males	3.06 per cent.
Married females	3.83 per cent.
Widowed males	6.21 per cent.
Widowed females	6.47 per cent.

The religious profession of the insane under care during the years 1882 and 1891 with the percentages are given below.

With two exceptions there is little to call for comment. The total percentage of Protestants has increased in the decade by 2.11 per cent.; the Roman Catholics decreased, .38 per cent. A comparison of the insane of these two denominations in proportion to the total population of the colony shows that of Protestants the number per 1,000, was 1.92; of Roman Catholics, 1.28; of the individual Protestant bodies the Presbyterians, Wesleyans, and Lutherans all show an increase, and especially those tabled as "Other Protestant denominations," whilst the Church of England alone shows a decrease. The remaining sects, excepting the unascertained, call for no comment.

As stated in connection with the social condition as to marriage, &c., the figures for 1891 are probably more correct than those at the commencement of the decade, because of greater care

in eliciting facts on the admission of the patients into the hospitals. This would apply with equal if not greater force with regard to "religious professions," as all patients are expected to attend the ministrations of the respective chaplains, who are attached to each of the hospitals.

RELIGIOUS PROFESSION.	PATIENTS UNDER CARE.		PERCENTAGE.	
	1882	1891	1882	1891
Protestants:				
Church of England	1,191	1,645	43.41	41.55
Presbyterian	143	248	5.21	6.26
Wesleyan	70	126	2.55	3.18
Lutheran	50	76	1.82	1.92
Other Protestant denominations	47	154	1.70	3.89
Roman Catholics	1,045	1,493	38.09	37.71
Pagan	67	81	2.44	2.04
Hebrew	19	26	.69	.65
Mahommedan	5	6	.18	.15
Unascertained	106	104	3.86	2.62

It remains to indicate briefly the death rate and to compare it with that of England. In 1881 in New South Wales the percentage of deaths among the total average number of the insane was—males 6.76, females 5.61, a total of 6.32 per cent., reaching at the end of the decennial period, males 8.42, females 5.65, a total of 7.40 per cent., which latter, with one exception, was the highest of the period, and was due probably to the prevalence of epidemic influenza either directly or to its complications and sequelæ. In England the death rate of the insane at the close of the year 1890 was, males 11.45, females 7.97, a total of 9.57 per cent., or 2.17 per cent. more than that of New South Wales. As might be expected, the rate of mortality among insane persons who suffer from a serious malady is much higher than among the sane, and the difference between the rate in England and New South Wales is largely a matter of climate, insane people being very susceptible to the prolonged or intense cold. Besides, lung troubles are much more common in the less temperate latitude of England. Nor does it necessarily follow that insanity itself accounts for the whole of the shortening of life, inasmuch as the circumstances which have induced the malady may have also injured the constitution and curtailed the life of the patient independently of mental disease.

A CASE OF INSANITY CONSECUTIVE TO OVAROSALPINGECTOMY.

BY DR. E. RÉGIS,

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Little attention has been given in France up to the present, to the surgical treatment of insanity, and I believe that the ablation of the ovaries has never been practiced there on insane females for a therapeutic end. It is different in other countries, especially in the United States, where oöphorectomy has attained considerable extension in the asylums. In any case the question of the ablation of the ovaries as a curative measure in psychoses has become to our American confrères a living question and almost an irritating question, if we can judge from the perusal of the January number of the AMERICAN JOURNAL OF INSANITY, which contains a series of notes and very suggestive documents on the subject. If I am not mistaken, the majority of the alienists of the country are inclined to deny any favorable influence on the mental condition from the operation, and some of them do not hesitate to consider it as an inexcusable, inhuman, and illegal mutilation. This is notably the opinion of Dr. Thomas G. Morton, surgeon of the Pennsylvania Hospital and president of the Committee on Lunacy of the Board of Public Charities of Pennsylvania, and also that of Thomas W. Barlow, legal member of the Committee. Both of these condemn therapeutic ovariotomy in the insane as an illegal and unjustifiable action, that renders the operators liable to criminal prosecution when performed in cases where it was not required for the purpose of saving life. Thus, as the editor of the interesting *American Medical Review* very justly remarks, we have here at once a medical question or one of treatment, and a legal one or one of professional deontology. I will say nothing of this latter, which evidently will vary according to the country and the environment, and will limit myself to saying that in France, where the physicians are before all amenable to their consciences, if an alienist, after having taken the best advice by consultation, and obtained the consent of friends,

having, in short, surrounded himself with all needful guarantees, should decide upon any operation whatever on one of the patients under his care, it is probable that the administrative or judicial authorities would protect him, at least from formal abuse. Still it is well to remark here that our temperament, in spite of legends more or less justified, guards us to a certain extent against the tendencies to surgery *à outrance*, and that with us the Inspectors General have never exercised their authority, as in America, to prevent asylum physicians from operative experimentation upon or mutilation of their patients.

The important side of the question, and that which is before all others, is its medical side, that is to say, the point of knowing what will be the effect, in any particular case, of the removal of the ovaries and tubes on the mental condition of an insane woman. Here, only the facts can give an answer. But, at the present time, these facts are too few and not sufficiently positive to allow us to draw any conclusion whatever, and we find ourselves provisionally in the presence of two absolutely contradictory opinions: (1) On the one hand, that of Dr. Alice Bennett, in charge of the female department of the Norristown Asylum, who has obtained, out of six cases of ablation of the annexes by abdominal section, three cases of cure, physical and mental; one case of cure of physical trouble with very marked amelioration of the mental condition and probability of future recovery; in one case of epilepsy of puerperal origin, the cure of the convulsions without corresponding mental improvement; and, finally, one case of death from peritonitis six days after the operation; (2) on the other hand, the opinion of Dr. Thomas G. Morton, who holds that oöphorectomy is not only incapable of any good effects in a pre-existing psychic disorder, but also that it may itself, in predisposed individuals, cause neuroses and even insanity. I recall, in this connection, that at the session of the Société Médicale des Hopitaux, Paris, November 18th, 1892, Professor Debove reported a case of hysteria developed in an ovariotomized female, and that in the discussion that followed, M. Desnos declared that he had seen two cases of mental derangement following oöphorectomy. It seems, therefore, that the surgical ablation of the ovaries in the female is a two-edged weapon, acting good or ill according to the case, restoring some to reason and causing insanity in others.

I have never myself performed or witnessed the operation of

ovariotomy for a therapeutic end, either mental or simply surgical, in the insane, and consequently am unable to dispute its possible results as affecting the progress of mental disease. On the other hand, I owe to the kindness of my distinguished confrère and friend, Dr. Loumeau, the opportunity of recently observing a very interesting case of insanity following the removal of the ovaries and tubes. Although the patient in question is still under observation and treatment, I can now and for this Congress give a statement of her case as follows:

Observation.

Madam X...., Jewess, aged 39, is a person of average intelligence, but of strong good-sense; is well developed physically, and has a rather remote collateral heredity of mental alienation. Her father died at 68, from grief caused by the accidental death of one of his sons. One of her sisters died of a cancerous disease of the uterus at 38. She has herself had no serious diseases and presents no signs of alcoholism or syphilis. Married at the age of 19, she had first, three miscarriages, and then two children, both living and in good health.

As a result of a former miscarriage, nine years since, she began to have trouble with her sexual organs. Here I leave the description of the case to Dr. Loumeau, whose words I adopt literally in the surgical history of this interesting case:

"The patient had suffered since that period from dysmenorrhœa, abdominal pains, and multiple peritonitis, and had been treated on numerous occasions by cauterization of the os uteri. I saw her for the first time in April, 1890. She was then unable to walk or even to stand erect. Her abdomen was voluminous, bloated, and painful. By vaginal touch there was perceived a warm peri-uterine swelling sensitive to pressure. By rectal touch there was found a retro-uterine tumor protruding into the rectum, the lumen of which it sometimes completely obliterated, painful, pulsatile and fluctuating, and causing rectal tenesmus and a flow of glairy sanguinolent fluid from the anus.

"For thirty months there was prescribed absolute dorsal decubitus, hot intravaginal injections, vaginal dressings, frequent baths, repeated vesication of the abdomen, but intra-uterine treatment was an impossibility on account of an irreducible retroflexion. In October, 1892, the abdomen was flat

and soft throughout, except above the pubis and in the iliac region where there persisted a painful swelling. The patient intelligent, trustful, and docile anticipated with pleasure the operation proposed to her as a chance of recovery.

"*Operation.*—Laparotomy, performed October 20, 1892, with the aid of MM. Monod, surgeon of the Hospital, and Duclos, *externe*. Prior catheterization of the bladder with withdrawal of thirty grams of limpid urine. Median incision of the abdominal wall of four fingers in length; peritoneal adhesions uniting the abdominal wall to the uterus and forming a thick tissue formation that had to be dissected and removed in order to reach the anterior base of the uterus and the annexes. Total ablation of the ovaries and tubes, anterior hysteropexia by Leopolds' method. Walls sutured and dressed. Catheterization with a glass tube, after closure of the wound, produced only a few drops of blood which led to the suspicion of a wound of the bladder that had passed unperceived during the operation. Immediate re-opening of the abdomen. I found that a large flap had been taken from the bladder, corresponding to the free portion of the reservoir. There remained only the portion adherent to the uterus and and the vagina, and it was impossible to make a sufficient cavity by suturing the parts remaining. I sewed the peritoneum above to that which remained of the bladder, in such a way as to form a pouch closed on all sides in which I marsupialized the vesical stump, to the abdominal wall. Then I inserted the Perier-Guyon tubes as after a classic hypogastric section. Total duration of the operation, one and a half hours; chloroform used, one hundred grams.

"*Examination of the Removed Organs.*—Tubes and ovaries increased in size, congested, but showing no cyst, abscess, or blood extravasations. On section the ovaries showed a series of little whitish points that had the appearance of tubercles. The histological examination, entrusted to the professor of pathological anatomy of the faculty, has not yet been made.

Results.—Very simple. The temperature never exceeded 37.5 (C). All the sutures were removed November 3d, also the hypogastric tubes, and I inserted a fixed Malicot sound into the bladder through the urethra. The cicatrization was complete above the pubis, by December 15th. Micturition took place normally by the urethra, but not more frequently than before the operation,

according to the statement of the patient, since for a long time, she added, she was obliged to be constantly urinating, and could get away only a few drops each time, a fact to which she had not previously called my attention. This pre-operatory frequency of micturition is readily explained by the diminutions of the capacity of the bladder due to the adhesions which had fastened the organ to the abdominal wall and the anterior face of the uterus.

"The menses never reappeared after the operation, and the uterus retained its normal position insured by the hysteropexia. Sexual desire lost, absolute frigidity. Abdomen lax and soft. The patient could walk without feeling the least fatigue. At present, May 27, 1893, micturition occurs on an average about once every three hours, the bladder can tolerate about 360 grains of liquid, which seems extraordinary considering the small amount of material that served for the repair of the visical reservoir."

Such in a surgical point of view, is the history of M. Loumeau's case, which he proposes to make the subject of a special paper in which full details will be reported, on account of its numerous points of interest. We will now turn to its mental aspects.

On the 28th of October, 1892, eight days after the operation, Madam X...., who had not seemed in any way abnormal so far, was taken rather suddenly with mental disturbances that first appeared in the resemblance of a toxic delirium characterized by hallucinations of a terrifying nature. She saw Beharzin in his bed, she saw death heads, and spectres, and believed that various persons, notably the physicians who had attended her, were hidden behind the curtains or in the chimney. After some days these symptoms disappeared, but the mental disorder in changing became more serious and the patient progressively passed into a sort of mental confusion and intellectual and physical torpor with melancholic delusions and hallucinations. She imagined that she had evil ideas, that she thought and said evil things, without desire or power to do otherwise. If she thought of any one, or any one spoke before her of any acquaintance or friend, or if she simply perceived any one, even for the first time, immediately some malevolent suggestion in regard to them would arise in her mind. Even if any one addressed her or even spoke in her hearing some words pronounced became fixed in her mind and gave rise against her will to an automatic current of reflexions of the same nature. This distresses her to the utmost, the more since she pro-

tests that she has always been an honorable woman, incapable of the least evil speaking or action. Under the influence of her mortification at being the plaything of reprehensible ideas against which she strives vainly, she has ceased all work, lost her appetite and sleep, and almost desires death; in short she has fallen into a state of true melancholia, but always preserving, nevertheless, a certain degree of consciousness of herself and lucidity. Occasionally she is excited and restless, falls into fits of abusive anger and strikes her children and abuses herself, beating her head and crying out: "What is that you say?" "What are you thinking of?" "It is shocking." Again she stays for hours inert and passive, on her chair, as if absorbed in thought. This mental condition is gradually becoming worse, and the first time I saw the patient, March 14, 1893, I found her distracted, semi-stupid, hardly replying to any one, acting as if she were a stranger to those about her, and solely occupied in her own thoughts. Examining her closely I found that she did not really utter the compromising words as she believed she did, but that she formed them internally in a purely mental language. There was in her case the first degree of those psycho-motor verbal hallucinations so well described by M. Séglas in a recent series of papers. When, in fact, the idea of any of these malevolent or insulting suggestions occurs, with which she reproaches herself, the stimulation of the cortical centre for speech that accompanies it is such that the suggestion tends to reproduce itself in articulate form, that is to say in a moral hallucination; but the articulation here does not pass the first stage, namely, its purely internal formulation, while in many cases it goes, as we are aware, as far as to the external but silent productions of the movements of speech, and occasionally even as far as to their audible utterance (verbal impulsions). The patient has at the same time some psycho-sensorial auditory hallucinations. She hears whispers, coming either from the floor above or from outside, but these confused and not readily appreciable voices are very far from having with her the same importance as the internal voices, the psycho-motor hallucinations. These really represent the predominant element of her insanity, the object of her constant thoughts, and these keep her in a permanent state of melancholy, destruction and fear. At certain times she goes, as we have seen, so far as to beat her head to prevent the evil thought, and she has arrested her breathing by

puffing out her abdomen and closing her lips in the effort to choke off this internal mental echo that is so painful to her. She is made to eat with difficulty, and struggles against going to meals; she is constipated and sleepless.

It was in this state that I found Madam X..... If her mental disorder was of some interest by itself, this was greatly increased by the fact of its special origin. While recognizing the large part played by heredity as a predisposing cause, it is evident that what was really the immediate cause of the disorder was the surgical operation by complex action of the physico-moral traumatism, the anæsthetic agent, and principally perhaps through the biological modifications brought about in the organism by the suppression of such important organs as the ovaries, such as those we know take place after ablation of the thyroid. Therefore it occurred to M. Loumeau and myself, that, as there were no contra-indications, it might be advantageous to try in this patient the effect of subcutaneous injections of ovarian extract, as a number of times the injection of thyroid extract had been employed with success in myxœdema, either spontaneous or operative. In order to avail ourselves of this mode of treatment, with all desirable guarantees, we called in the kind assistance of Dr. Ferré, professor of experimental medicine of the medical faculty, who took on himself the preparation of the ovarian liquid with the carbonic pressure filter of Arsonval, and of practicing the injections under the most strict antiseptic conditions.

The injections, commenced April 5th, have been continued daily, and we may say without interruption up to the present, given in the dorsal region in doses varying between ½ and 2½ cubic centimetres of a 10 per cent. solution; they have never been followed by painful symptoms or any injurious local or general reaction. I offer here, almost in his own words, the detailed notes that my excellent friend Professor Ferré has communicated to me as he made them from day to day:

"April 5, 1893, injection in the intra scapular region of ½ c. c. of ovarian extract from a sow, 10 per cent. strength, prepared according to the directions of Brown-Sequard and Arsonval, filtered under a carbonic acid pressure of 56 atmospheres.

April 6: Injection of ¾ c. c. April 7: Injection of 1 c. c., no accident, fever, cephalalgia, or pain in the ovarian region. April 8: Injection of 1 c. c. The patient begins to show interest

in her affairs. Less rudeness and fits of anger, melancholia decreased. She occupies herself with her children. The obsession ideas unchanged. April 9: No injection. April 10: 1 c. c. The patient occupies herself more. The obsessions seem a little less intense, she corrects them herself. April 11 and 12, 1 c. c. Madam X. . . ., who is a piano teacher, has begun her lessons again and they seem to interest her. While she still has them, she is not so much absorbed in her delusive conceptions; still has fits of anger. She proposed to her daughter to give her a piano lesson, a thing she had not done for a long time. She goes to the table willingly and takes part in conversation there, and gives sensible directions in her housekeeping. The delusions are persistent. April 13, 14, 15, 1 c. c. Condition unchanged. April 16 and 17: No injection. April 18: Injection of 1 c. c. The improvement is maintained in spite of the omission of the injections for the two preceding days.

April 19 and 20, to May 3. Injection of 1 c. c. of liquid each day. The physical health, the mood, and the general disposition continued to be modified for the better.

May 3. Patient has been more excited. Was given an injection of 1½ c. c. May 4, 5 and 6, 2 c. c., excitement diminished.

May 7 to 18. The injections are pushed to 2 c. c. The improvement persists and increases in all respects, except as regards the psycho-motor hallucinations, which seem only slightly reduced in intensity. An attack of excitement was even produced on the 18th, and the injections were therefore reduced to 1 c. c. on the 20th. May 21 and 22. No injection.

May 23. Injection of 1½ c. c. Since the 20th the patient has not appeared so well, seems more disturbed.

May 24. Injection of 1½ c. c. more calm. May 25, 26, and 27. Injection 1½ c. c. of liquid. Improvement continues and increases.

En résumé, under the influence of the treatment, the daily excitement of the patient has to a large extent, been relieved. She has taken up her professional occupations with pleasure, she attends to her household affairs, is interested in her family, her strength seems to have increased; only her delusions and hallucinations, though diminished in intensity and frequency, are still very marked."

My personal observation of the evolution of the mental condition of Madam X. . . ., whom I have regularly watched during the whole

duration of the treatment agree with those of Professor Ferré. It is certain that a very notable amelioration has been produced, and that this improvement involves all the nervous and organic functions, and, likewise, extends to the intellectual and affective faculties which were before, so to speak, annihilated; they act at present in a correct, regular and normal fashion. The obsessions and the hallucinations themselves are less absorbing and have a less systematized character, as the patient shows by saying "that she is more right," and "that she is able now to think of other things. Her husband and her maid also find her much improved." Before, they say, there was no living with her, she was so insupportable. She raced from one room to another crying out "Mon Dieu, Mon Dieu," she had fits of passion, beat the children and made scenes in the street. Now she is quiet, eats well, occupies herself in her lessons without being distracted, manifests affection for her family, in short, is much more peaceable and reasonable, and had two excellent days (Tuesday and Wednesday) during the past week. Nevertheless, she is always much troubled with suggestions of evil thoughts and, not knowing whence they come, she lays them to her maid and the neighbors whom she abuses occasionally in a rather coarse way. This is the dark spot in the case, since the persistence to such an extent of these morbid symptoms does not permit us to affirm, notwithstanding the great improvement in all other respects, the possibility of complete recovery. The patient will be watched, however, till the outcome of the disorder is definitely established.

Summing up; whatever may be the final issue of the present state of affairs, the case offers none the less, in a mental point of view, numerous peculiarities worthy of attention, the chief of which are:

(1) The outbreak of insanity in a predisposed individual as a result of the surgical ablation of the ovaries and tubes.

(2) The nature of the treatment employed, and which consisted almost exclusively of the daily injection of ovarian extract, in the dose of $\frac{1}{2}$ to $2\frac{1}{2}$ cubic centigrams of a 10 per cent. solution, and which, while absolutely harmless in spite of its duration, has caused such relatively favorable results, both physical and mental.

CARE OF THE INSANE IN FINLAND.

BY EMIL HOUGBERG, M. D.,
First Assistant Physician, Lappvik Asylum for the Insane, Helsingfors, Finland.

The history of the work in behalf of the insane in Finland is but a brief one. In 1687 seven places, to which number subsequently eighteen more were added, were established at the hospital in Kronoby in the Wasa Government District, a hospital originally intended exclusively for lepers. In 1771 the hospital in Sjählö, likewise established exclusively for lepers and built in 1619 during the reign of the Swedish King Gustavus (II) Adolphus, was transformed into an asylum for the insane and supplied with forty places. In these old asylums the patients were subjected to a very poor treatment indeed. They were, in fact, sent there only as a means of preventing the danger and mischief connected with their being at large. By degrees, however, the more modern, humane and less constrained methods of treatment of the insane, as introduced by the never-to-be-forgotten Pinel, found their way from the nurseries of culture to distant Finland.

The 1st of July, 1841, the inauguration day of the Lappvik Lunatic Asylum near Helsingfors, may well be considered as the turning point in the history of the care of the insane in Finland. Albeit the construction of this asylum does not, of course, in every way meet the requirements of modern treatment and care, it was a vast improvement on the old system. As originally built it contained ninety places. In 1877, however, it was enlarged and will now accommodate one hundred and twenty patients. Here medical students of the Helsingfors University are given the opportunity of studying the various mental diseases and their treatment.

Shortly after the opening of Lappvik asylum the one at Kronoby was closed and its patients transferred to Lappvik. At about the same time four places for lunatics were established in connection with the public Government hospitals in each of the county towns, and here the lunatics from the adjacent districts were to receive

temporary treatment and care, to be, as soon as possible, transferred to Lappvik. For many years Lappvik and the Sjählö asylums were the only hospitals of the kind in Finland, and to Sjählö chronic sufferers only were admitted. In consequence of the yearly increase in the number of lunatics and the unsatisfactory results of their treatment outside the asylum, a committee was appointed by the Government on December 20th, 1859, with instructions to work out a plan for the reorganization of the Commitment, Detention, Care and Treatment of the Insane.

The report and the propositions of the committee did not meet with the approval of the Government, chiefly on account of the heavy expenditure involved. On the other hand, the propositions of another subsequent committee, appointed by the Government on the 13th of May, 1873, were carried out.

The main points of these propositions were:

First. In each of the county towns receiving-asylums, each provided with twenty places, were to be established for the purpose of receiving lunatics of the adjoining districts, suffering from acute mental disease.

Second. Two combined treatment or so-called central asylums to be established in suitable localities near the county towns, Kuopio and Tammerfors. These asylums each to be supplied with places for 100 patients suffering from *acute* mental disease and 300 to 400 suffering from *chronic* mental disease.

Third. The Lappvik asylum to be maintained as a "mixed" one, and Sjählö as an asylum for chronic lunatics and epileptics.

In consequence of these propositions of the committee being approved by the Government, the decree of the 7th February, 1840, *re* the commitment, detention, and care of the insane became obsolete and had to be revised. Accordingly a committee was appointed for this purpose on the 15th June, 1881; and on the 28th May, 1889, the new decree was issued.

In 1881–82 the receiving asylums at Abo, Wasa, Uleåborg, Wiborg and St. Michel were opened, each supplied with twenty places, excepting the one at St. Michel where the number of places was twelve only.

The next largest asylum in Finland, the one at Fagernäs near Kuopio, was opened in 1884, and supplied with one hundred and twenty places. It has since been considerably enlarged and will now accommodate about 350 patients.

Besides the Sjählö asylum, where at present chiefly female chronic lunatics are treated (there are now fifty-three places), we have in Finland another asylum, the one at Kexholm, where lunatic criminals and male lunatics suffering from chronic mental disease are taken care of. This asylum was established in 1889 with 132 places.

The third large asylum, which, in accordance with the proposition of the committee, was to be established near Tammerfors, is in progress in so far that its site has been decided upon. It will be built in a very suitable place with fine scenery and within about seven kilometres of Tammerfors. This asylum will accommodate about 350 patients (220 acute and 130 chronic lunatics) to start with, but is intended for in all about 800 patients (220 acute and 580 suffering from chronic mental disease).

As will be seen from this, we may hope shortly to be able to care properly for about 1,100 lunatics in the public governmental asylums. Agreeably to the latest decree relating to the relief of the poor, every parish is bound to maintain a poor-house, and in each of these shall be a few places for lunatics suffering from chronic mental disease. Unfortunately, by far the greatest number of lunatics in Finland are still treated at their homes.

According to the census of 1880, there were in Finland at that time 4,380 lunatics, equal to one lunatic to every 470 persons. At the close of the year 1891, the population of Finland amounted to 2,412,135, and the number of lunatics to 6,430, equal to one lunatic in 375 persons. Of these 6,430 lunatics (3,488 males and 2,942 females) at the close of 1891, only 500 (7.7 per cent.) were treated in the public asylums, 525 (8 per cent.) in the poor-houses; and 5,405 (83.7 per cent.) privately. These figures clearly point out the necessity of a greater number of lunatic asylums in Finland.

The total expenditure in behalf of the lunatic asylums in Finland in 1891 amounted to:

For Receiving-Asylums.....	*Finn. Marks	58,134	18
" Lappvik "	" "	109,685	55
" Fagernäs "	" "	93,990	81
" Sjählö "	" "	31,727	20
" Kexholm "	" "	58,619	46
Total F. mks.....		352,157	20

* 1 mark=25 cents.

The total expenses per diem and patient amounted to:

For the Receiving-Asylums	2 mk.	49.6	pfn.
" " Lappvik "	2 "	36.2	"
" " Fagernäs "	2 "	15.8	"
" " Sjählö "	1 "	42.0	"
" " Kexholm "	1 "	82.2	"

During the year 1891 the total number of lunatics treated in public asylums amounted to 891. Of these 453 had been carried over from 1890, the number of fresh entries during 1891 being 438; 412 were discharged in 1891 and 479 carried over in 1892.

Since the abolishment of the Board for the Care of the Insane, by decree of the 29th of January, 1878, the entire superintendence has been placed in the hands of the Medical Department of Finland.

PROPOSED CHANGE OF THE LEGAL STATUS OF THE INSANE, IN ACCORDANCE WITH OUR PRESENT KNOWLEDGE OF THE NATURE OF INSANITY, FOR THE PURPOSE OF SECURING FOR THEM MORE RATIONAL AND EFFICIENT TREATMENT.

BY STEPHEN SMITH, M. D., OF NEW YORK,
Member of the State Board of Charities; Formerly State Commissioner in Lunacy.

The lunacy laws of the States of the United States are, for the most part, an incongruous mass of legal verbiage, incapable of explanation or judicial construction. They are in the main an elaboration of the laws of a century ago with scarcely a recognition of the great advances which have been made in our knowledge of insanity. Notwithstanding the many improvements which have been made in providing for the physical comfort of the insane, there is apparent running through our lunacy laws the dominant idea of the criminality of insanity. Commitment and detention, and even care and treatment are still subordinated to this ancient prejudice of our legislators. We are still governed by the common law of England which declares that "it is only a person of unsound mind and dangerous to himself and others that may be restrained of his liberty by another." States are making better and better provision for the security and well-being of the insane while in custody, but they are doing absolutely nothing directly to restore the insane to health. Every improvement in asylum care is chiefly made for the purpose of safe detention and not for cure. As a result the insane in custody are constantly increasing, while the number of cures among them is at its minimum.

The whole drift of discussion in regard to the insane is in the direction of larger and better accommodations for the chronic insane. We scarcely ever hear of new methods of curing them or great success in treatment. As a consequence the States are

burdened with taxation to provide for the accumulating masses of insane. Millions of dollars are annually expended to provide additional accommodations for the rapidly increasing chronic insane, and scarcely a farthing for the express purpose of effecting a speedy cure of the acute insane by remedial measures.

It is surprising how completely the one idea of the construction of asylums and the methods of managing the details of their affairs absorb even the best medical officers and how little thought is given to the critical study of individual patients with a view to their prompt treatment and recovery. The reports of superintendents, of boards of trustees and lunacy commissioners, abound with the details of new constructions, the results of good farming and gardening, the economies, the receipts and expenditures, but scarcely a word is said of improved methods of treatment and the remarkable number of recoveries by new processes of treatment. A writer in a journal devoted to mental science has said while commenting on the Reports of the English Lunacy Commission, "These reports (blue books) show that, on the whole, there is an immense amount of thought, and care, and effort on the treatment of the insane by all who have to do with them. Year by year the efforts towards a more perfect system of treating and managing them moves steadily in all but one direction. That spasmodic and individual efforts are made in this direction is true, but on the whole the medical treatment of the diseases which are comprised under the term insanity stands still as compared with the asylum buildings, general managing, &c., * * *. Three books about a disease with nothing medical in them. Everything that concerns the treatment of those laboring under this disease professedly gone into, not a word about medicines! Talk of modern skepticism—the reports of the commissioners and the reports in lunacy are the finest examples of medical skepticism extant; for they don't deny, deride or damn with faint praise,—they simply ignore the whole science and its professors. It may be that this will be better in the long run for the medical treatment of insanity, but it is hard to see it if its practical effect is to encourage asylum doctors to ignore the medical aspects of patients and sink into a state of lethargic indifference to the unsolved problems in brain pathology, diagnosis and therapeutics that daily come before them."

Severe as this criticism of English lunacy administration is, it applies with full force to our own methods. We have built upon the same faulty foundations and have reared the same anomalous superstructure. Our popular conceptions of insanity being false, the entire system of treating the insane is defective and unworthy of civilization. We will first notice the predominant ideas which govern the present treatment of the insane in the United States preliminary to a discussion of the reforms which this paper is designed to advocate.

1. When a person is alleged to be insane our laws place him in the category of persons who have been accused of a civil offense. In many of the States the term "The accused" is employed in the statutes when such persons are referred to. This feature of our laws is a relic of the old method of arresting the violent and disturbed insane under the common law of England. This conception of the nature of insanity has been and still is productive of infinite injury to the insane. The legitimate influence of such ideas upon officials who have the first contact with the insane is to render them harsh and even cruel. In many States the insane must appear in court like common criminals, and be subjected to cruelties and abuses which greatly aggravate their diseases.*

2. The same idea predominates in the determination of the question of the existence of insanity. In most of the States medical men perform but a minor part even in the examination of the alleged insane person, and in some States they are not even present except by accident. The motive for the enactment of such laws is to conform to the old principle that an accused person must be tried by his peers. Even in those States which require the exam-

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*The highest court of Pennsylvania held that, "No man can be deprived of his liberty without the judgment of his peers and it matters not to the law whether the alleged cause of detention is insanity or crime. Unless there is danger to the public, or to the patient or to his estate, he should not be in duress pending the investigation, nor indeed alter its conclusion, though adverse to him." Commonwealth vs. Kirkbride, 2 Brewst., (Pa.)

The following opinion was given by a Massachusetts Court: "The mere fact that a man is insane does not authorize his arrest and confinement without a warrant, if he is not dangerous to himself and others." Look vs. Dean, 108 Mass., 116.

Judge Cooley, of Michigan, holds that, "The law of no free country can tolerate a condition of things under which a person innocent of crime and

ination to be made by physicians, the ultimate decision of the question of the existence of insanity falls upon the justice within whose jurisdiction "the accused" resides.

3. Again we have the same idea asserting itself when insanity is found to exist. The physicians have no other voice in deciding as to the destination of the patient than that of recommending, and in many States even that function falls entirely upon the justice before whom the case is brought.

4. There is also prevalent in every community an idea that the insane have certain personal rights which are liable to be taken from them in the act of commitment and during custody. It is suspected that they may not be insane and are spirited away to an asylum for some sinister purpose, such as to obtain property, to prevent the revelation of the crimes of others of which they alone are cognizant, &c. This idea has its origin in the imagination of insane persons who have been confined in asylums. The examination during six years of the ten to fifteen thousand insane in custody in the State of New York did not discover a single case of commitment or detention for the purpose of defrauding the insane, or of depriving them of rights to their harm, and in the interests simply of other parties. And yet during that period I investigated hundreds of cases of alleged conspiracy against the inmates of asylums.

5. The belief that the insane are cruelly treated in asylums is universal. This opinion is based on the occasional instances of the improper treatment of the inmates of asylums made public, and on the statements of the insane who have been in custody. The

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threatening no injury to himself or to others, can be restrained of his liberty and no person be responsible for the injury he suffers. To admit the possibility would be to concede that arbitrary imprisonment under some circumstances is lawful; and that would be to concede that regulated and practical freedom does not exist!" Van Deusen vs. Newcomer, 40 Mich., 90.

These decisions of the higher courts of the States can be greatly multiplied, and with rare exceptions they recognize only the dangerous character of the insane as sanctioning the right of confinement or restraint. In this regard our courts are simply following the common law of England and the precedents of the English courts. It is stated that "By the common law of England it is only a person of unsound mind and dangerous to himself or others that may be restrained of his liberty by another."

"Such is taken to be the law from the case in Br. Abr. down to the last case on the subject." Lord Campbell.

latter source of information is very unreliable for the insane usually regard every effort to maintain order and discipline in an institution of which they are residents as an abuse of their rights and privileges. Every rule or regulation which in any manner applies to them is taken as an abuse and every personal effort to induce them to bathe, to exercise, to eat, to retire to bed or to rise at a given hour, is reported as an assault. While it cannot be denied that attendants often use more force than is absolutely necessary to effect their purpose, it is, nevertheless, true, that wanton cruelty to the insane in asylums rarely if ever occurs in this country. On the contrary, I have far more often been surprised at the patience of attendants under the most aggravating circumstances, than at the evidences of a disposition to resent the acts of the insane.

6. The belief in the incurability of insanity affects the public and the medical profession alike. The efforts of recent writers to discredit the statistics of recovery made by asylum superintendents has influenced unfavorably the application of remedial measures. There is not indeed in the United States an institution for the insane which has been thoroughly equipped with a view to the absolute cure of all who might be admitted to its wards. All of these establishments are constructed, organized, and managed as asylums, not as hospitals, as custodial and not as curative institutions. The physician visits the "halls" not "wards," in the most apathetic and perfunctory manner. The most recent case attracts little more attention than the old, and in none does he anticipate any immediate change. Time and surroundings are the elements on which he most implicitly relies. How different is the conduct of the physician and assistants who visit the wards of a general hospital! Every new patient is an inspiration which the entire medical staff feels and searching examination is at once made, the precise nature of the disease determined and the exact condition of the diseased organ discovered and recorded. On the basis thus established the treatment is vigorously carried on to the termination of the case. Every day the examination is repeated to learn precisely what progress the disease has made and what change, if any, should be directed in the treatment. In the one case the medical officer is not aiming to cure his patient, but is anticipating a possible recovery if time and circumstances are favorable; in the other the physician, confident of the cure of his

patient in the shortest possible time, is aggressive and attentive to every condition likely to aid him in his heroic struggle.

From the preceding review it is apparent that the insane occupy a false position in our civil administration and thereby do not receive that care and treatment which promotes their highest interest. Though sick people, requiring prompt and skilful treatment, they are treated as offenders against the law, and condemned to a course of custodial care which ministers to their physical comfort but does little directly to restore them to health.

The reform which will place the insane on a proper basis must be radical. The status of the insane must be entirely changed. Every vestige of ancient prejudice and superstition in regard to them must be effaced and a new era begin in the history of lunacy legislation. Even the old and offensive terms "insane" and "lunatics," "insanity" and "lunacy" should be as obsolete in use as they are in meaning.* The new era must be ushered in with

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*The following extracts show the various definitions of the term "insane" and "lunatic" in different States:

"The words 'insane person' shall be construed to include every idiot, non-compos and lunatic person." Laws of Delaware.

"The term 'insane' as used in this act includes any species of insanity or mental derangement." Laws of Dakota.

"The words 'insane person' and 'lunatic' shall include every idiot, non-compos, lunatic, and insane person." District Columbia definitions, U. S. Revised Statutes.

"The words 'insane person' include idiots, lunatics, distracted persons and persons of unsound mind." Laws Iowa.

"The words 'insane person' may include an idiotic, non-compos, lunatic or distracted person." Laws Maine, Rhode Island.

"The words 'insane person' and 'lunatic' shall include every idiot, non-compos, lunatic, insane and distracted person." Laws Massachusetts.

"The terms 'insane or insane persons' * * include every species of insanity, and extend to every deranged person, and to all of unsound mind, other than idiots." Laws Michigan, New Jersey, New York.

"The term 'insane' * * includes every species of insanity, but does not include idiocy or imbecility." Laws Minnesota.

"The terms 'insane' and 'lunatic' * * include every species of insanity or mental derangement." Laws Missouri, Nebraska, Ohio.

"The terms 'lunatic,' 'insane,' non-compos mentis, include all persons of unsound mind." Laws Tennessee.

"The word 'lunatic' * * shall be construed to include every insane person who is not an idiot. The words 'insane person' include every one who is an idiot, lunatic, non-compos, or deranged." West Virginia.

The law of Wyoming is quite unique as it defines a person of "sound mind" and not an "insane person," as follows:—"A person shall be considered of sound mind who is neither an idiot nor lunatic, nor affected with insanity, and who hath arrived at the age of fourteen years, or before that age, if such person know the distinction between good and evil."

the universal recognition of the now demonstrated fact that the class of persons hitherto known as "insane," are simply and only sick people; that the alleged rights of the "insane" are the same as the rights of other sick persons, viz., the right to be restored to health, and that to accomplish this one supreme object every other consideration must be subordinated.*

The object of this paper is to advocate and outline a system of State lunacy laws which shall have as its fundamental idea that the insane are persons suffering from cerebral disease, and demand that care and treatment which will most certainly and effectually restore the curable to health and will best promote the well-being and usefulness of the incurable. As a logical necessity it follows that if the insane are simply sick people they should come completely under the jurisdiction and management of the medical profession. From the incipiency of the disease to its termination, the insane person is a patient and in his treatment should be entirely amenable to the restrictions and conditions which the physician may impose as a part of his treatment.

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* The following opinions of authorities in different countries are but a few of the many which could be quoted to this effect:

"Insanity, mental alienation, is a cerebral affection, ordinarily chronic, without fever, characterized by disorders of perception, intelligence and the will." Esquirol (French).

"A cerebral affection, idiopathic or sympathetic, destroying the individual's moral liberty, and constituting a derangement of his acts, tendencies and sentiments as well as a general or partial disorder in his ideas." Morel (French).

"Insanity being a disease, and that disease being an affection of the brain, it can therefore only be studied in a proper manner from the medical point of view. The anatomy, physiology, and pathology of the nervous system and the whole range of special pathology and therapeutics, constitutes preliminary knowledge most essential to the medical physiologist. All non-medical * * conceptions of insanity are, as regards its study, of the smallest value." Griesinger (German).

"A chronic disease, free from fever, in which the ideas and the acts are under the control of an irresistible power, a change taking place in the manner of feeling, conceiving, thinking and acting peculiar to the individual, in his character and in his habits." Guislain (Belgian).

"Insanity is a condition in which the intellectual faculties, or the moral sentiments, or the criminal propensities—any one or all of them—have their free action destroyed by disease, whether congenital or acquired. He will not go far wrong if he regard insanity as *a disease of the brain* (*idiopathic or sympathetic*) affecting the integrity of the mind * *." Bucknill and Tuke (English).

"A manifestation of disease of the brain characterized by a general or partial derangement of one or more faculties of the mind and in which, while consciousness is not abolished, mental freedom is weakened, perverted or destroyed." Hammond (American).

The only question which can arise as to the propriety of a complete surrender of the insane to the management of medical men is as to the right of depriving them of their personal liberty without due process of law, or, in other words, without some form of judicial inquiry and sanction. As we have already shown, this relic of ancient jurisprudence has been and still is seriously obstructive of all efforts to elevate the care of the insane and place it on the same basis as that so judiciously and advantageously applied to personal suffering from other diseases. But in an enlightened period and in this republic, so little governed by precedents and by obligations to the civil jurisprudence of the past, we ought to recast our laws in the light of modern ideas, the deductions of scientific inquiry, and the demands of a more enlightened philanthropy. Influenced by these considerations the insane should be placed on the same footing before the law as are persons suffering from other diseases requiring isolation in the interests of both the public and the patients themselves. They should be committed, as is the latter class, entirely to the care and treatment of medical men. From the laws relating to persons suffering from contagious diseases, therefore, we may gather useful hints in modifying our laws relating to the insane. The right of the State to authorize and compel the removal of persons suffering from certain forms of disease to places provided for their care and treatment, and there to detain them for such length of time as is necessary for their recovery, is recognized and more or less stringently enforced in all of the States.* All health authorities are thus empowered to remove and restrain persons suffering from contagious diseases unless they can be so secluded at home that the public welfare is not imperilled. This management of persons having contagious diseases is committed entirely to the discretion of medical men. No trial by jury, nor appearance in court, nor order of a judge, nor even the sworn certificate of a physician, is for obvious reasons, required for their commitment to custody, and yet the same necessity exists, so far as

* An early practice, sanctioned by law, in the case of lepers in England, "directs that such diseased, should be 'seen and diligently examined by certain discreet and lawful men who have the best knowledge of such disease,' and if he be found to be a leper 'then without delay' he is to be carried away, and removed from the communication of his neighbors to a solitary place to dwell there, as the custom is, lest by his common conversation damage or peril should happen to the said men."—*Weightman, Med. Practitioner's Legal Guide.*

there is danger that without judicial sanction a person innocent of a contagious disease might be dragged from his home and incarcerated in a pest house, as in the commitment of the insane. It follows that when we change the status of the insane to that of the sick we must take cognizance of the fact that the diseases of the insane are peculiar, and, like contagious diseases, though in a different sense, may require for the public safety the isolation and restraint of those afflicted by it. But in determining the questions as to the nature of the disease, and the special care which each individual person should have, only medical knowledge and experience will avail anything, and hence should be implicitly relied on. The whole process of examination, commitment, treatment in hospitals, and discharge should be entirely medical without any interposition of the courts.

A system of laws designed to give full force and effect to the principle that the insane should be classed with persons suffering from diseases amenable to treatment, should declare explicitly the changed status of the insane and the full intent and purpose of the laws relating to them. The first section might take the following form:

From and after the passage of this act, every person in this State who has been, or who may be, adjudged "insane" or "lunatic" in accordance with laws heretofore or now existing, shall be classified as a sick person and shall be known and designated as a person suffering from a "cerebral disease;" it being the intent and purpose of this act to secure to the so-called insane all of the rights and privileges of the sick compatible with the special form of "cerebral disease" from which they are suffering, and to place them under such care and treatment, and under such conditions as will tend more effectually to restore them to health, or, if incurable, to promote, as far as possible, their personal comfort, good health and usefulness.

In general practice every family has its physician who attends upon all occasions of sickness, and who is, therefore, constantly familiar with the health of its members, and as a consequence is the first to detect the nature of every disease which appears. In the enforcement of health laws against contagious diseases the family physicians or general practitioners are chiefly relied on for the earliest report of the existence of a contagious disease in a

family and also in a community. It is made his duty to report every such case to the health authorities immediately on detecting the nature of the disease. Thereupon a sanitary medical officer forthwith visits the person alleged to be suffering from a contagious disease and confirms or not the diagnosis of the family physician. If it is so confirmed the sanitary officer determines whether the case can be properly cared for and treated at home, and, if not, he directs the sick person to be taken to the proper contagious disease hospital.

A similar provision can be made in the examination and commitment of the insane. For this purpose there should be in every community a class of medical men who are qualified to act promptly as examiners in every case of alleged insanity. These we shall find among the general practitioners, and usually they first recognize the existence of insanity in a family. The plan would be to recognize these physicians in the statute as official medical examiners, and give validity to their certificates, when made in the form prescribed by law. The following section would make this provision:

For the purpose of this act every physician in this State who is of good moral character, a graduate (having a diploma) of a legally chartered medical college and in the actual practice of his profession, shall be a medical examiner, and his certificate made in accordance with the form prescribed in this act shall have full force and effect for ten days subsequent to the examination of the person for whom it is made.

Following out the method of managing contagious diseases the first step in the process of inquiry into the facts relating to an alleged insane person would be to summon a medical examiner, if he is not already the attending physician, to make a personal examination of the patient. The law in many States requires the certificates of two physicians in every case of commitment, but as neither is an expert it would be better to have the certificate of one examiner endorsed or amended by an expert as herein proposed. The medical examiner would very frequently be the attending physician. There is not only no impropriety in allowing the attending physician, if a qualified examiner, to make the first certificate but there is a manifest advantage in this respect, viz., that he is already very familiar with the antecedents of the patient,

and, perhaps, of all the circumstances connected with the development of the disease. This section will make the necessary provision for the examination of the patient:

Whenever any medical examiner certifies that a person is suffering from a disease of the brain, characterized by a general or partial derangement of one or more faculties of the mind (perception, intellect, emotions, will) and in which, while consciousness is not abolished, mental freedom is weakened, perverted, or destroyed, and that for his recovery, or the safety of himself and others, he should be placed under the care, treatment, and control of the superintendent of an asylum, he shall as soon as practicable transmit said certificate to the superintendent of the asylum to which said person is to be removed.*

In private practice it is customary when a physician has a patient whom he is desirous of sending to a hospital to notify the hospital authorities of the fact, with the name and residence of the patient, in order that a physician of the hospital may visit the patient and examine as to the nature of the disease, the propriety of admitting him to the wards and attending to his removal. The same method should be pursued in the case of the commitment of the insane. There are three important reasons for this provision in the law. 1. An expert in the diagnosis of insanity is brought in to review the opinion of the examiner and confirm it or set it aside. This action gives triple security against the possibility of error or fraud. 2. Having large and immediate experience as to the special necessities in the care and treatment of all forms of insanity, this expert can better determine the conditions under which the individual case should be treated, viz., whether at home, in a family, or in an asylum. 3. It is of the utmost importance that the insane should be removed to an asylum by an officer of the institution, rather than by friends, or a local officer as a constable or a policeman. One of the greatest sources of cruelty to the insane is their removal to an asylum by friends, or rude or coarse town or city officials. By this arrangement the patient, whether timid, feeble and excited, or resentful and resisting would be placed, in the quiet of his home, in charge of an officer and his assistant skilled in the management of all

* Hammond's definition of insanity is selected because he is an American authority.

classes of insane, and the transfer would be made without any disturbing incidents.

Two features of this plan will be contested. First, it will be maintained that the medical attendant should have no part or authority in the proceedings lest he may be in the conspiracy of the relatives or friends of the patient to secure the commitment of a sane person to an asylum. This reflection upon the integrity of medical men is refuted by the daily experience of every one who has the care of the insane, and only needs to be mentioned to be emphatically denied in every medical circle. Second, there is a prejudice against allowing a physician having any official connection with an asylum to take any part in the commitment of the insane to that institution. The assertion is made that medical officers are so liable to be influenced by their great desire to have their asylum full of patients that they might connive at committing sane people. This assertion is as baseless as the former, and has not a particle of evidence to sustain it. On the contrary in general practice the medical officer sent out from the hospital very often does not favor sending the patient to whom he is sent to his hospital. We are certain that, in the scheme which we are unfolding, the asylum medical officer, sent out to verify the diagnosis, and sanction the recommendations of the medical examiner, will prove to be the most valuable aid in determining the question as to the destination of the patient and in his removal to the asylum. We propose the following section:

Whenever the superintendent for the time being of any asylum receives the certificate of a medical examiner as provided in the last section, he shall forthwith send a medical officer, with an attendant of the same sex as the patient, who shall without delay proceed to the residence of the person for whom the certificate is made and personally examine him apart from the medical examiner; he shall have power to administer oaths in this examination, to subpœna witnesses, and to take further testimony; if he verify the correctness of the certificate of the medical examiner, and endorse the same in writing, the certificate so verified shall be his warrant for the removal of the patient to the asylum and his detention therein for one day.

On the arrival of a patient at an asylum he or she should be examined by one of the physicians as soon as possible with a

view to the approval of the certificate. This section would be necessary:

As soon as possible, and within twenty-four hours, after the arrival of the patient at the asylum, one of the physicians shall examine him for the purpose of determining the correctness of the certificate, and if he approve it he shall do so in writing, and the certificate so approved and endorsed by the superintendent shall be the warrant for detaining the patient in the asylum until discharged as hereinafter provided. The certificate so approved and endorsed shall be filed in the asylum, and a copy shall be forwarded to the committee on lunacy of the State Board of Charities, within one week of the admission of the patient, by the superintendent.

The scheme which has thus far been developed would secure to the insane a quiet examination at his home by the medical examiner, probably his medical attendant; the verification of the certificate of this examination, with little delay and no disturbance, by an expert physician from the asylum; his removal from home to the asylum by the same physician and his attendant with the least possible excitement. But at the threshold of the asylum he encounters his evil genius in its most unquestionable form. Though he has thus far escaped being regarded and treated as a criminal he enters an institution for the treatment of a disease of the brain in the construction and management of which the leading thought evidently was to create a custodial rather than a curative establishment. The colossal stone or brick buildings, the massive architecture, the long and monotonous halls, the grated windows, the aggregation of patients, are all frightfully suggestive of a prison to the victim of brain disease. And it is true that in the reception of patients, and in the general arrangements for their care and treatment, the prison rather than the hospital methods are the leading features.

It is idle to anticipate any adequate reform in our care and treatment of the insane without a radical change both in the construction and management of the institutions to which they are committed. They must be made primarily curative, and secondarily custodial, in their appointments. In the older States, with their costly asylums, this reform, carried to its complete realization, might prove impracticable, but in the new States, about to create a system of lunacy administration, the hospital idea could

be readily adopted and perfected. In the older States much can be done to realize the proposed reform if an effort is properly made in the construction of new asylums and, as far as possible, in the arrangement of existing asylums, to secure to the curable cases every condition necessary to recovery, and to the more prolonged or chronic cases, every condition necessary to health, comfort and usefulness. For this purpose the future asylums should be organized nearly on the basis of a general hospital, viz.: (1) the classification of patients according to their sexes; (2) according to their diseases; (3) according to the stage of their diseases; (4) a department for convalescents, and (5) for incurables. The asylum thus organized would require ample grounds and each division should have buildings adapted to the wants of the patients. The entire establishment in the construction and arrangement of its buildings could have the appearance of a village with its tasteful and isolated residences; its church, schools, and places of amusement; its varied industries; and its outlying gardens and farms. Such an asylum will be complete only when the multiplication of the divisions of its service is so extended that every patient, whether curable or incurable, will find a place precisely adapted to secure to him the highest degree of physical and mental health, and the largest measure of usefulness in indusfrial pursuits. Although the details of construction and organization would be according to no fixed plans, and each new asylum would vary from the general type, yet the main feature should be embodied in the statute in order to guard effectually against the extravagance of architects and builders. This section at least might be useful:

Every asylum hereafter established in this State shall have an amount of land of not less than one acre to each patient, either in a single or in separate plots. The service of every asylum shall have the following among other divisions, viz., (1) for men; (2) for women; (3) for acute diseases; (4) for convalescents; (5) for incurables. These several divisions shall be so separated and located as to give the largest possible opportunity for subdivisions of the divisions into groups according to the necessities of patients. In the location and plans of buildings, due regard must be had to the requirements of the patients in each division and subdivision, and as far as practicable the buildings shall be cottages not exceeding two stories in height, and accommodating not to exceed thirty

patients in each; the total cost of all structures shall not exceed $500 per patient. It is the intent and purpose of this section of the act to organize the asylum so as to create a community, replete with home-life, and that in the divisions of the service, in the location and plans of buildings, and in their construction there shall be such ample provision for the classification of patients according to their sexes, and the stage and peculiarities of their diseases, that each may have that personal care and treatment necessary for his recovery, and that there may be only that association of patients with each other essential to their comfort and improvement.

To meet these changed conditions the medical staff must be organized on a somewhat different basis from that now existing. There must be a superintendent who should be a thoroughly equipped medical officer, qualified by education and experience to preside over the entire establishment. There should be attending physicians, not less than one to each one hundred patients in the curative divison of the institution whose duty should be the medical care and treatment of each case from the arrival of the patient to the termination of the disease. Finally the immediate care of the patient in carrying out the treatment should be intrusted to first and second assistant physicians, one of each to every one hundred acute cases. These latter physicians should be recent graduates from the colleges, having a service of six months in each grade, with salaries sufficient to attract the best class men.

The following section would define the construction of the medical staff.

The medical staff shall consist of a superintendent, attending physicians, and first and second assistant physicians, each one of whom shall be a graduate of a chartered medical college and of a good moral character. The superintendent shall have had experience in the management of similar institutions and shall be appointed by the board of trustees; the attending physicians shall have had at least one year's experience in asylum practice and shall be appointed by the superintendent with the consent of the board; the first and second assistant physicians shall be recent graduates of medical colleges and shall be appointed in like manner as the physicians. The superintendent shall have entire charge of the asylum subject to the rules and regulations of the board; the physicians shall have entire supervision of the medical care

and treatment of the patients under the direction of the superintendent; the first and second assistant physicians shall have the care and treatment of the patients in the wards under the direction of the physicians, and shall, when directed by the superintendent, visit and accompany to the asylum any person of whom the superintendent has been notified by a medical examiner as heretofore provided.

In the new States we propose the full development of the general hospital plan of organization for the insane. This would involve the establishment of the following departments:

1. *The reception ward or hospital* is intended for the examination of patients before they are sent to the wards for treatment. The physician is enabled in this service to determine the special nature of the disease of the patient on entering, and thus to send him at once to that ward where he will have appropriate treatment. Important as is the reception hospital or ward of a general hospital, it is far more useful in a hospital for the insane for the reason that in large numbers of cases admitted it is impossible to determine on a single examination what the nature of the cerebral affection is and whether, indeed, in many cases insanity really exists. Time, therefore, for accurate observation and repeated examinations may be required before the real condition of the patient can be determined. While a small building, or even a ward of the hospital, may afford accommodation for the reception branch of a general hospital, a hospital for the insane would require a larger and more varied structure. It should have several apartments so separated that the inmates are not brought in contact, and all its appointments, external and internal, should be suggestive to the person who enters it of a quiet, orderly home. The physicians to this hospital should be the attending physicians to the main hospital.

2. *The hospital for acute diseases*, having due regard to sanitary conditions, is always conveniently located for the attendance of competent practising physicians. Hence they are placed in the salubrious quarters of the suburbs of cities and large villages. So we must locate hospitals for the insane if we fully develop a scheme of treating them as sick people. Every large city would have its well appointed hospital, and smaller communities their cottage hospital, for the insane.

The construction, arrangement and equipment of these hospitals would differ from general hospitals only as special hospitals are modified to meet the wants of the special diseases treated in them. Doubtless the feature in the treatment of all shades of insanity in the acute form which most deserves attention, and which is now most neglected, is that *individualism* in care, so much insisted upon by Conolly, and which can only be secured by the isolation of each patient from other insane persons, and the constant attention of one or more thoroughly competent attendants. In this manner also medical treatment can be made to accomplish infinitely better results for there could be that precision in the administration of remedies and careful observation of effects essential to their successful employment. Far more successful also would be those accessories to the mental health of the insane due to pleasant surroundings, diverting scenes, reading, and conversation, due to the kindly and timely offices and influences of qualified companion-attendants. The hospital for the acute insane should, therefore, have ample accommodations for the individual care and treatment of patients. A group of assorted cottages, each adapted to the condition and necessities of patients suffering from different forms of insanity, would be better than a single large structure; and lawns, groves, walks and drives would be better than wards and halls.

The organization of the management need not differ from the general hospital. There may be a resident physician whose duty it is to exercise a general direction of the affairs of the institution, but usually he has only supervisory power over the medical treatment of the patients. This latter duty would devolve entirely upon the visiting staff, which is composed of physicians actively engaged in practice. The immediate medical care of the patients in the wards should devolve upon a resident staff of young physicians who are recent graduates, and who have a fixed term of service. A corps of trained attendants would complete the medical organization.

3. *The convalescent department* of the general hospital is located in the country, and a convenient place is selected which is specially adapted to the rapid and complete recovery of the patients. It is under the same general management as the hospital, and has its own resident medical staff and corps of attend-

ants. In like manner the hospital for the insane should have its convalescent department located and equipped for the early and complete restoration of all who are transferred to it. Its peculiarities would be, ample lands for diversified exercise and employment, rural sights and rural sounds to charm and delight the senses; cottage dwellings as various and isolated as appear in the neighboring village; groves, forests, landscape, river, and lake.

4. *The home for incurables* is organized so as to provide for the comfort and usefulness of the inmates. Such an institution for the insane might well be a part of the convalescent department, but so separated that there would be no necessary commingling of patients. The arrangements for a colony, on productive farm lands, with its varied industries, schools, churches and other conditions of a rural community, would be the distinguishing feature of this branch of the service.

The plan of organizing institutions for the treatment of the insane above outlined differs so essentially from that now followed that the innovation will, doubtless, be regarded as impracticable even in new States. But the question may well be asked: If centuries of treatment of insanity by the present method has resulted in the cure of scarcely one-third of the patients, is it not time to consider the propriety of adopting those methods of treating the insane which are so successful in the cure of other diseases? It is certain that there would be many positive advantages. 1. The hospitals for the acute insane would be near the homes of the relatives of the insane. This fact would lead to early treatment, which is of the greatest importance. 2. The hospitals would be small, as they would be entirely devoted to the acutely insane. There would thus be more *individualism* of patients which would prove of the greatest importance in treatment. 3. The medical care of the patients would be confided to physicians who are compelled, by the requirements of their daily duties in practice, to be thoroughly familiar, not only with the most recent teachings of science in their specialty, but with the practical application of all newly discovered facts and remedies. 4. Not less important is the selection of a resident staff from the recent graduates, and giving to its members a limited term of service. A constant succession of the ablest graduates thus pass through the hospital, giving to the service that activity and energy

which such young practitioners always bring from the schools, and carrying with them into their professional lives a practical knowledge of insanity, and creating an intimate relation between the profession at large and hospitals for the insane. 5. Finally, hospitals thus situated and organized would be far less liable to be objects of suspicion by the communities in which they are located, for the leading medical men of the vicinity would be officially responsible for the care of the inmates and the general management. The hospital would also be accessible to the public under the same rules that govern general hospitals.

The discharge of patients from a hospital for the insane should be in principle the same as from general hospitals. Each patient discharged should either be recovered, or in such state, that neither the patient, nor the public will be injured or endangered by his freedom. The attending physician is the most competent to decide the question of discharge, and his written decision, approved by the superintendent, should be required. If the patient prove incurable, the attending physician, with the approval of the superintendent, should determine whether the patient should be discharged to his friends, or transferred to the Home.

It is important, finally, that there should be competent State supervision by qualified and responsible officers. In most of the States that supervision will best be secured through State Boards of Charities. These Boards have long had general powers of visitation, and investigation of the public charities, and hence are qualified for the duties here contemplated. The best example of an organization of a State Board of Charities for work in this field is found in Pennsylvania where a committee of the Board is especially organized for that duty. The following are the provisions of the law creating the committee:

*There shall be three additional members added to the board of public charities, one of whom shall be a member of the bar of at least ten years' standing, and one a practicing physician of at least ten years' standing. * * * The board shall appoint a committee of five to act as a committee on lunacy. The two professional members appointed under this act shall be members of that committee; and three shall constitute a quorum.*

This committee should be required to make thorough inspections of all asylums, public or private, sufficiently frequent to be con-

stantly familiar with all of their operations. They should receive copies of all papers of commitment to the asylums and keep them on file and on each visit the medical and legal members should personally examine all patients admitted since the last visit. The committee should have supervisory powers chiefly, but should be able to correct abuses by a summary process. Its annual report should make a complete exhibit of the operations of all of the asylums of the State and their condition, with recommendations for their improvement.

We have thus sketched in outline some of the leading features of a reform in the care and treatment of the insane the importance of which was more and more impressed upon me during the period of my official visitation of the asylums of the State of New York. The sketch is of course very imperfect in detail and can only be elaborated into a system of laws by the skilled hand of the legislator. The paper is, however, submitted in its present form, in the hope that it may contain suggestions which will lead to a profitable discussion.

WHAT IMPROVEMENTS HAVE BEEN WROUGHT IN THE CARE OF THE INSANE BY MEANS OF TRAINING SCHOOLS?

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It is the practically universal testimony of those engaged in caring for the insane, in asylums having training schools for attendants, that work in connection with these schools, systematically pursued and carried forward diligently and thoroughly, has been productive of great good; that through it a higher class of service has been secured, and a more exalted ideal of usefulness has been realized. The movement to establish training schools for attendants and emphasize the hospital idea in American asylum work was successfully inaugurated by Dr. Edward Cowles, Superintendent of the McLean Hospital, Somerville, Mass., in 1882. In 1884 a training school was organized in connection with the Buffalo State Hospital; in 1886, one in connection with the Illinois Eastern Hospital for the Insane at Kankakee, Ill., and in 1887, one at the Willard State Hospital, New York.

The impetus created by the enthusiasm and earnestness of these early and prominent workers, and the success which attended their efforts toward the attainment of the high purposes in view, have been felt all along the line. No less than nineteen American institutions (see below) now possess systematically organized and thoroughly equipped training schools for attendants, and for them there may be justly claimed a special and important place in psychiatry. Their creation has been the logical outcome of a desire for improvement in asylum service on lines similar to those developed through nurses' training schools in general hospitals, and the necessity for their existence in promoting modern methods in the care of the insane has been generally recognized.

At a time when restraint was much employed in the management of suicidal, violent and disturbed patients, the necessity for recognition of the operations of the insane mind as a guide to tactful

management, was less than in these modern days, where little or no mechanical restraint is applied, where open-door and parole privileges are extensively given, and where nursing, systematic exercise, employment, diversion and personal attention have displaced the ancient repressive regulations and appliances. In granting greater privileges to patients and according them that extension of liberties which approximates institution-life to home-life, the physician is helpless without the assistance and co-operation of the skilled attendant. The latter must be quick to detect change in mental operations, departure from habitual conduct or development of tendencies which demand an abridgment of privileges. To stimulate this discriminating ability, to teach the attendant how to read the mind of his patient, to develop his perceptive and reflective faculties,—all these are necessary. The attendant must learn how to place himself in close harmony with his patient, and be quick to apprehend the reasons for any new or unusual manifestations he displays. He should be among the first—perhaps the first—to note the signs pointing to a termination of morbid mental action and return of natural habits and impulses. The future of his patient may depend upon this prompt recognition and the steps taken to promote it. The early signs of improvement, revealed darkly at first, but penetrating like a gleam of sunshine through the cloud of obscurity which has overhung his previous mental operations, must be seized upon and quickened, that the struggling reason may not be impeded in its efforts to re-assert supremacy.

In discussing the question of the relation of the higher training of attendants to the practical problems of psychiatry, and in replying to the question, "What improvements have been wrought in the care of the insane by means of training schools?" much is involved. That they have promoted the recovery of patients is, I believe, an indisputable fact; this being due to—

First.—Their increasing the adaptability and resources of the attendant.

Mental training in useful lines broadens the horizon, develops the resources, and adds to the fund of knowledge from which to draw in the exigencies and emergencies of life. That the highest degree of efficiency in work may be attained, it is pre-eminently necessary that the reason for it should be understood. Under such circumstances it is more enthusiastically undertaken and more successfully

carried out. Explicit direction may be successfully followed in a machine-like manner where the path is clear and the end foreseen from the beginning, its accomplishment depending merely upon the expenditure of a certain amount of labor in definite lines. In the very delicate relation which he bears to the insane patient, however, too many exigencies arise to permit on the part of the physician a clear conception of the case from the first, and detailed instruction as to its hour-to-hour management. A general direction, for example, to the effect that his patient shall in pleasant weather take exercise in the open air, may be followed by the attendant in an automatic manner and in accordance with precedent, good results ensuing. It is doubtful, however, if the same amount of benefit will accrue to the patient as will follow a clear conception in the mind of the attendant of the ultimate purposes of the direction: that is to say, the effect of exercise upon the organic functions, the influence upon the circulatory and nervous system, and the psychical stimulation which may be introduced into this commonplace and every-day performance. In this connection there are matters which the thoughtful and trained attendant will take into constant account, of which the thoughtless and unskilled will be heedless. Is the patient's physical condition at this moment such that he can endure without dangerous fatigue the contemplated walk? Are his delusions more active? Will they interfere with his comfort in going out, or create trouble on his return? How may emergencies of this kind be met should they arise? Is he morbidly sensitive, and is his objection to going out due to the company with which he will be associated in his walk, or to the apprehension he may have of meeting strangers? What tactful management will overcome these scruples? Is his nervous system in such condition that he can bear the heat of the sun? Does he show any evidence of disturbance of the circulatory or respiratory system which would contraindicate his going out? Are his present objections based upon real physical illness, or do they arise from delusions? How can the walk be planned to introduce some healthful mental stimulation and diversion and thus interrupt or change the morbid mental currents? That the trained attendant is constantly asking himself questions similar to these, every-day experience indicates. He regulates the patient's walk by his condition. If any doubt exists as to the reality of the symptoms of which the patient complains, and upon which he bases

his objection to exercise, he accords him the benefit of the doubt. If he finds his patient sensitive and discovers that he prefers to remain in-doors because of dislike to a large company, he plans to go out with him alone, or, reporting the fact to the physician, assists in making some arrangement which will overcome the scruples and meet the wishes of the patient. Had he in health a special interest in certain out-door employments, he aims to re-excite this interest by skillful allusion and opportune suggestion. Is he weighed down by distressing and anxious thoughts, his attendant aims, by timely conversation, to direct his mental operations into healthy channels, or by golden silence and unexpressed sympathy to share his burden.

To prescribe rest in bed for a patient who is apparently vigorous and able to put forth much muscular effort in morbid lines strikes the inexperienced and untrained attendant as a strange misapplication of methods; whereas knowledge of the pathological state of the brain in excitement, of the danger lurking in undue exercise, and of the relation between sensory stimulation and impulsive acting, promptly places the trained attendant in sympathy with the course adopted. He appreciates the influence of posture in the management of the case, and recognizes the importance of the withdrawal of disturbing influences which tend to keep excitement alive. He gives the plan his co-operation intelligently, and not in a half-hearted, irresolute or grudging manner.

The mental discipline which the training school affords develops the perception, reason and judgment of the attendant, increases his self-control and tolerance, and brings him near to his patient's point of view. There was brought to my notice the case of a patient of dangerous propensities and great irritability, who constantly clamored for his discharge from the institution and for protection from his fancied persecutors. Against the physicians, who, in their dealings with him, were compelled to resort to frank conversation in explanation of their reasons for detaining him in the institution, he had contracted a strong antipathy. With the attendant, on the contrary, whom he did not hold accountable for his detention, and whom he recognized as merely the agent of some one else, he was on the best of terms—this due mainly to the judicious character of the attendant's management. Without concurring in the patient's delusion that his bad symptoms were due to the machinations of enemies, he was accustomed to express sympathy with him in his sufferings: to say "That's too bad,"

"I hope that won't happen again," "I will see when I can what I can do to help you," and then to divert him by conversation on other subjects. That rancor, ill-feeling and contention are, by methods such as these, rendered less common, and that through them the highest ideal of the relation of attendant to patient—that of companion, counsellor and friend—is realized, is beyond dispute.

"I have been doing ——— a great injustice," said a member of the training school to me recently. "He is what I called stubborn and contrary in everything; and although, of course, I knew he was insane, I thought he acted that way because it was natural for him, and that he resisted so much because he had always been contrary. I have become at times vexed and provoked with him, and am satisfied that I have not treated him with the consideration which I should. I have not been harsh, but hasty and inclined to scold, and held him in a measure accountable for his conduct. Since your lecture of yesterday on Forms of Disease I can see that the reason why he resists doing things which he is requested to, is because of delusions, and because effort of any kind is wearing upon him and distressing to him. I believe cases of this kind should be better understood: that the attendant should know the reason why his patient's conduct is such as it is. It makes matters easier all round, and I am satisfied that I shall have much more toleration for the peculiarities of patients in future, because I know more about why they do disagreeable things, and don't act in a reasonable way."

Caution, prudence, coolness and quickness of perception—all so necessary to meet the emergencies encountered in dealing with the insane—are increased by mental training. Under the most careful management the suicidal patient will occasionally elude vigilance and find some means for the execution of his purpose. What happens in the case of one found hanging, for example? If an inexperienced attendant discovers that this accident has occurred, he is too often paralyzed through mental shock, or his first impulse is to fly. As in one case which came under my personal knowledge, the attendant was powerless to act, being overwhelmed by the terror which the dreadful sight occasioned. On the contrary, what took place in a similar case under the management of a training school graduate? A patient found hanging to his door-hinge by means of a mattress wire was promptly lifted down from this

perilous position. The attendant retained perfect coolness and composure. Did he send for the medical officer, in the meantime acting a passive part himself? Not at all. He dispatched help for the physician; and although the lungs had ceased to act and the patient's life was nearly extinct, he was able to apply artificial respiration so successfully that by the time the doctor arrived upon the scene, respiration was re-established and the danger passed. How comforting and satisfactory the feeling to those who had taken the pains to supply the information which permitted this to be done. On the contrary, how replete with humiliation and self-reproach the mental review of the first-named case. How the thought obtrudes itself, that in failing to give the training necessary to meet such an emergency, we share accountability for the melancholy result.

In the matter of hall cleanliness and hall decoration favorable results follow instruction in surgical and hygienic principles and cultivation of the æsthetic sense. Cleaning is looked upon as less a drudgery when its hygienic importance is apprehended. It then becomes asepsis and acquires a new dignity. Attention to patients, to their physical needs and to their personal appearance is less onerous and burdensome when the attendant realizes that in so simple a matter as adjusting a tie, or sewing up a rent, he is participating in the moral treatment of the patient and supplying an aid to recovery. Beautifying and ornamenting halls is a labor of pleasure when the high psychiatrical purpose, the appeal to the æsthetic sense, the supplying healthful psychical stimulation, and the introduction of pleasant mental impressions are appreciated at their value. The attendant, realizing that in substituting order and neatness for untidiness and disorder he is furnishing a direct aid to recovery, feels the work of personal attention less onerous and appreciates to a greater extent than ever before the importance of the factor which his work supplies. With the distinct idea in view that a motive to self-control even though operating effectually for but a brief period of time at first may eventually become a stepping-stone to self-control of an habitual and permanent character, he is led to encourage attendance upon entertainments and chapel services, and to avail himself of every means to supply such motives as may tend to restoration of complete ascendency of the will.

Second.—The more general dissemination of correct information regarding the nature and treatment of mental disease.

There are being constantly sent from hospitals for the insane trained attendants, who for one reason and another leave the service to take up other avocations. Many engage in the work of private nursing and the care of insane patients in their homes, lead useful lives, and are the means of alleviating a vast amount of suffering. In addition to the services of this class, however, the community at large derives benefit from the experience in the management of the insane of those who are engaged in other employments. Their knowledge of the why and the wherefore pertaining to mental disease; their ability to discriminate in a measure between forms of insanity; their practical and theoretical acquaintance with the management of patients, will render them of much assistance in cases of insanity occurring in their neighborhoods. Their services will from time to time be called into requisition in the temporary management of cases at home, and their asylum training will render this service skilled and intelligent. It happens, occasionally, that patients are unnecessarily transferred to an institution because of failure to correctly estimate a case, or because of inability on the part of friends to supply the proper aids to recovery. A skilled attendant, under competent medical advice, can here be of assistance, and it will be found in future years that the asylum training school has accomplished an efficient and very important work in supplying knowledge which may be made available in the treatment of patients at home. As Dr. Cowles well says: "It should be understood that it is regarded here as a part of the duty of the asylum to the public, which it was created to serve, to qualify young women and men to be nurses with special fitness for the home treatment of patients in cases of nervous disease, or of impending or confirmed mental disorder."

Third.—Emphasizing the importance of general nursing in the management of the insane.

Teaching the physical basis of morbid mental manifestations, retires so-called "mental disease" to obscurity. In the contemplation of insanity as symptomatic of disturbed or perverted brain action, a distinct advance occurs in the lay mind. The attendant in looking upon insanity from this point of view, perhaps for the first time realizes the importance of applying to its treatment those measures adapted to bodily illness in general. In insanity to as great extent as in any other illness is skilled nursing important. Indeed, the difficulties encountered by the nurse are

perhaps greater in cases of delirious excitement, than in any other illness. The element of resisting, of opposing necessary attentions, is here to be overcome.

To say nothing of the incalculable advantage to the patient of skilled nursing, the information derived from careful observation of symptoms, and the confidence growing out of the judicious application of remedies are of the highest value to the medical officer. With this support he feels more than ever a sense of courage and fearlessness, and prescribes with the perfect assurance that his prescription will be intelligently followed. He knows, for example, if it becomes necessary to administer a hot bath, that every precaution will be taken: that sufficient help will be present to prevent accident, that the temperature of the water will be ascertained previous to the patient's immersion, and that any untoward symptoms developing in consequence of the remedy, or incident to its application, will be promptly recognized and reported. The physician will frequently have occasion to prescribe an enema for an excited patient. The delicate duty of administering it may, in the hands of the inexperienced, be clumsily performed. It may result in injury, and too frequently will, if not carefully given, fail of the purpose for which it was prescribed. The trained attendant, however, having in mind the importance of ascertaining the temperature of the enema, knowing the anatomical relations of the parts, realizing the impediment which an overloaded rectum will offer to the insertion of the syringe nozzle, understanding the position of the patient which will favor successful introduction and retention of the enema, and having all the details of the work in hand, will accomplish his object without injury to the patient and without intensifying his excitement by misdirected exhibition of force or bungling manipulation.

If, as is the case sometimes with operative procedures however simple, untoward symptoms do develop, and accidents arise which cannot be foreseen or prevented with the exercise of ordinary judgment and skill, what a relief for the physician to feel that the unfavorable outcome of the operation was in no way attributable to him for failure to impart the necessary instructions as to its details.

Dr Cowles remarks in this connection: "There is another important reason for giving every nurse as broad a training as possible in the general principles and practice of all nursing; just as the physician should receive a general education in the profession

of medicine before he limits himself to a specialty. The danger and evil of all asylum work is routine practice—limitation to one line of observations—to the neglect of bodily diseases in general. It is true that the majority of the population of all asylums is in various stages of dementia. It may be true also that, as an eminent alienist says, 'not only the nurses but the medical staff suffer from a tendency to the lowering of mental tone because of the constant association with defective minds.' To counteract such tendencies everything possible should be done to amplify the hospital idea in the work. The teaching of bodily nursing in a training school excites the interest not only of the nurses, but of the medical staff in all the manifestations of bodily disorders that can be found, and lends value to the practical care of all morbid conditions. Routine and monotony kill interest when the aim is not beyond the simple care of many incurables. This is the bane of asylum work."

Fourth.—It is probable that training schools have been productive of good by lengthening the service of attendants; although this is difficult of demonstration. The following tabulation will be found of interest in this connection:

NAME OF INSTITUTION.	STATE OR PROVINCE.	Date of organization.	Number of graduates.	Number of graduates still in the employ of the institution.	Number of graduates in asylum or institution work elsewhere.	Number of graduates engaged in private nursing.	Number of graduates engaged in general hospital service.
McLean Hospital	Massachusetts.	1882	116	20	4	44	14
Buffalo State Hospital	New York.	1884	67	14	3	20	4
Essex County Asylum	New York.	1886	32	7	2	9	.....
Kankakee Asylum	Illinois.	"	130	60	5	3	.....
Willard State Hospital	New York.	1887	42	22	.....	.....	.....
Kingston Asylum	Ontario.	1888	16	8	1	.....	1
Middletown Hospital	New York.	"	35	26	.....	2	.....
Danvers Asylum	Massachusetts.	1889	13	7	.....	1	.....
St. Peter's Asylum	Minnesota.	"	39	30	1	1	.....
Westboro Asylum	Massachusetts.	"	14	4	1	8	.....
Rochester Asylum	Minnesota.	"	17	14	.....	2	.....
Independence Asylum	Iowa.	"	24	20	3	.....	.....
Utica State Hospital	New York.	1890	59	41	2	.....	.....
Rochester State Hospital	New York.	"	27	26	.....	.....	.....
Eastern Michigan Asylum	Michigan.	"	21	14	1	.....	.....
St. Lawrence State Hospital	New York.	1891	.....	.....	.....	.....	.....
Michigan Asylum for the Insane.	Michigan.	"	.....	.....	.....	.....	.....
Cleveland Asylum	Ohio.	"	.....	.....	.....	.....	.....
Toronto Asylum	Ontario.	"	.....	.....	.....	.....	.....
Total			652	313	23	90	19

FOOT NOTE.—The following institutions have lectures and courses of study, but have not regularly organized training schools, and do not issue diplomas: Retreat for the Insane, Hartford, Ct.; Western Pennsylvania Hospital, Dixmont; Central Indiana Hospital, Indianapolis; Asylum for the Insane, Hamilton, Ontario; State Hospital for the Insane, Warren, Pa.

It will be seen from the foregoing that a large percentage of training school graduates remain in asylum work, and the showing in respect to the number engaged in private nursing, and in the work of general hospitals is peculiarly gratifying. Assuming, however, as has been alleged, that the training school does not promote permanency of service in asylums, it has still done great good in the lines indicated in the foregoing pages. To quote from the remarks of Trustee Baldwin at the first graduating exercises at the Eastern Michigan Asylum:

"The time employed by you in this undertaking has not been lost time. The knowledge you have acquired is more estimable than silver or gold; it can never be taken from you; it is a fountain from which you can continuously draw without reducing the quantity—in fact, the more you use it, the more it will accumulate, the more valuable it becomes. It is such as every head of a family ought to possess—every intelligent man or woman in the land—yet, here you have acquired it without loss of time, without expense. You have vastly increased your usefulness, and laid deep the foundations and opened wide the door for future acquisitions."

A word as to the field of study in connection with asylum training schools. In the majority enumerated above there are taught anatomy, physiology and hygiene, general nursing, surgical nursing, obstetrical gynæcological nursing, mental physiology and pathology, including the management of the insane, emergencies, the principles of sanitation, sepsis and antisepsis, physical culture, massage, the preparation of special diet and cooking for the sick. Certainly a broad foundation is laid for usefulness in instruction of this character.

THE CARE OF THE INSANE IN CANADA.

BY C. K. CLARKE, M. D.,
Medical Superintendent of the Kingston Asylum, Ontario.

The Province of Ontario has always been looked upon as the most progressive part of Canada, and in the care of the insane this Province has endeavoured to keep up with the advance of science and in a few respects has possibly led. The development of the State care under the intelligent eye of that accomplished alienist, Dr. Workman, is a chapter in history known to too few, but the influence of this remarkable man has been felt for many years and a great deal that is best in the present asylum system can be traced to his thoughtful foresight. Non-restraint has been accepted as a principle in nearly all of the Ontario institutions and, in two, at least, has been an accomplished fact for ten years.

I believe in one institution the long sleeved jacket is still used at times, but beyond this there is nothing that can be called restraint. At the same time all of the superintendents are agreed that while non-restraint is admirable, the case might occur in which restraint would prove of value and should be adopted.

Dr. Bucke, of London Asylum, who has always been a progressive man, was the first to adopt non-restraint some ten years ago, and was closely followed by Dr. Metcalf, of Kingston.

These facts are of interest and should be recorded, as at that time nearly every institution in America ridiculed non-restraint as an impossible fad, and those who adopted the system were looked upon as "cranks" and imbeciles.

The Asylums of Ontario are State institutions in the most complete sense of the word; and, in all but a few wards in Toronto, patients are cared for at the expense of the Government.

When they are able to contribute to their support, a rate that covers the bare cost of maintenance is charged.

The Province furnishes asylum accommodation for about three thousand insane persons, and another institution is being erected at Brockville on the St. Lawrence River.

Ontario has never been lavish in her expenditure on buildings, and, it is possible, has gone to an extreme in economy in this matter.

There has been a good deal of doubt in regard to the most desirable style of hospital to erect, but now it seems to be accepted that a central building with detached cottages is the most convenient institution for the purposes of the Province.

Mimico is composed of several cottages and affords a refuge for chronics chiefly,—the other asylums are on the plan before mentioned.

If Ontario has had any particular merit, it has been in the way of substituting employment for restraint, and that this has been successfully done, a visit to almost any of the hospitals will show. In the institution over which I preside the occupation of patients has been regarded as a most important matter and, as the Superintendents of London and Hamilton asylums are firm believers in employment, possibly a description of the methods followed in Kingston may apply to a great extent to the other hospitals referred to. In Toronto the patients are from a different class; the grounds are limited and different conditions generally obtain so that varied occupations cannot be followed as in the other asylums.

In Kingston the idea has been not only to furnish plenty of occupation but variety as well, and it is the aim of those in charge to find the particular employment that is likely to prove suitable to each case. With this end in view there have been established the following industries:

Cabinet making, upholstering, broom making, weaving, shoemaking, laundry work, painting and decorating, farming, stone cutting, carpentering, brush making, bookbinding, tinsmithing, tailoring, blacksmithing, gardening, quarrying, sewing and knitting.

In addition, those who care for music are instructed in the band room,—a school is carried on and the patients who cannot be trusted outside are regularly instructed in gymnastics.

The physical culture classes reach the highest development in wards that were formerly designated, refractory. These wards are now as orderly as any in the asylum and the word refractory has lost its meaning. Different forms of drill such as dumb bell, extension movements, marching, &c., with parallel bar exercise are adopted by the men, while the women are drilled to music in one large class and go through Barbell exercise, hoop drill, &c.

The brass band of twenty-two is made up chiefly of patients, the

majority of whom have been taught music since admission to the asylum. A qualified instructor has charge of the band and gives his whole time to the care and development of his patients. This brass band plays well and, outside of its use as furnishing employment, is a valuable addition to our resources in the way of providing music for indoor and outdoor concerts.

The school is modelled after that in the Utica asylum and is appreciated by the women who attend it.

It has been found possible to do a great deal by patients' labor, and last year a fine stone cottage for thirty farm patients was put up almost entirely by their work, and the success of this experiment has induced us to launch out on a bigger undertaking.

At the time of writing the stone for our infirmary 64x72 is being quarried and dressed by our patients. It has not been decided yet whether they will undertake the erection of such a large building; but if it is decided that we shall do the work, I am satisfied that the result will be satisfactory. The chief idea governing the extensive system of employment is to furnish each patient with work that is attractive to himself. In addition, hours are short, and we have a system of rewards in the way of lunches that answers admirably.

On the whole, the insane of the Province of Ontario are well and liberally cared for by the Government and the asylums enjoy the confidence of the general public to such an extent that actions for illegal detention of sane persons do not occur, and newspaper discussions over so-called atrocities are unheard of.

The people realize the value of the service to the general public, and when it is so clearly understood that it cannot be in the interrest of any one to detain a sane person, scandals do not occur.

All sick patients, both male and female, are nursed by trained hospital nurses in properly equipped infirmaries, and in Kingston all nurses are trained, not only in the nursing and care of the insane, but in medical and surgical nursing as well. The hospital idea is carefully taught and all nurses are made to understand that patients under their care are sick people and must be treated as such. In order to carry out this idea to its legitimate conclusion, separate hospital buildings are to be erected in connection with each asylum, and the day is not distant when acute cases will be treated in small buildings on the hospital plan.

Foreigners, as a rule, regard Canada as a small country with a

population centralized within a limited territory. Although the population is small, say five millions, it is scattered over an immense territory from the Atlantic to the Pacific, and each Province cares for its own insane. As a matter of fact the asylum system of Quebec is the one that is generally attributed to the whole of Canada, because its defects have brought it into glaring prominence. Since the advent of the new asylum in Montreal and the disastrous fire in Longue Pointe, a better state of things has come about, but until the Quebec Government assumes absolute control of the care of the insane, the system will be open to grave criticism. The Protestant Asylum at Montreal is a non-restraint institution and conducted on modern principles.

New Brunswick, Nova Scotia and Manitoba, have always kept up with the times and their institutions are, I believe, admirable.

About Prince Edward Island and British Columbia I am not in a position to speak from actual knowledge, but I have every reason to believe that they are well conducted.

Since Dr. Hack Tuke wrote his interesting but bitterly criticized brochure on the Insane of the United States and Canada, steady advances have been made, and it is only a question of time as to when Quebec must fall in line with the other Provinces and give up the farming out system.

Canada is behind the times in the matter of the care of the criminal insane, and I regret to have to chronicle the fact that the general public has not yet learned to regard insanity as a disease that may be the cause of crime. As long as the legal definition of insanity is so crude and imperfect, and the newspapers hold up the bogy called the "insanity dodge," we may look for little or no improvement in this line. In this respect of course we are not much worse than our neighbors, who believe that as a general policy the hanging of so-called "cranks" is very convenient in the way of ridding the world of certain dangerous elements. Of course they are not prepared to carry the argument to its legitimate conclusion and apply it generally.

In Canada it is, I regret to say, a difficult matter for an insane criminal guilty of murder to escape the death penalty, and within a comparatively recent period several men with well marked brain disease have been hanged. We have no provision for the special care of the criminal insane and will not require it until popular ignorance disappears. Many of our legal lights assert that in

Canada we make no mistakes regarding the "insanity dodge" as we hang all murderers sane and insane. It will not be many years before a complete change of sentiment will take place regarding this matter, just as it is developing in England where public opinion is not as bitter as it is with us.

Leaving this unpleasant feature of the discussion, the care of the insane in most of the Canadian Provinces may be said to be all that could be desired, that is, leaving Quebec out of the question, and even there the advance toward a better condition of affairs has commenced. Ontario, being the wealthiest Province, has of course been able to outstrip the others and has found it comparatively easy to carry the burden of the care of her insane, and has never shirked the duty. She too had the advantage of an illustrious pioneer in the shape of Dr. Workman, who introduced and developed a system characterized by kindness and gentleness. Just as the York Retreat in England exercised a beneficial influence, the teachings of Dr. Workman have silently proved a means of untold good in Ontario.

ON THE CARE OF EPILEPTICS.

BY FREDERICK PETERSON, M. D., OF NEW YORK CITY,

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The care of epileptics really includes their medical treatment as well as all other kinds of help extended to them. But medical care, such as it is, has been given to them for some thousands of years, and yet without adding much to the happiness of individuals under treatment, or accumulating much evidence of positive value concerning medication in epilepsy. Our results have been, indeed, almost valueless; for, with all our dosing with bromides, borax, belladonna, and so on through the alphabetical index of the pharmacopeia, it is extremely doubtful if in ordinary practice, one per cent. of the cases of idiopathic epilepsy are cured. Beside the practical incurability and hopelessness of the disease, its victims have suffered untold sorrows in the way of negligence and ill-treatment at the hands of the communities in which they live.

It is a peculiarity of this disease that the seizures may be momentary or may last for a few minutes only, recurring sometimes frequently, sometimes daily and sometimes months apart, thus robbing the sufferers of their consciousness and faculties for brief periods of time at long or short intervals. Between the attacks they may be as rational and as well qualified for all the vocations, duties and social privileges of life as any other human being.

These facts do not concern a few only of the members of the community. Epilepsy is a wide-spread disorder and it has been calculated that one person in five hundred is thus afflicted. Thus, there would be in the neighborhood of one hundred and thirty thousand such unfortunates in the United States alone, and over twelve thousand in the State of New York. Even supposing this percentage to be exaggerated to a very great extent and that the actual ratio were one to one thousand, the number of epileptics would still be enormous and would constitute a large part of our defective classes.

Outside of the efforts, thus far comparatively futile, of physicians to alleviate their purely physical infirmities and to reduce the number and severity of the attacks, nothing has been done until late years to provide for their mental development and to meet the peculiar conditions of life which they are called upon to endure. Thus no general hospital will receive such cases for treatment, because of the incurable and unpleasant nature of their malady. While much of the time thoroughly capable of acquiring an education, they are debarred for obvious reasons from the schools; the churches are closed to them; very few care to employ epileptics in shops, stores or offices or are willing to teach them trades. Few epileptics are at liberty to enjoy the companionship of their fellows, who are rather inclined to shun their unfortunate brethren. Thus, every avenue for mental or moral development, for occupation, for association with the rest of mankind is closed to them. They are even burdensome to their families. It is little wonder then that many of them grow up dull and ignorant, intellectually feeble, morally depraved, irritable in temper with tendencies to retrogression and degeneration rather than to advance. A few of them become insane and are sent to insane asylums. Others are not insane but, ill-adapted for existence under such miserable conditions, drift to the only homes offered to them, the alms-house. The alms-house and the asylum are the only refuge when abandoned by their friends. In the State of New York for instance, where there are twelve thousand epileptics, some four hundred or more are in insane asylums and some six hundred in the county poor-houses. The rest of them are scattered throughout the State in their own families among the rich and the poor in ratio to population and to the relative proportion of these classes. Many are so slightly affected that they are able in spite of their seizures to pursue some of the ordinary vocations of life. Thus I know personally of a doctor, clergyman, several book-keepers, a bank president, a stock broker, several clerks, some dressmakers, shoemakers, masons and a telegraph operator, who are epileptics, and yet able to carry on useful pursuits, albeit under adverse conditions. To all of us are familiar certain well-known historical or literary characters in whom epilepsy failed to restrict the development of their genius such as Cæsar, Napoleon, Molière, Petrarch, Dostojewsky and others.

It would seem, therefore, from the above facts that, although there is such a thing as epileptic insanity, the proportion of insane epileptics to sane epileptics is very small, much less than ten per cent., taken at the utmost, and that this ratio may be reduced by affording these unfortunates such opportunities for mental and moral development as are enjoyed by other and more happily situated citizens; and not only may the percentage be reduced, but the comfort and prosperity of all epileptics be increased by proper provision on the part of the State or through private channels such as institutions of a peculiar character adapted to their peculiar needs. A large public hospital is very far from meeting their requirements; for, as has already been shown, medicinal treatment is uncertain and unpromising. Insane asylums should receive but very few, and alms-houses none at all. What is demanded is an institution on the community or village plan, where medical treatment (such as it is) may be given to every member and where every sort of education, employment and social privilege commensurate with his needs and conditions may be extended to every beneficiary.

The colony system only can attain this object. A colony for epileptics is not an impracticable scheme proposed by visionaries. It is already an accomplished fact. The Bethel Epileptic Colony at Bielefield in the province of Westphalia, near Hanover, Germany, was founded by Pastor von Bodelschwingh, over twenty-five years ago. He purchased a small farm with one house and, with four epileptics as a beginning, established a charity, which for nobility of conception and success in its results has nowhere an equal. It seemed to its beneficent founder feasible to create a refuge where sufferers might be cured if curable, might have a home if recovery were impossible, might learn trades and the great majority become educated, useful and industrious citizens. From that small beginning there has been a gradual evolution of his idea until now there are over one thousand epileptics, resident in some sixty or more houses, scattered irregularly but picturesquely over a large farm. Everyone who visits this unique colony is deeply impressed with the happiness, contentment and prosperity everywhere apparent among the inhabitants of this little epileptic world. He sees that it is no longer an experiment and the previously unanswerable objections to such aggregations are, by its success, answered and silenced. At the

time of my visit to Bielefield, in 1886, there were but eight hundred and twenty-five epileptic patients. The employments were numerous and varied. A school provided instruction for some one hundred and fifty pupils of both sexes. All branches were taught. The dairy and the farm and garden occupied the attention of the greatest number of the patients, especially as a large trade in vegetable and flower-seeds was carried on by the colony.

Among the shops for epileptic workmen were those for cabinet-makers, painters, varnishers, printers, bookbinders, blacksmiths and foundrymen, tailors and shoemakers; and, among the stores, were a grocery, pharmacy, book-store and a seed-store. The carpenters aided in the building and furnishing of new houses. Plans and drawings for new buildings were made in the architect's room. Epileptics were employed in all the departments of industry relating to building. Books were printed and bound and sold here, especially, popular works for moral and religious instruction. The illumination of mottoes for hospital wards and school-rooms and the coloring of picture cards were features of the work performed; washing, cooking, knitting, sewing and fancy work employed many. A bureau had been established for the collection and sale of museum objects, such as antiquities, articles of ethnographic and historic interest, autographs of distinguished people, coins, stamps, bronzes, gems, engravings, etc., and specimens from the animal, vegetable and mineral kingdoms. For men alone there were over thirty different callings.

The houses presented great diversity of architecture and position. They were well separated, generally enclosed in individual gardens, surrounded by fences, hedges and many trees, and altogether exhibited the home-likeness of a country village with little or nothing to suggest the restraints or discomforts of large institutions. There was one small cottage set aside for such cases as should be mildly insane, but bad cases of actual insanity were sent to insane asylums. Everything had been thought out carefully for the perfect evolution of this little social world, not only the multiplicity and details of occupations which would give each member of the community his choice of callings but even the avocations, games, amusements and entertainments that might tend to divert his mind from the contemplation of his misfortunes. And since my visit the colony has continued to expand, to develop new and val-

uable features and to confer its blessings upon large numbers of persons afflicted with this disease.

Taking Bielefield as a model, nine other similar epileptic colonies have been established in Germany, one in Zurich, in Switzerland and one in Holland. Most of these are not conducted by the State, but are under the jurisdiction of private or church charities. None of them are altogether self-supporting but some of them approach very near to it.

It should be stated that before the founding of the Bethel Colony at Bielefield, a somewhat similar institution, though on a much smaller scale, was begun in France in the village called La Force, near Lyons. Over forty years ago a noble clergyman named John Bost established this institution, and it is in a flourishing state, doing a vast amount of good and redounding to the credit of its creative genius.

It has been found in all of these colonies that no harm is done by bringing epileptics into contact with each other. They feel on an equality with their fellows in such a place, losing that sense of isolation and singularity which they cannot but observe in the ordinary world as separating them from the rest of mankind. They enjoy caring for each other and being kind and helpful to their fellow-sufferers. It has been noted, too, that the number of seizures almost always diminishes upon entering upon the new and hopeful and encouraging life begotten by the busy community.

Within two or three years interest has been awakened in other countries in the matter of provision for epileptics, notably so in America and England, where their peculiarly sad condition had neither been noted nor considered. In 1890 Ohio took steps toward the establishment of an institution for epileptics, a Commission, consisting of Messrs. J. L. Vance, C. C. Waite and one other having been appointed by Governor Campbell, pursuant to an Act of the Legislature, to select a site and prepare plans for the purpose. Of various sites examined, one at Gallipolis seemed best adapted for the project and here a tract of one hundred acres was presented to the State by the citizens for the institution. To the writer, who was consulted upon the subject of site and plans, this seemed to be the best location offered; for, although an insufficient space for a large institution, there was plenty of land adjacent which could be subsequently added to the original tract. Contrary to the advice of the writer

the architect felt obliged, probably owing to the demand of the community of Gallipolis for an institution of striking proportions, to group the buildings on a symmetrical plan, such as is frequently carried out in the public establishments for the insane. The Ohio epileptic hospital is built on the pavilion or cottage plan, a large number of these being grouped about the centre or administration building. It will therefore not meet in this important particular the requirements of a colony for epileptics, although in respect to provisions for school-buildings, shops and the like, an effort has been made to fit the institution for the particular kind of care needed by this class. The name of the institution for epileptics in Ohio is also unfortunately chosen, for it is called "The Asylum for Epileptics and Epileptic Insane." The corner stone was laid with appropriate ceremonies November 12, 1891, an interesting address and historical review being given by General Roeliff Brinkerhoff, President of the Ohio State Board of Charities. Three of the buildings were completed and made ready for occupancy in 1892 and nine additional cottages are now in course of construction, the last legislature having made a liberal grant for the purpose.

In California detached buildings are being erected upon the grounds of the California Home for Feeble-minded in Sonoma County, with the view of accommodating the epileptics dependent upon the State for pleasant quarters.

Active measures are being carried out also in Massachusetts, Pennsylvania, Wisconsin and Illinois, for the purpose of securing State care and separate provision for the same class of unfortunates.

Next to Ohio, the State of New York has manifested the most interest in her epileptic dependents and in the winter session of 1891–2 a law was passed by the legislature making the State Board of Charities a commission to select a site and prepare plans for an institution for epileptics. The law was authoritative in requiring the tract of land secured for the purpose to be four hundred acres or more in extent, and the whole scheme of buildings to be arranged on the colony or village plan. A committee of the State Board of Charities, consisting of Messrs. Oscar Craig, William P. Letchworth, and Peter Walrath, has been busy all of the past summer and autumn (1892) in examining a large number of localities which they were invited to inspect by the officers of various counties. In their report made to the legislature on Wednesday, January 11,

1893, the State Board of Charities unanimously recommended for the proposed colony a site in Livingston County, consisting of over eighteen hundred acres, the property of the "Shakers," now known as the Sonyea Society of United Christian Believers. The Shakers have dwindled in numbers to such an extent that they decided to give up this colony and rejoin the mother colony near Watervliet, N. Y. The land is beautifully situated in the Genesee Valley, near the town of Mt. Morris and in one of the finest regions of the State. It is exactly fitted to meet the wants of a model colony for epileptics. It is traversed by two streams. One of these, the Cashauqua Creek, flows through the middle of the land in a deep gorge with a fall of one hundred feet. This gorge and creek are of immense advantage for the complete separation of the sexes in free colony life. The supply of water is abundant and the conditions for good sewerage, perfect and adequate in every respect. The Western New York and Pennsylvania Railroad runs through the land and two great trunk lines, the Erie Railway and the Delaware and Lackawanna Railroad, are within a mile of the proposed colony. The soil is exceedingly fertile and well adapted for all manner of agriculture, horticulture, the production of berries and fruits for canning industries and the raising of garden produce and seeds of all kinds. It has some stone and brick-clay, which will prove useful in the development of certain forms of out-door employments. It already contains scattered buildings for the accommodation of three hundred patients.

The law which was introduced at the last session of the New York Legislature embodied provisions for the purchase of this tract of land, and also for the methods of management, government and admission of patients to the colony. As some of these may be useful to those interested in the establishment of similar institutions, a few of the chief points will be mentioned here:

The name of the institution is "The Sonyea Colony." Thus any direct reference to its object is avoided in the title. The word "Sonyea" is an old Indian word, meaning sunshine, and is historical in that this point was once the site of an ancient Indian village of the same name. For the present all insane epileptics are to be excluded, but, probably, ultimately there will be some building for the insane, especially for such as become mentally deranged temporarily while residents of the colony, since their removal from the happy influences of the community system to an

asylum for the insane would be very depressing and tend to retard rather than promote their recovery.

There will be nine managers appointed by the Governor, two of whom are to be women and two to be physicians. They are to represent the eight judicial districts of the State of New York, an additional member to represent the City of New York.

The colony is to have a medical superintendent, steward, matron, and such teachers and other assistants as are necessary.

The main object of the colony is to provide for the indigent epileptics of the State, but private patients will also be admitted to an extent to be determined by the Board of Managers. Epileptics of all ages are to be received and cared for; minors are detained by authority delegated by the parents or guardians; adults are free to go or remain, as they choose, there being no deprivation of liberty of any kind by methods of legal commitment, such as are necessary in asylums for the insane. The charge for maintenance of indigent patients is to be borne by the State and a limit of $230 per annum per capita is established by the law. But it is expected that the colony will eventually become, to a very great extent, self-supporting. Patients that become insane are to be sent to asylums in the districts from which they came, in accordance with the lunacy statutes. A special pathologist to reside in the community and devote his sole attention to the discovery of the causes and cure of epilepsy is one of the features ultimately contemplated in connection with this great institution.

This bill was, unfortunately, vetoed by Gov. Flower for reasons best known to himself and the humane measures for the relief of the thousand epileptics already upon public charge in New York State is therefore postponed for a year or two.

The care of the epileptic population is then to be summarized as follows:

All are to be treated in accordance with the usual regulations as to diet, hydrotherapy and medicinal agencies with the hope that in this way between one and six per cent. of them may be cured and the disorder in a larger per cent., ameliorated.

Out-of-door employment in agriculture and kindred pursuits is to be provided in abundance. All manner of trades and occupations are to be carried on in an epileptic community, organized on the village plan. Facilities for education are to be afforded to almost every extent.

Amusement and entertainment and the enjoyment of social intercourse are to be privileges from which no epileptic will hereafter be debarred.

In this way the happiness of a large number of these miserable creatures will be materially increased in spite of the distressing disease which they are called upon to suffer, usually for the whole of their lives: and though remedial agents applied to their malady may prove inefficient, their fate can never be as wretched or hopeless as it has been throughout the world heretofore.

Although it is not given to every epileptic to decribe his own sufferings, as Dostojewsky does in his novel "The Idiot," or to delight the world with music as did the epileptic, Handel, or with Comedy as did Molière, or with Poetry as did Petrarch, or with military exploits as did Cæsar and Napoleon, or with Religion as did Mahomet and St. Paul, still it is a consolation to those afflicted with this malady to know that epilepsy and genius may coexist and that the possession of the disease does not necessarily lead to mental and moral degeneration. The patient may not reach the highest position among mankind, but, under the new dispensation, he will not be withheld from any attainment in education nor prevented from exercising all of his capabilities for his own support and for his own welfare and happiness.

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THE COMMITMENT, DETENTION, CARE AND TREATMENT OF THE INSANE IN AMERICA.

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It was once said of Francis Bacon, Lord Verulam, that he rose above the horizon of knowledge high enough to take a wide view of the whole field without going so high as to lose sight of any of its details. Such a view of human knowledge in general is one that would be most appropriate to, and indeed greatly facilitated by, this occasion of a grand International Columbian Exposition, designed to furnish both object lessons and detailed information upon almost every subject of human interest.

But *non omnes omnia:* and in view of the necessary limitation of human faculties there has to be infinite division of labor in the various departments of human research and investigation. Nearly all these departments of knowledge concern in a greater or less degree the interests of civilization and the comfort and welfare of mankind; but that in which we are at present actively engaged yields to none in the difficulty and abstruseness of its studies or the momentous issues to society of the labors and resources expended upon it.

If the poet said "The proper study of mankind is man," it must be admitted that this marvellous human organism has this in common with the external world of nature, that it yields up the mysteries of its working only to the most patient and unremitting toil, if, indeed, in some departments it yields them up at all: for it must not be forgotten that the crucial questions of our specialty lie in that borderland of psychology and physiology as to which Prof. Tyndall, in his famous Belfast address, said that "the passage from physics to the phenomena of consciousness is unthinkable."

It is not necessary, however, that I should point out in this presence the many signs of definite results gained or likely to be

gained by the studies of recent years in this department. The specific topics assigned me on this occasion are the Commitment, Detention, Care and Treatment of the Insane.

COMMITMENT.

Two facts are now almost universally recognized in our profession, if not universally acted upon by the public, as is certainly desirable.

First, that insanity is always a disorder or disease of the human organism; *second*, that it is a disease that very speedily, if not taken at the onset, "takes a set" in the human system, or, as we say, becomes *chronic* and difficult, if not impossible, to cure.

The general conviction of insanity as a disease is shown in the modern tendency to change the old name, lunatic asylums, to that of hospitals for the insane by legislative enactment. No longer are they looked upon merely as places of custody and restraint of liberty for fear of the harm their inmates may do when at large, but as institutions for treatment and cure of disease with the application of medical science and under the direction of the best medical skill and judgment to be had. With this hospital conception of our institutions, recognized by law, their privileges should be accessible to all the unfortunate victims of this disease as their right on the shortest possible notice without let or hindrance arising from compulsory compliance with irksome, unnecessary and sometimes humiliating legal requirements. Immediate treatment is of higher obligation than any mere documentary and elaborate forms of law. The natural reluctance of the patient to admit his insanity and the dread of publicity with a sense of shame or quasi disgrace on the part of friends and family are all sufficient causes of delay in a case without adding to them a series of legal proceedings which, even to an ordinary outsider, bear too much the stamp of a criminal prosecution, and in the ordinary patient only serve to exacerbate his disease. Too much of our legislation seems to be based on the assumption of improper motives on the part of friends and relatives, as if it were to be expected that cruelty and inhumanity, instead of being the rare exception, should be the normal rule and state of things in civilized society. But a system of statutes founded on this supposition would be an insult not only to the community in general, but especially to the medical profession. Self-interest,

if no higher consideration, would make both family and physician alike chary of depriving a person of his liberty. No superintendent could have any motive to connive at an improper commitment, and even assuming the possibility of a corrupt official at the head of an institution, any conspiracy would have to involve many others both inside and outside of the institution.

As to this matter of improper commitment, Lord Shaftesbury, before the special commission of parliament on lunacy laws in 1877, who at that time had been permanent chairman of the British Lunacy Commission thirty-two years, held the following language: "I am ready enough to believe that when temptation gets hold of a man's heart he is capable of doing anything. But, I am happy to say, Providence throws so many difficulties in the way of these conspiracies that I believe conspiracies in ninety-nine cases out of a hundred to be altogether impossible. The number of certificates that have passed through our office since 1859 amounts to more than one hundred and eighty-five thousand, and of all those certificates I do not think so many as half a dozen have been found defective. I am quite certain that out of the one hundred and eighty-five thousand there was not one who was not shut up upon good *prima facie* evidence that he ought to be under care and treatment." And I am sure that all lunacy commissioners and practical alienists on this side of the Atlantic could bear similar testimony to that furnished by the experience of European countries. But on this subject undoubtedly there is urgent need of greater uniformity in legislation. And as to the mode in which this uniformity is to be brought about Pliny Earle wrote in the AMERICAN JOURNAL OF INSANITY for July, 1868: "The most that can be done is to affirm and reiterate some general principle that commends itself to intelligent approbation and to leave it to make its way among men of sense and influence, as all good general principles will, until it becomes the common sense of the community." Dr. Stephen Smith also in a paper before the National Conference of Charities* has made an able plea for unification of State laws and has shown how much can be accomplished for this cause by "affirmation and reiteration." Commenting upon the commitment of the insane by the examination and decision of physicians, which method obtains in the States of New York, New Hampshire, Georgia, Texas, Connecticut, Vermont, Pennsyl-

* See AMERICAN JOURNAL OF INSANITY, October, 1892.

vania, Rhode Island, Tennessee and the District of Columbia, Dr. Smith says: "In the commitment of the insane on the decision of medical men alone we have the highest development of this proceeding yet placed on the statute book. The true nature of insanity is fully recognized and the insane are removed from the category of criminals, and placed among that class of sick persons requiring only medical care and treatment." In some States (Mississippi, Texas, Wyoming and others) a public patient is committed on the verdict of a jury of laymen, no medical examination being required. This, to say the least, is a semi-barbarous method and involves the cruelty of making sick persons objects of curiosity and ridicule among public spectators. In Illinois, Kansas and Minnesota commitment is on the verdict of a mixed jury of laymen and physicians. The law requires that at least one physician shall be on the jury. This is only a shade less barbarous.

Dr. W. W. Godding says on this subject, "In considering the question of the existence of insanity the presence of a jury is not only not required but is often an embarrassment which defeats the ends of justice and causes harm and suffering to the insane. In aiding the court to form a correct opinion a jury could not be of service in any case where commitment is recommended by qualified physicians for the care and treatment of the insane."

In 1889 the jury law of commitment of Illinois had been in operation twenty-two years. From data obtained by Dr. Chapin* in that year it appeared that the average number of persons annually declared insane in that State was 1,500, and that the whole expense attending the proceeding in each case did not fall far below $20. On this basis, the services of 9,000 jurymen are annually required to guard in this manner the personal liberty of the citizens of Illinois at an expenditure of $30,000. The whole number of jurymen summoned since the passage of the law may be estimated approximately at 234,000 at a total cost to the State of over $700,000.

In the State of New York a sworn certificate of two physicians is required. Such physicians must be of reputable character, graduates of incorporated medical colleges, permanent residents of the State, in actual practice at least three years, and not con-

* President's Address, Association of Medical Superintendents, JOURNAL OF INSANITY, July, 1889.

nected with the hospital to which the patient is to be committed. These qualifications must be certified to by a judge of a court of record, and the names of all such qualified examiners must be on file with the State Commission in Lunacy. There must be a personal examination of the patient by the physicians, and the certificate must bear date of not more than ten days prior to commitment. The certificate must finally be approved by a judge of a court of record of the county or district in which the patient resides, who may at his discretion institute further inquiry or take proofs on calling a jury under the common law.

This process, which has been largely adopted in its essential features in recent lunacy legislation elsewhere, perhaps interposes as little hindrance or delay as any legal process can to the prompt and speedy commitment of the insane person to the care and treatment which he immediately needs. There is a vastly greater number of persons utterly lost to society and deprived of the capabilities of ordinary life by the shameful neglect and hindrance of those who should know better in the first and early stage of this disease than by all the mistakes or the undetected evil intentions of improper commitment that were ever known. If it had ever been possible to convince the public of this truth so as by law to prevent that fatal procrastination with which many wait until more violent symptoms have set in, and if the vast mass of chronic insanity which now crowds our institutions had been put under that treatment within three months of the attack, it is safe to say at least that our present plant for the insane would hardly have needed enlargement. The saving of human lives and human minds to the community would have been enormous.

DETENTION.

The question of detention is, of course, simply a medical question of the continuance of the care and treatment. In nearly every case we have ever known of a discharge on a writ of habeas corpus the judicial certificate of sanity, whether arrived at by the court's personal observation or by witnesses of miscellaneous character before it, was such as might have replaced the medical certificate required by law at the time of the patient's commitment. The subsequent history of such cases has seldom been calculated to add confidence in such decisions. With State Commissions in Lunacy, State Boards of Charities, local Boards of Managers, and

other supervisory bodies acting as a check upon medical officers, it is not likely, indeed it is impossible, that the just claims of patients to be restored to liberty could be unrecognized. In fact the tendency is now-a-days, in view of the crowded condition of our institutions, to err, not on the side of caution, but rather to discharge patients from custody before their mental health has been fully re-established.

Here, of course, it will be pertinent to consider the functions of such Boards as the British and American Commissioners in Lunacy. It is evident that the office of such Boards should be in the main simply supervisory. It is difficult to overestimate the benefit that may accrue to the service from the exercise of a proper central supervision. But the too industrious exercise of detailed and minute executive powers would be bound to give rise to much friction and practical difficulties. The scope of medical judgment should be left as wide as possible, while the necessities of the mechanical plant and maintenance may perhaps derive vigor and completeness from outside direction. On this subject Lord Shaftesbury (before quoted), before the same parliamentary commission, delivered his opinion as follows: "If you want to increase the visitations of the asylums, I would increase the visitation by the Visitors [in America, Managers] and by the House Committee. They have very great advantages because they know the character of every patient, and they know the character of the superintendent, and they can judge far better than any strangers can. Then, above all things, they have the power in their hands. We, in visiting asylums, have no power at all. We have only to examine and report. And it is very undesirable that we should have further power. It would only cause a great deal of bad blood and opposition, and I am sure that the success we have had with the County Asylums [in America, State Asylums] has been entirely because we have done everything by persuasion, by the force of experience and constant observation, and we have never exercised any authority. We never had any to exercise, and it would be most unadvisable to give us authority." If the superintendent is to be merely a medical clerk, subject to some remote central authority, the grade of such officers must suffer in the appointment of men whose ambition would scarcely be satisfied with such meagre opportunity for exercise of individual ability, skill and judgment in the conduct of a hospital. It would have a tendency to cramp

rather than develop. A stunted uniformity is not the law of progress. What Dr. Godding has called "the day-book and ledger plan" of caring for the insane can never promote the growth of an enlightened system of public charities, though it may answer the ends of a centralized bureaucracy under an imperial government. This kind of thing almost always degenerates into a dull perfunctory round of duties, such as Dickens mercilessly caricatures under the symbol of red tape, in which nobody is supposed to know anything except what lies in his own immediate line.

It is particularly for this reason also that we must deprecate politics in asylum management as the greatest evil of the day in the administration of State charitable institutions. In the political world the emoluments of office have usually been regarded as of more importance than the responsibilities and work of the office itself. In the rivalry of political parties it is extremely difficult to restore the moral standard of a true proportion between the honors and emoluments of office and the conscientious discharge of the work and duties expected of it.

In this matter of politics in charitable institutions, I regret to have to say that this State of Illinois has furnished a palmary example of the mischief. The notion that medical officers of hospitals for the insane are the pensioners of a party and not the servants of the whole people seems to die hard. It may be true that in this State the course of the Republican party during the long period of its dominance has afforded some excuse for such a course so far as one wrong may be said to justify another, but so far only. Within recent years the superintendent of one of the hospitals for the insane in this State was driven out of office with little or no pretense of concealment of the fact that the ground of his dismissal was his lukewarmness in partisanship, and, but for the fear of disregarding obligations imposed by considerations of tact and good taste at this time, one might instance more recent examples. We expose ourselves constantly to the ridicule of the entire civilized world outside of our own country in seeming to entertain the idea that a man's political views have anything to do with his professional competency. It is the view that the salaries of these officers are not primarily the reasonable compensation for honest and faithful discharge of their professional duties, but the reward of their activity in an entirely different field that allows

people to view with approval or indifference such changes entirely without regard to the merits either of those who are turned out or those who are put in. The pernicious effect of such a policy is so plain that we should feel that we were insulting the intelligence of our hearers by arguing the question. Men whose aspirations are for professional eminence and usefulness will hesitate about accepting positions in which such qualities count for nothing. Even if competent men are secured, they are sure, in a State in which parties are pretty evenly balanced, under such a system to be turned out before they have acquired the experience that will enable them to do their best work. The inevitable tendency under such conditions is to the filling of the offices by men whose only object is to make money out of them and who, knowing that the time is short, will "make hay while the sun shines."*

It is largely on the same lines that we may speak here of the Boards of Managers or Trustees of our State Hospitals. The kind of men desirable for such positions are such as we would call men of affairs with sufficient knowledge of what the public requires, and especially the quality of benevolence and sympathy with common humanity. On no account should the offices be salaried. But it is not difficult to find men in every community willing to give their honorary services as their contribution to the cause of charity. Moreover it is a vast benefit to the various localities of the State where these institutions are situated to develop as widely as possible the local spirit of unselfishness and practical benevolence and to enlist the interest and pride of many localities in the honor of the State in the support of its numerous charities. The local Managers too are able to gain a more intimate knowledge of the detailed affairs of such an institution, standing between the superintendent and the public, and are able to give such information to outside inquirers in regard to internal conditions as an occasional visiting officer from a distance could not render. It is evident that the more sordid politician can have no use for such a place and position or no claim upon the Governor of the State to appoint him to it. To constitute Boards of Managers in such a manner would only be a stepping-stone to the fatal policy of abolishing such local trusteeship altogether and establishing in its

* See "Are Asylum Physicians Party Pensioners?" AMERICAN JOURNAL OF INSANITY, April, 1893.

place a sort of official oligarchy at the seat of government to administer the charitable system of the State on a plan too much assimilated to that of its penal system.

Under this same general division of the subject, let me refer to the enlightened policy of New York in the inclusion of medical appointments at State Hospitals in the Civil Service system by requiring competitive and non-competitive examinations as a condition *sine quâ non* to preferment. Although the latter plan may not be always satisfactory in results, it being difficult or impossible to test by examination the moral and all-around fitness of a candidate for appointment, yet great improvement is likely to follow from the recent adoption of a medical interne system under a scheme recently suggested by the New York State Commission in Lunacy and promulgated by the Civil Service Commission. Under this arrangement a medical superintendent may appoint "physicians who are graduates of not more than two years' standing, of a legally chartered medical college, such as is recognized by the University of the State of New York, such appointees to be known and designated as Medical Internes, the number of such medical internes not to exceed two in any one hospital."

It is perhaps unfortunate from the scientific point of view—science having nothing to do with State boundaries—that candidates for the medical service in the State of New York should be required to show a residence of at least one year in the State. It would seem that the *bona fide* intention of the candidate to reside in the State should be sufficient. The present restriction practically excludes from medical service in the State of New York, in a department of work in which it is desirable to procure the highest talent, all residents of other States, no matter how extraordinary their qualifications.

By a recent act of the legislature all the insane in the State of New York are made the wards of the State and the dependent class are all provided for in the hospitals which are arranged for all classes of cases both chronic and acute. The policy of asylums for chronic cases exclusively is now abandoned and all her institutions are now what have been called "mixed asylums." After half a century of endeavor, New York has all but succeeded in making provision for all her dependent insane. In the kind of construction followed under this new law, which limits the *per capita* cost for new buildings to five hundred and fifty dollars,

including furniture, the State of New York has realized the force of Dr. Godding's dictum, picturesquely expressed in an address before the Conference of Charities a few years ago: "There is to be less laying of corner-stones with appropriate ceremonies, but more ordinary brick-work; building to anticipate rather than follow the needs of the insane, and so, with no flourish of trumpets, but silently keeping step in the march of human brotherhood round the world." But there is some danger that in the vast mass of chronic insanity acute or recent cases may be neglected. The next step should be improved provision for the recoverable insane. The best efforts of the medical and nursing staff should be concentrated in the *hospital* block upon hopeful cases. The rude touchstone of expense should not for a moment be considered as a test of the desirability of such provision, but, on the contrary, nothing should be omitted, whether in construction or equipment, that makes for the recovery of our patients in the incipiency of their disease. Such a service should embrace all the adaptable features of the modern general hospital and have placed at its disposal the picked nurses of the institution. It should have facilities for classification sufficiently minute to provide, if necessary, for the isolation of individual cases. It might also contain an observation ward into which all new cases, with few exceptions, could be first admitted. Preferably such a hospital block should be situated near the main building within easy access of the medical officers, so as to insure frequent visitation throughout the day. Given such enlightened provision, one might easily conceive cases of insanity admitted to its wards and going on to rapid recovery without subjecting them to a contact with the great mass of chronic insanity, which so often has such a depressing effect upon recent cases. I understand that this idea is now being carried out on a scale of magnificence unparalleled in this country in the new building now in course of erection at Waverly near Boston, to take the place of the old McLean Hospital at Somerville. The first State institution to thus provide for its public insane will probably be that to be erected at Massillon, Ohio.

In this connection one might mention the out-patient department for mental cases, in conjunction with the Pennsylvania Hospital for the Insane. This service was begun in October, 1885, in the building known as the out-patient department of the Pennsylvania Hospital at Eighth and Spruce streets, Philadelphia. It was

suggested to Dr. Chapin by the fact that there were frequent applications for admission to the department for the insane of patients presenting an early physical impairment and nervous prostration culminating in insanity. They were mostly young men and women engaged in mills or in stores. It seemed that many of these persons, with proper attention and advice, could have escaped the attack of insanity. It was believed that in a city with a population of one million there were many cases of incipient insanity, if they could only be reached, that might be relieved without treatment in a hospital for the insane. In every dense population there are, of course, many such cases. There is also a necessity for a place where information about the commitment of the insane and about the insane may be furnished. This service has been rendered by the four assistant physicians of the Pennsylvania Hospital for the Insane, serving three months alternately, on two afternoons of every week. The number of new cases of the class for whom the service is designed that have come to this out-patient department has averaged about thirty yearly and the number of visits made by each patient six. Soon after the service was established a similar one was begun in several places in the city of Philadelphia. When the proposition to establish this out-patient department was first discussed it was expected that a large number would apply, as it seemed it might meet a much needed want. This expectation seems scarcely to have been realized by the experience of eight years, but it must be borne in mind as an incident of the establishment of new dispensary services elsewhere that the popularity of a new department increases slowly. Every year a number of patients have been cured and saved a journey to the hospital for the insane. It is found to be a constant embarrassment, however, that the persons applying are poor and have no money to spend on good food, medicines, rest, change of scene, etc. On the whole, the Board of Managers of this enterprise feel encouraged to continue what is believed to be a good work, as the more thought that is given to it seems to lead to some new field of promise for unfortunate, hard overworked persons who are poor and apt to succumb to mental strain.

I take pleasure in entering somewhat into detail on this subject, not so much in order to claim priority for outside dispensary work for the Pennsylvania Hospital for the Insane, but because it seems to be little known, and a recent article on the subject refers to,

as something new, work in England of a similar kind that was undertaken subsequently to the dispensary service of Philadelphia. Alas! it happens too frequently in New York City that when her physicians sweep the horizon of recent achievement they find it convenient to wear a green patch over the eye that rests on Philadelphia.

I may refer here also to the desirability of a system of paroles or leave of absence as a means of testing the patient's mental poise before final discharge. Very often patients do very well under the discipline and routine of a hospital, but may relapse when again subjected to the conditions at home under which the attack arose. This plan saves the expense and annoyance of a re-commitment, besides having a restraining influence upon the patient. There is no statutory provision for a furlough in the State of New York.

The draft of a bill for an act to revise the law relating to the commitment and detention of the insane in Illinois, which bill is the result of an exhaustive study of the lunacy acts of all the States and Territories, and in its present form has received the endorsement of both the judiciary committees of the 37th General Assembly, wisely provides for furloughs as follows: "Authority is also vested in the Trustees to release patients on parole for any term not exceeding three months, and if not returned to the institution within that period, a new order of commitment from the county judge shall be necessary in order to the readmission of any such paroled patient to the institution." By the terms of this section, the authority to discharge may be delegated by the Trustees by a formal vote, entered of record, to the Superintendent, under such regulations as they may see fit to adopt. A similar law in operation in the Province of Ontario has proved of inestimable advantage to the insane.

Boarding out.—Is it adapted to this country? On the whole, I believe the experience of Massachusetts has been favorable, although the difficulties of proper supervision must be vast. It has been rather forcibly objected that the rights of another generation are sacred, and that "it is an outrage to shadow the susceptible years of childhood with a lunatic sitting on the hearthstone," but the experience of a quieter and less restless civilization than ours, such as that of Scotland, may furnish a different experience on this subject.

Correspondence of Patients.—Correspondence of patients has always been a *quæstio vexata* with us in New York. The maximum of freedom is allowed consistent with the welfare of the patient and of society. In New York the following rule of the State Commission in Lunacy obtains:

"ORDERED:

1. That each insane patient be permitted to write to some relative or friend once in two weeks, and oftener if necessary, in the discretion of the medical superintendent. In the case of patients unable for any cause to write, the medical superintendent must direct some proper person to write for such patients at suitable intervals, if they so desire. All letters must be forwarded at once, unless they are obscene, profane, illegible or too incoherent to be understood, and the postage must be furnished by the institution, if relatives or friends are unable to provide the same.

2. All letters detained because of obscenity, profanity, or for other reasons, must be forwarded at once to the office of the State Commission in Lunacy, and reasons for the detention must be briefly stated in each case by endorsement upon the envelope.

3. All letters addressed to the Governor, Attorney-General, Judges of Courts of Record, District Attorneys or the State Commissioners in Lnnacy, must be forwarded at once, without examination."

In practice this rule has been found to act fairly well except where patients, availing themselves of the privileges under Section 3, send letters to unauthorized correspondents as enclosures within an envelope whose sanctity of seal is respected because addressed to one of the public officers therein enumerated. Every institution has its patients bent upon making mischief, some of whom may always be relied upon to bear this Section in mind. In connection with this matter, and along with the rule above cited laid down by the State Commission in Lunacy, we quote their remarks in their third annual report: "All who are engaged in the care and treatment of the insane, know how often it happens that the language of insane persons, particularly women, who, when sane, are most exemplary in speech and conduct, becomes, as

a result of their disease, vulgar, profane and even obscene; and that these unfortunate tendencies are quite as liable to manifest themselves in the writings of such patients as in their oral expressions; hence, to permit them to freely expose their morbid mental aberrations to whomsoever they may elect, would be a cruel, if not a brutal, wrong to the patients themselves as well as to their friends. In fact, all who are practically familiar with the subject, are aware of the importance of protecting such patients from their own insane follies, by detaining letters of the kind referred to. It would not be difficult to imagine the sense of humiliation, shame and disgrace which a naturally modest and refined man or woman, on recovering from an attack of insanity, would experience upon knowledge of the fact that, while in a state of mental irresponsibility, he or she had been allowed to thus expose and parade his or her mental vagaries to the outside world, through letters to chance acquaintances or perhaps to entire strangers.

Then, too, the relations of the insane—parents, wives, husbands, brothers and sisters—ought to be spared the annoyance and chagrin which the enactment of such a law would impose upon them.

Moreover, instances have been known where poisonous drugs, and even dangerous weapons, have been surreptitiously transmitted to patients by the mistaken kindness of friends, although it may be stated that this probably has rarely occurred, except in the cases of persons confined upon 'criminal orders.' It also frequently occurs that in efforts to escape, persons of means who are visited by insanity, address communications, or would do so if permitted, to all sorts of people, inviting them for a moneyed consideration to aid them to escape, and thus innumerable law suits and difficulties have arisen. It is clear, therefore, that some regulations upon the subject should be provided, whether by statute or by the order of some executive body, may be a question."*

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* [NOTE.—Since this paper was read, Assistant Attorney-General Thomas, of the Post Office Department, has delivered an opinion on this subject to the New York State Commission in Lunacy, under date February 8, 1894, as follows: "As per request made by Assistant Attorney-General Whitney I have to enclose herewith a copy of the ruling referred to in the newspaper clipping presented by you, covering the disposition of mail matter addressed to prisoners confined in county jails and awaiting trial upon indictment.

The specific case passed upon, wherein the question of delivery of mail matter to insane persons was considered, has reference to a person certified to be *non compos* by several physicians and confined in a county asylum, but whose status as a sane person had not been passed upon by a court and jury.

As a general rule, it may be stated that if a person has been adjudged insane by a court of competent jurisdiction, by which a conservator or manager of his business or a

CARE AND TREATMENT.

Under the head of care, we may say that the most notable advance of recent years in our specialty has been the establishment in many of our institutions of training schools for nurses and attendants, and the employment therein of those who have had the benefit of this special course of instruction. Wherever honestly tried, the results have practically exceeded the most sanguine anticipation. Although this subject properly belongs to another section of this Congress, and has also been treated in a separate paper by Dr. Burr, it may be proper to refer to Dr. Cowles' paper at the Seventeenth General Conference of Charities at Baltimore in 1890, which shows the far-reaching benefits of the system among the general community and the practical aid it is to the medical profession. Of course, it is not a matter of mere by-play and amusement, and it is most important to cultivate the spirit of earnestness and thoroughness in this kind of work and not to be satisfied with the mere tinsel of graduating exercises and other superficialities.

Too much cannot be said of the modern method of caring for the helpless insane on the congregate plan in large dormitories, day rooms and service rooms especially adapted for the management of this otherwise troublesome class of cases. In the first place, much has been gained by removing such patients from the general wards, where they were an eyesore and offense to their less demented fellows, and, in so far, a hindrance to recovery among the recoverable insane who were forced into an association with them. Now, with suitable structural arrangements, and a special corps of nurses to wait upon such patients hand and foot night and day, it is astonishing how much has been accomplished to create habits of order and cleanliness, and how much the general welfare of the whole hospital has been promoted. To those members of the Congress who are interested in the care of this class of patients, I may

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guardian of his person has been appointed, all mail matter addressed to such person should be delivered to such conservator, manager, or guardian or according to the latter's direction. In case a person be adjudged insane or an imbecile by a court, and he be confined in an asylum by order of a court and there be no conservator, or manager of his business, or guardian of his person lawfully appointed, then mail matter addressed to such person may be delivered to the keepers of the asylum.

The jurisdiction of the Post Office Department as a carrier over such mail matter may be said to cease when such delivery is effected. Of course, it must be recognized that the authorities of such institutions are required to exercise a proper discretion in the matter of delivering mail to inmates, and in preventing the transmission of letters intended for delivery by such inmates to outside parties, especially so, when the interests or recovery of patients might be endangered or the safe administration of the affairs of the institution interfered with."]

say that in the Anthropological Building of the World's Fair may be found a model of such a group of infirmary buildings erected at Utica, N. Y., under the State Care Act, and opened in the fall of 1892. The model was made accurately to the scale of one-quarter of an inch to the foot by a patient of the institution.

The word "treatment" almost invariably suggests to the lay mind the idea of drugging. It is hard to dislodge the calomel and jalap conception of treating disease by the introduction of nauseous compounds into the *corpus vile* of the hapless patient. It is a relic of the same mediæval mysticism that gave point to the caustic satire of Molière's medical comedies and enabled Sganarelle to expel his "peccant humors" and that, in recent times, has put much gold into the pockets of certain shrewd practitioners, however little of the precious metal may have found its way underneath the skin of the habitual drunkard. *Mais nous avons changé tout cela.* So great an authority as Dr. Clifford Allbutt said two years ago,* in discussing the proposed hospitals for the treatment of the insane, suggested by the London County Council, "The fact is, gentlemen, this desire to reinstate treatment by medicine is a retrograde tendency. Modern therapeutics are marked, not by the multiplication of medicines, but by a gradual restriction of their field." And to those general practitioners whose cry is for more physic for the insane, he would put the awkward query, why they so constantly fail to cure their insane patients outside of an asylum, and how it happens that even those of them who have seen much of insanity are the first to impress upon people the futility of such outside treatment and the need of early removal to an institution for the insane.

True, great advance has been made in the line of sedative and hypnotic remedies as the result of painstaking research, but, using the word "treatment" in its most comprehensive sense, the most marked progress has been made in securing for the patient the environment, physical, mental and moral, proper to his restoration. No longer the victim of drastic experiment in pharmacodynamics, greater attention is now paid to his diet and personal hygiene. He is better "groomed" if one may use the expression, than ever before. Conspicuous and pre-eminent among these modern methods of treatment is the provision of systematic and diversified occupa-

* The Proposed Hospitals for the Treatment of the Insane, *Journal of Mental Science*, October, 1891.

tion. The idea is probably as old as the disease itself. Fifty years ago, Dr. Brigham, the first superintendent of the Utica State Hospital, a man far in advance of his age, had his shops in considerable variety, and his contemporary, that great man lately deceased, Pliny Earle, also promulgated sound views on this subject. So long ago as 1867,* he ridiculed the idea of a mollycoddling optionalism in the application of this potent agency for the patient's cure, and the deference of the physician, supposed to be rational, to the judgment of the patient known to be irrational. Then, as now, there were patients who at a certain stage of their disorder could be cured by labor and apparently by nothing else—patients who, in the absence of suitable occupation, became apathetic and incurable and often dragged out their lives listless and imbecile by reason of the neglect to provide this kind of treatment. The query suggested itself to Dr. Earle then, "Why is it that the only medicament which, as it is believed, will effect a cure, is not prescribed and administered?" And this same question is to-day being propounded to progressive Managers and Superintendents all along the line. The answer may perhaps be found in the niggardliness of State legislatures to provide proper workshops for this kind of treatment, but, more frequently, I believe, the explanation lies in the timidity of superintendents to urge, if not coerce, those patients whose objection lies in the often heard excuse, "I did not come here to work. If I can work here, I can work at home and be paid for my labor." Neither proposition is necessarily true, coming from the lips of an insane patient. As a matter of fact, much work can be done by patients, under proper supervision, in a well organized hospital, that would be impossible of performance outside, and labor, like virtue, is its own reward.

I would here dwell upon the advisability of finding, and obtaining sanction for the use of, a market for the surplus product of patients' labor, and thus enable them to contribute to their own support while being maintained at public expense. Any hospital with a mass of able-bodied patients at its command can soon accumulate a surplus of mats, brooms, brushes, willow-ware, and the like. The strong and fearless arm of philanthropy should protect institutions against a bullying at the hands of ignorant selfishness when organized labor interferes with the proper treatment of afflicted humanity.

* See JOURNAL OF INSANITY, October, 1867.

Opportunity may also be taken here to refer more particularly to the great value of printing and book-binding as avenues of useful and congenial labor for nimble-fingered women. This occupation meets very nicely the requirements in furnishing mental as well as physical stimulus to the insane. Hospitals for the insane might be permitted to do not only all their own printing, but also much of the printing required by the State elsewhere and now done at public expense. They might, perhaps, print and bind Transactions of Congresses such as this. If I may be pardoned for referring again to the Utica State Hospital, I might state that the institution has a printing office measuring 26 feet by 69 feet 6, in which as many as ten women patients have been employed in typesetting during the present year. This office has already outgrown its quarters. Nothing in the way of occupation has furnished more satisfactory results than this department, and I am convinced that much saving could be accomplished to the State and incalculable benefit provided for its patients by establishing a printing office and book-bindery in every large institution for the insane throughout the country, provided always that such facilities as I have indicated be extended either by the State or private encouragement. In thus extending the usefulness of shops, it would not be necessary to "breast and buffet the breakers of public opinion." Public opinion never arrays itself against the sick and the oppressed. It would only be necessary to point out the way. Public opinion would take up the cry, and such cruel demagogism as would antagonize the movement would meet with public execration. Then, the ghost once laid, there would be no excuse anywhere for failure to have recourse to restorative labor in every asylum in the land, and it would no longer be necessary for superintendents of hospitals to "annoint their consciences with the balsamic oil of belief that of two evils they choose the less."* The State of Michigan, generally in the forefront in progressive movements, has decreed by act of the legislature that her superintendents *shall* provide employment for patients. Here is a provision that the State of Illinois might well introduce into the draft of her new lunacy bill.

When we reflect upon the effects soon discernible in the nervous system in men who retire from business late in life, often resulting in fatal collapse, it is entirely consonant that persons who have been accustomed to more or less steady occupation all their

* Pliny Earle, loc. cit.

lives should not be completely cut off and sequestrated from it, so long as they have bodily vigor sufficient to be called into play. There can be no doubt that such exercise, both physical and mental, in due proportion, exerts a wholesome influence upon those parts of the organism which are disordered and tends to the restoration of healthful functions.

In short, for the public mind to form a clear conception of what is best among all these points of treatment or hygienic management, it requires that the public mind should be more fully enlightened as to the nature of the disease of insanity itself, until it shall no longer be looked upon as a supernatural visitation or some strange and unaccountable happening for which confinement and restraint are the only remedy, but as a disease which has its causes either in the hereditary diathesis of the individual or the accidents, abuses or the sanitary sins of life, and must be dealt with on the common sense principles of restitution and repair when the evil has not passed the boundaries of a salvable vitality. Such a presentation of the subject *ad populum* has hitherto been a great desideratum which, it seems to me, has been amply supplied by the Secretary of the Board of State Commissioners of Public Charities of the State of Illinois, the distinguished Vice-President of this Congress, in the second chapter of their twelfth biennial report, published within the last month, and which chapter, I here take occasion to say, is well worthy of being printed as a tract for general circulation for the better information of the public on this department of organized charity.

PROCEEDINGS.

The sessions of Section IV, on Commitment, Detention, Care and Treatment of the Insane, were held in Room XXII of the Memorial Art Palace, Chicago, Ill. The opening meeting was called to order by the Chairman of the Section, Dr. G. Alder Blumer, of Utica, N. Y., at 2.30 P. M., Monday, June 12, 1893.

Dr. BLUMER. Ladies and Gentlemen—As long ago as the days of the Babylonian Empire, founded by that mighty hunter who set himself to investigate how far and by what means his human wit could subjugate the brute forces of this planet upon which his race had recently been planted, it was expressly predicted that after the lapse of ages—in latter days—men should run to and fro in the earth and knowledge should be increased. Of these results it is needless to conjecture which is first in the order of time. The increase of knowledge has given leaps and bounds to the means of locomotion, while this phenomenal gathering and its world accumulation of objective exhibits sufficiently testifies how this universal circulation of humanity constantly adds to the vast sum of human knowledge.

Ladies and Gentlemen, it is not our immediate neighbors, our own kith and kin alone, it is not our own blood and race alone—it is not the people of our own language and nationality alone that we welcome here on this occation. It is the votaries of knowledge from every clime—that knowledge which is the beneficent blessing of mankind that we greet here to-day where the "westward star of empire" is tarrying now for this "whole boundless continent of ours," for to-day we may excusably feel as if our American patriotism were cosmopolitan.

Neither is it for the mighty demonstration of mechanical and engineering power—the innumerable handiwork of inventive genius—the countless trophies of a boundless commerce and an inexhaustible industry, or the bewitching phantasmagory of human skill and genius in the endless creations of Fine Art and Literature we come to contemplate. What we welcome here to-day with heartiest greeting are the representatives of humanity in its highest sense—those departments of science that are devoted to the study of human ills, the alleviation of human suffering, the amelioration in every way of human conditions.

Assyria, Egypt, Greece and Rome had their vast achievements of human labor, their monuments of wealth, of commerce, architecture, art, and military glory. What are all these to the victories of science over every form of human disability? What are the bursting coffers of commerce to the benign gifts of philanthropic science, to the welfare of mankind both in body and

mind—our true wealth, according to the original meaning of that sterling Saxon word?

Most heartily then I welcome you as fellow-workers in that field of charity and philanthropy which has been assigned to Section IV of this International Congress, viz., The Commitment, Detention, Care and Treatment of the Insane.

Dr. Blumer. None of the gentlemen whose names appear on the programme of the first session being here, except Dr. Burr, Superintendent of the Hospital for the Insane at Pontiac, Michigan, I will call upon him to read his paper upon "What Improvements have been Wrought in the Care of the Insane by Means of Nurses' Training Schools?" (See page 124).

Discussion.

Dr. Bannister. In regard to the training of attendants upon the insane, I might call attention to one or two practical points, where the system, as I observed it, lacked absolute perfection. I have not observed the tendency to make the attendants more permanent employés of the hospital. The training is of decided advantage to the attendants, many of whom find it comes into play in outside work and they leave the institution to do better elsewhere for themselves. Moreover, something more than training is required to make a good attendant, and I have seen bright graduates of the training school necessarily discharged. In view of such events, I have thought it might be a good thing if the diploma of the training school bore a statement that it was not, of itself, necessarily a certificate of fitness for the duties of an attendant.

Another point, from which I found some inconvenience, could probably be remedied. Only as many attendants are employed as are required to take charge of the patients. Their time off duty is considered by them as a part of their pay, or as a perquisite, and complaint was sometimes made to me that this was trenched upon, though I cannot say always justly. I have noticed, however, that it was not always easy to arrange training school details and still leave the wards properly manned, and give the patients their regular outings. I have seen a great many benefits from the establishment of training schools, and do not wish anything I say now to be taken as criticism of the system.

Dr. L. L. Rowland, Medical Superintendent of the Oregon State Insane Asylum. Although an asylum superintendent of only two years' experience, I feel that I ought to say something in this connection. It is not, however, my expectation to impart instruction; for the object of my presence is to obtain information. Nevertheless, replies to suggestions or even objections, are oftentimes the best teachers. It may not be deemed improper, therefore, to call such into requisition.

We, too, have been urged to establish a similar school of instruction in connection with the work of our institution. But our experience with trained attendants from other institutions has been neither encouraging nor by any means satisfactory. Perhaps these are of the "floating popula-

tion" who "go west." If so, we, who are within sixty miles of the Pacific Ocean, are likely to have the services of just such nurses tendered us. However this may be, these "trained attendants" seem too often to be controlled by the impression that they can legitimately be rough with our patients. Very largely the discharges from our asylums are for cruelty to patients. I am sorry to say that these persons, with others, have had to go for just such improper conduct. Too frequently, with their other acquirements, they have learned the "tricks of the trade." On the contrary, however, we obtain from you some most excellent trained nurses, who never have occasion to make an excuse or an apology. They are masters of their calling; they give perfect satisfaction, so far as such is practicable. I wish, however, that some means could be ascertained and applied by which trained nurses could be suitably impressed that they must not be rough or cruel to patients. For with us, if an attendant strikes a patient, however plausible the explanation or elaborate the apology, he is regarded as cruel. This the people rightfully will not tolerate. Therefore, it is currently understood that he who strikes a patient "must go."

Now, another thought: If we could find the time for teaching our own nurses in our own institution, it would be especially beneficial to us; for we have attendants who have been there ever since the first establishment of the institution. With us no nurse is removed excepting for cause. Of course, simple inefficiency may be a sufficient cause. It is true, I believe somewhat with the gentleman last on the floor, that attendants are born, not made by training. Nevertheless, this may be said of doctors and ministers and teachers, as well as of poets. At the same time, we all believe in trained or educated ministers, doctors and nurses. We have received, it is cheerfully admitted, great benefit from the training schools established by you, for which, I trust, we are deeply grateful.

Dr. C. B. Burr. How many attendants has Dr. Rowland engaged, who came to him with diplomas?

Dr. Rowland. I do not remember the number. It is earnestly hoped, I desire to add, that these remarks will not be taken in the spirit of unfriendly criticism. They are meant to urge only that nothing short of mental and moral education of persons adapted by nature to this peculiar work can afford suitably qualified attendants. All else are mere approximations to the proper standard.

Now, if we could adopt something whereby we might distinguish between the good and the bad—the worthy and the unworthy—those that are in character truly professional, and those that are inherently quacks, endowed with only "tricks of the trade," what a wonderful blessing it would be! But such a consummation is perhaps too much to hope for at present. Possibly, if attendants could, through their respective superintendents, obtain associational protection, similar to that afforded the physician and surgeon, by a sort of disfellowshiping of worthless wanderers, we might have something of a remedy.

Dr. Richardson. Mr. Chairman: The discussion has taken such a course, that I feel that I should like to say a word in reference to my position on the subject.

Some years ago I became very much interested in the subject of tact in the management of the insane. Now tact is something which, while it is a characteristic of the individual, yet is much developed by training. Tact alone, unless it is educated tact, unless it is experienced tact, amounts to but very little. Any asylum superintendent knows, in the first place, that there is a very great difference among attendants as to how rapidly and how readily and how thoroughly they learn their duties. He also knows that for the first three months of their stay with him his attendants do not give him very much benefit. They are without experience and consequently they can be of but very little use to him. I am afraid that the practice which the superintendent has evidently followed of getting his attendants from other institutions gives us the key to his opinion of training schools, and trained nurses. Good nurses do not leave their own institutions. Any institution will so treat its own trained nurses that they would not want to leave. If they leave to go into other institutions, there must be some other explanation of it. They leave to go into other work, they leave to get rid of work—they get married, but if they leave to go to other institutions, there is some reason back of it. I have made it a rule never to employ an attendant that has been in another institution. My experience has taught me that when an attendant leaves one institution to go to another, you want to be very chary about taking his statements about the cause of his leaving. Now tact is important in the treatment of the insane and a great feature in an attendant, but it is just as important a factor in the man that lays out the work of training the attendant. Some of the trained nurses have possibly been failures because they have not had the right kind of trainers. You cannot make this training very technical. If you do, you spoil the effect. You make an attendant think he is a doctor. He must always be taught that he is a nurse, and that what he knows about the insane is simply the laws of nursing in relation to the insane, that he is not a doctor or professional man; simply a nurse.

I cannot think that this training makes a nurse cruel, but it will not make a cruel attendant kind. A cruel attendant has something cruel in his nature and you can never make him kind. Any man who will deliberately ill treat an insane man has something cruel in his very nature and all the training you can give him will not alter him, and he should never be entrusted with the care of the insane.

Dr. BURR. I know the location of quite a good many—about four hundred and twenty-five of the six hundred and fifty-two graduates of American training schools. Of these, three hundred and thirteen are employed in the institutions from which they graduated. All that are known to be engaged in asylum work elsewhere are twenty-three of the whole number of graduates. Asylum men always feel an interest in their old employés, those who have done good and faithful service, and are very apt to keep a watch upon them, very apt to know where they are. I am much astonished that so many of them have got so far West.

Now there is nothing inherent in training school instruction in the work of training schools, that should make a person unkind or severe. There is everything, on the contrary, to soften the asperities of his nature, if they

exist, and to take away the little roughnesses from his character. I know that bad men and women, those who are unkind, become attendants. I believe, however, that in his work as teacher the superintendent gets an acquaintance with the attendants, with their habits and characteristics, which he could not otherwise acquire. I think in this way he learns about them, as he could not otherwise. He cannot know his attendants as he formerly knew them as an assistant physician, as he saw them every day and talked with them familiarly about their patients. It is only in some such close relation as this that he can know personally about their individuality and training. As I say, there are bad attendants, as there are incompetent physicians and incompetent members of any profession. But this mental training, if it is good for anything at all, will tend to develop the pleasant side of character.

I know that the training school takes time, as Dr. Bannister well says. But I believe that it is time well spent. I do not believe that the medical officers who are engaged with me in this work begrudge the time given to it. It is with them a means of growth. There is something about the work that is helpful to the teacher, as well as to the student. The physicians have never regarded it as time thrown away, and have been interested in the school ever since it was started. As to taking attendants away from their duties, it seems to me that if that is so, it is the fault of the school. Work can be so laid out that the work upon the halls is not interfered with. Our lecture days, for example, are Tuesdays and Thursdays; lectures and quizzes for an hour in the afternoon, besides an occasional talk or lecture in the evening for an hour after the patients retire; and the attendants have accustomed themselves to those conditions. We have not seen that it interferes with the work on the halls. There has been no complaint on the part of the attendants because they have been deprived of leave of absense. I very much regret the Doctor's experience with graduated nurses.

I agree fully with Dr. Richardson that the attendant who leaves one asylum with the purpose in view of going to another is not of the best quality. One leaves, perhaps, because he had got tired of the work and thinks that there might be another field for him to enter, and then concludes that after all, perhaps, the asylum field is as congenial to him as anything he can do. Such an attendant is an entirely different person. The "asylum tramp," the man who goes from one institution to another, is most emphatically a man to be avoided. I am not in the habit of engaging attendants who have seen service in other institutions, but hereafter, I shall make an exception in favor of the graduates of training schools, provided they bring with them their diplomas properly endorsed and renewed, as it were, by a statement of the faculty of the institution from which they come. The superintendent must exercise his judgment and make all inquiries possible about the men he expects to engage, and then, if matters turn out badly, it simply means another failure, such as are too often encountered in the professional world and elsewhere. For my part, I am not able to see what protection the country has from incompetent physicians to which the Doctor referred.

When the school was organized, we permitted admission to it to be elect-

ive with the attendants who had been there a long time. A large number signed for it and attended the first course. Of that number, twenty-one graduated. Some came up for graduation, but failed. As it is now arranged, we require all attendants at some period of their asylum work to take one course of lectures. We do not require anybody to join the graduating class, but he must take at least one course of lectures.

Now, as to the course of instruction and economy of time. Our subjects are thus arranged: One instructor takes subjects that are related in their nature: such as osteology, fractures, bandaging, exercise, massage;—another the respiratory system, foreign bodies in the air passages, drowning, nursing, pulmonary diseases:—the circulatory system, hæmorrhage, shock, syncope. The work is carried on in that way; taking the subjects consecutively retains the interest and does not produce a chaotic effect upon the student. In lecturing upon one subject one day and upon another very foreign to the first the next day, confusion is apt to arise. We try to avoid this by careful systematizing.

Dr. BLUMER. We have a very good system in New York,—a black list of discharged attendants which is issued from the office of the State Commission in Lunacy. Any superintendent in the country may procure a copy of such a list from the Commission.

One reason why the Doctor has had such a poor experience is, perhaps, that he offers larger wages than any other superintendent in the West. And so men and women go out there, not from any sense of duty, but from a mere mercenary view of the loaves and fishes to be had on the Pacific slope.

In the absence of its author, Dr. A. Campbell Clark, of the Glasgow District Asylum, Bothwell, Scotland, the Secretary, Dr. Richardson, read "The Future of Asylum Service." (See page 58).

DISCUSSION.

Dr. B. D. EASTMAN. There are some very interesting points in the paper just read. The asylum superintendent, or the superintendent of a public asylum, stands in many respects in one of the most trying places of the times. On the one hand, the great public are demanding that everything shall be done in the best possible way, and his own efforts are in the same direction. On the other hand the Legislature "sits down" upon his aspirations. When his appropriation bill comes up for consideration, the chairman of the committee on appropriations cuts it down. If twenty-two dollars a month is asked for wages of a kitchen man, it is cut down to sixteen and a half.

Another point in relation to the matter is the character of the persons who are willing to be attendants at the wages paid. We are obliged to select attendants from those who apply for such work. They are often uneducated persons, lacking a high appreciation of the amenities of social life and accustomed to speak roughly to each other. We have to do the best we can with such material. Besides, the work is very trying to those who at first

doing well, sometimes wear out and get irritable. By and by their temper gets the best of them and they commit some act which necessitates their discharge. In short, the superintendent is surrounded by pitfalls and difficulties on every side. If we could only bring some means to bear upon our legislators and make them understand what our requirements are, I think we could get them to do what we ask. It is not so much the rate payer who is responsible for all this parsimony as it is the legislator who wants to show that his session of the legislature appropriates so much less than some previous one.

Dr. BURR. I have been deeply interested in Dr. Clark's paper and feel that the points that he has given are of great importance. One thing that impressed me was the question of the staff getting above the grind and the routine of their daily work, which he speaks of with so much emphasis. It is of the greatest importance that the mind of the medical officer should be free and that his physical strength should be equal to the exacting work which his relations with patients impose; that when he goes on his rounds he should be cheerful. This is impossible if he is worn out with the constant routine of duty. We have been very fortunate in our State in relieving the medical staff of much of the work which, when I became medical superintendent, devolved upon them (note-making, correspondence, etc.) By utilizing the services of a stenographer for this work, the manual work no longer comes upon the staff. This is of the greatest advantage to the medical officer.

I was a little troubled about what Dr. Eastman said in reference to the character of attendants. It does not seem to me that his remarks do that loyal, earnest body of men and women justice. I don't think the Doctor meant that the application should be general. I know that with us attendants are, as a rule, of high character. They do not come from the highest walks of life, to be sure, but they compare favorably with people the world over. I believe that the average attendant, with us, has more consideration for the feelings of his patients, more interest in him, more downright sympathy for him, and does more honest work looking to that patient's future than relatives, as they average. The attendant has more toleration and sympathy for his patient's shortcomings than the friends, if the patient comes from the lower walks of life. I speak for a class that is often unjustly censured. I dislike to have any expression go forth that would make it appear that attendants are of an inferior character—a class that, in my experience, is earnest, loyal, and possessed of much more than the average intelligence.

Dr. RICHARDSON. This is a subject very interesting to us because it is one of the most practical with which we have to deal; this question of getting the best service out of attendants, because they are the main spokes of the wheel. Without good attendants, we can do nothing, and only with them can we be assured that we are doing our duty toward the insane. We cannot feel easy while we are in the charge of an institution unless we know that we have good attendants upon whom we can depend. As Dr. Clark says, no amount of training can take the place of the selection of the right material for attendants. I have been, unfortunately, in charge of two asy-

lums, and my experience illustrates the difficulty of securing good attendants. The first institution was in a small town, and we got all our attendants from the country. The wages which we paid were sufficiently large to distinguish this class from the ordinary domestics, almost as good as the country school teacher gets, if you consider board and washing. We got a very good class of country boys and girls, as good as I ever saw. They had not learned the tricks of city life, either in the asylum service or in other service, because the same tricks obtain in both cases, and the social status which that particular asylum employment gave them was looked upon by them as a step upwards. That I always found to be an advantage. Whenever we had to employ an attendant who thought it a humiliation, had seen something better, and had to come down to that, I found it very difficult to get the right sort of material. If you get the right kind of material and the right sort of home training, unsophisticated though he may be, uneducated though he may be, you can make a good attendant out of him. Now the difficulties are to give them the right kind of training. Training schools help that to a great extent, but there is a great deal that we have to do outside of the training school. There is a great deal in the example of the presiding genius of the institution, that can never be imparted in any other way. All the blanks and reports that you can make out can never take the place of the example and of the influence of the superintendent of the institution upon his employés. And, as Dr. Clark has stated, there are a great many directions in which reform is necessary.

I was glad to see that Dr. Clark complained of the same things that we complain of over here. I thought that Great Britain was so far in advance of us and had had so much longer experience, and yet he complains of the same troubles that we have here.

I am sure that when this paper is read, when it is published in the proceedings, it will be a sourse of profit to everyone.

Dr. Blumer. I want to say one word in criticism of Dr. Clark's excellent paper. He speaks somewhat disparagingly of "telltale clocks." Now, in my opinion, it is no reflection upon the service of an institution. It is simply a mechanical contrivance to take cognizance of human frailty. Moreover, it seems to me that Dr. Clark's very argument that the clock is capable of being tampered with, is a suggestion that, in those asylums in which tampering occurs, the detective system should be introduced immediately and be made as efficient as possible.

The next paper read was one by Dr. C. K. Clarke, Superintendent of the Rockwood Asylum at Kingston, Ontario, Canada, on the "Care of the Insane in Canada." In the absence of Dr. Clarke, the paper was read by the Secretary, Dr. A. B. Richardson.

Discussion.

Dr. E. E. Duquet, Superintendent of the Asylum at Longue Pointe, Quebec. It was not my intention to discuss this paper, but as Dr. Clarke makes some remarks about the Province of Quebec, I wish to say a few words in answer.

It has been my good fortune to visit the asylum at Kingston. And I must say that I have been pleased with what I have seen there. I have visited quite a number of asylums in England and on the continent of Europe, as well as in the United States, and I may say that I have seen no better managed asylum than that at Kingston.

The organization of the insane asylums in Quebec was commenced after that of Ontario. The asylum at Quebec, which was very severely criticized by Dr. Hack Tuke, has changed hands lately and a distinguished alienist, Dr. Vallée, has been placed at its head. He is engaged by the Government though the system is the same, the insane are farmed out, as before. Dr. Vallée is at work introducing the necessary improvements.

As far as the Protestant Asylum at Verdun is concerned, it is and has been a well kept asylum since it has been opened. Dr. Burgess is a very efficient officer, he conducts it on the non-restraint system, and I think it is as well managed as any asylum in Canada.

At Longue Pointe, too, we were very severely criticised by Dr. Tuke, but I think if Dr. Clarke were to call and see us now, he would find a great improvement. Since the fire, temporary buildings have been erected on the pavilion system. Though not as well organized as the asylum at Kingston, still we can claim that we have done a great deal in the right direction within the last few years.

I was very much pleased with the paper by Dr. Clarke.

The announcement was made of an invitation to the members of the Congress to visit the Chicago Hospital for Women and Children, at the corner of Polk and West Adams Sts., on Friday afternoon, June 16th, between the hours of four and six o'clock.

On motion, the section adjourned at 4.05 P. M. until Tuesday morning at 10.30 o'clock.

The second session of the Section was called to order at 10.45 A. M., on Tuesday, June 13, 1893, by the Chairman.

The Secretary, Dr. A. B. Richardson, read the paper of Dr. T. S. Clouston, the Physician-Superintendent of the Royal Asylum, Edinburgh, Scotland, on "The Lessons to be Learned from the Lunacy Administration of Scotland, 1857—1892." (See page 1).

Discussion.

Dr. Blumer. I am sure you have all shared with me in the pleasure of listening to the excellent paper by Dr. Clouston. If there are any remarks to be made upon the paper an opportunity will now be given.

Dr. H. P. Stearns, Superintendent of the Hartford Retreat, Hartford, Conn., then spoke as follows: Mr. Chairman:—It was my good fortune early in my experience of asylum life to examine to some extent the system which has been so clearly and concisely presented to you in the paper to which you have just now listened. It was also my good fortune to study

somewhat in detail the system of asylum management in Scotland as represented by Dr. Clouston himself, in the Royal Edinburgh Asylum, to which he had then just recently been appointed; and it gives me pleasure in this connection to express my great indebtedness to him for his courtesy and kindness.

It occurs to me that one of the most important elements as explanatory of the great success that has attended the Scottish lunacy system consists in what Dr. Clouston has called attention to near the close of his paper, namely: the smallness of the country and the density of its population. These conditions have enabled the commission to work with intelligence and to exercise such influence over the asylums in the different counties as would be impracticable in a country like the United States. In this country such a system could be adopted only in the very largest States like New York, Pennsylvania or Ohio; or in States where the number of the insane is quite large. Such a system in the smaller States, where the insane number only one, two or three thousand, would be impracticable from the expense that would necessarily attach to the organization and conduct of such a board. And even in the largest States, it seems to me there would exist danger of more friction than in some other countries. This arises partly from the conditions of society and partly from the limited tenure of office which exists in many States. The nature of the duties of the superintendent also sometimes leads to sensitiveness in relation to supervision to any great extent by parties outside. In this respect we can learn a lesson from what has been told us by Dr. Clouston in reference to the character of the supervision exercised by the Lunacy Commissioners in Scotland.

Another of the more important things that has been attained by the commissoners is the publicity that they give to the details and working of institutions for the insane. Misapprehension and suspicion are likely to arise in the minds of many people in relation to any public work that is carried on in the dark. By means of a properly constituted board of commissioners the whole system becomes a public matter and the public is taken into the confidence, so to speak, of those who are impartial in their relations to these institutions.

Another point of importance is the permanency of office. This pertains not only to the members of the commission but also to the superintendents of the asylums. It has enabled the board to carry out a policy in reference to the matter of psychiatry. It has enabled it to lift it far above the realm of politics and to develop a rivalry among the superintendents in securing the best results. How entirely futile it is to expect any such benefits to psychiatry wherever the tenure of office is temporary, such as exists in some of our States, we are all able to appreciate. It seems to me, Mr. Chairman, that, as we in America have made progress in the management of our institutions, we have proceeded along the same lines as those which have been followed so successfully in Scotland and which have been so concisely stated by Dr. Clouston in his paper. (Applause).

The question was asked by a lady in the audience as to whether the boarding-out system was not in vogue in Massachusetts forty years ago?

To this Dr. STEARNS said: The home system of New England is comparatively recent, and has been adopted since 1879.

Dr. HITCHCOCK, of the State Board of Lunacy and Charity of Massachusetts: Massachusetts has taken a prominent stand in regard to the boarding-out of the insane, no other State having adopted the system, as yet, I believe. We have met with some opposition and a great deal of delay. It has been in use some eight years—since 1885. Before that there was no such system. They were all kept in the public institutions, and we are trying to push the system for all it is worth. To-day we have about one hundred and seventy "boarders" out of the—say—six thousand three hundred insane in the State. Though we modeled it after the Scottish system, we find it very difficult to get places for boarding them out. The great difficulty is, that the patients who are fit to board out are the patients whom the superintendents really need to "help" in their own hospitals. Many people are willing to take these patients, but we can not find enough patients who are safe to recommend for boarding out. Only last week we heard of an insane patient boarding out who was chasing a girl around the streets with a knife. Such cases, of course, set us back. Whether the Scotch are more decent people, kinder and better men and women, or less excitable, I don't know. We can not find suitable patients enough to supply places which can be secured, and we are obliged to take back a great many that are not suitable.

We do not have trouble with the superintendents. If there is anything that does not suit us in our visits, we go to the superintendent. If he can not be reached quietly or without trouble, we go to the Trustees.

In the matter of open wards, nearly every State hospital has one or more of these open wards and allows the patients to go out pretty much at will. All our superintendents are pushing this matter as far as possible. But, for some reason or other, our superintendents are unable to open as many doors as they would wish, perhaps the type of insanity is too excitable, or certainly self-control is so far gone that it is not safe.

Col. HENRY STONE, of Boston. I notice the expression in this paper, "single persons boarded out." What does it mean?

Dr. BLUMER. It means single persons, not bachelors or spinsters, but single individuals in one family.

Dr. BLUMER. Of the numerous eminent foreigners who have shown an interest in this Congress no one has been more sympathetic than Mr. W. J. Corbet, of Delgany, County Wicklow, Ireland, ex-member of the British Parliament. He is a publicist of wide reputation in Ireland and wrote, as some of you will remember, a remarkable article for the *Fortnightly Review*, for January last, on "The Increase of Insanity." After reading the article, I wrote to him asking his co-operation in this Congress. He expressed great regret at not being able to be present at this Congress and very kindly sent us a double paper on "The Increase of Insanity; The Abolition of Private Asylums." He attributes the increase of insanity, not so much to heredity, as is ordinarily claimed, but to that doctrine to which Professor

Peabody so eloquently alluded yesterday, namely, "The survival of the unfit."

The paper was read by the Secretary. (See page 29).

DISCUSSION.

Col. HENRY STONE, of Boston. It occurred to me, sir, in listening to that paper on the increase of insanity, that one fact, or what seems to me a fact, is omitted, that I am surprised was not noticed: that is, that very many persons who are now considered as insane were not so considered fifty years ago. There is a large percentage of persons in asylums to-day who, fifty years ago, would not have been there. Many of us who are fifty years old or over can remember people who now would be confined in insane asylums but who, at that time, were considered only queer or eccentric. There is much more readiness to put people in asylums than formerly. The odium once attaching to insanity has largely passed away.

Dr. BLUMER. While that is true Col. Stone, you may remember that he made allusion to it in the passage: "They assign the following as a cause: increased registration."

Col. STONE. I am not disputing the fact that there is a considerable increase in insanity. The reports of the State of Massachusetts and elsewhere clearly indicate that.

Dr. GORTON, of Providence, R. I. Mr. President: I am very grateful for the privilege of listening to so interesting a paper as the one before us, and I desire to pay my tribute of respect to its author for the careful and painstaking account of lunacy matters in Great Britain, which he has given us. I have not the data at hand, nor have I the time to procure them, which would enable me to discuss exhaustively in any sense, the various conclusions of the paper. My recollection of the statistics of our own country is not sufficiently accurate to enable me to base any statements upon them, but I will venture some remarks upon lunacy statistics in general.

A few years ago, while preparing a report of the Butler Hospital for the Insane, I took occasion to study the question of the increase of insanity in modern times, to see, if possible, whether the many allegations of lay writers and of certain physicians who had expressed themselves upon the subject were safe and reliable guides to the formation of an opinion upon it. I found it necessary to go much farther in the investigation than the compilation and analysis of the tables of the lunacy boards and asylum reports, to get any sort of idea as to the relative increase of insanity in the population. Undoubtedly the reports above mentioned, taken for a series of years, bear out to some extent the conclusions of the author of the paper and apparently show that insanity is pretty rapidly increasing, and from such a showing the temptation is irresistible to predict the direct state of things for the future unless medical science shall devise some remedy for the threatening ill, beyond anything yet made available in its prevention or its cure. But a deeper study, one going into vital statistics in general will be apt to, somewhat at least, dispel the fear awakened by a study of lunacy

statistics alone. These will show that the number who die insane is not so much greater in proportion to those dying sane, than was the case even twenty-five years ago, as to arouse any serious fear as to the rate at which insanity as an indirect or direct cause of death is increasing. Then, too, statistics prove that the average duration of life is greater now than ever before, and gradually increasing, a condition due in great part undoubtedly to the very rapid advance in sanitary science in modern times, by which mortality from preventible diseases in infancy and childhood have been decidedly diminished. To go further, we may make the assumption, that insanity while only one of the diseases by which the increased adult population is destroyed, is the one, from the nature of the disease, the statistics of which are kept by themselves, and are thus likely to be magnified in their relation to kindred disorders having a common origin, but which do not affect the mind or cause the seclusion before death of the individuals affected. Indeed, it has seemed to me that if we go on to protect and nurture the weakly, to rid ourselves of the infectious diseases, and to remove as far as may be the dangers of accidental death, we must expect an increase in those diseases due to the wear and tear and stress inseparable from the struggle for existence, and from the demands of an ever widening environment, which, no matter how desirable, reacts as much as it can be made to yield. Much more might be said in this line, but let it suffice at present to say that it is probably true that insanity is increasing yearly, but by no means so much more rapidly than kindred disorders due to common causes, as a mere study of lunacy statistics might lead one to suppose; that this increase as the writer of the paper infers is due to natural and inevitable causes, and must, therefore, be expected; that no refinement or development of medical skill or knowledge will ever be sufficient wholly to check this increase, or to accomplish the cure of a much larger proportion of the insane than at present; and finally that, organized as it is and demanding from its members what it does, modern society must be willing, not only to protect itself by foreseeing its dangers, but to cheerfully care for its driftwood, let the effort cost what it may.

Regarding that portion of the paper devoted to private asylums, I believe I may safely say that its criticisms have no application in this country. Our institutions here, though, perhaps, managed for private gain, to some extent are as open to the inspection of public officials as those of the State, and are pretty generally presided over by men of long and careful training, of high professional attainments, and of the strictest personal honor.

Dr. BANNISTER. There are two ways of investigating the increase of insanity. Thus we may take the number of the insane actually existing at two separate dates and compare them, or we may consider only the number of insane coming up annually as compared to the annual increase of population in general. I do not see that the author of the paper mentioned this last way of making a compilation of statistics, and yet there may be quite a difference in the statistics obtained by these two methods.

There have been several hundred jury trials per annum, with a verdict of insanity, in Illinois during the past ten years. I am not sure what the figures are, but many of them were re-trials of old cases, and many recovered or

died before reaching the asylum. A large part of our increase, as far as it is an increase, is due, I think, to the inability of a certain class of people to keep up with the advanced civilization as it exists. An instance of that is the effect which all these new inventions and new discoveries make on the population of our asylums. Of course, we see this mostly in the color of their delusions and in the form of their insanity, but, of course, it may have had something to do with the causation of their insanity. In this country, and especially in this State (Illinois) a very large proportion of the insane are not natives. Fifty per cent. are foreign born. Some years ago, I made some investigations in regard to this matter, in conjunction with Dr. Hektoen. We came to the conclusion that it was not because the foreign countries sent to us their mentally enfeebled population, but that the new conditions under which the immigrants lived in their struggle for life in this country was the cause. It was a change of environment, not a necessary defect in the individuals themselves; if they had been properly situated, or situated as their ancestors had been, they might have escaped.

We had in the Kankakee Hospital patients from every county in the State for a long time. Then afterwards we restricted our patients to a certain number of counties, and took all kinds of patients from those counties, both acute and chronic. One county, with an almost exclusively native population, could never keep its quota half full, while many others, largely settled by foreigners, were overflowing and nearly fifty per cent. over their quota all the time.

Speaking of intemperance, it is perhaps a more prominent cause in our foreign born than in our native population. Some years ago the brewers of this country sent out a pamphlet showing that the use of alcohol, especially beer (but they included every kind of intoxicant), was not contributory to the increase of insanity. They gave statistics from different institutions in the country. I doubted the correctness of these statistics and wrote to a number of the superintendents mentioned and obtained quite different statements from some of them. One of them reported the following fact as characteristic: Two counties, one mainly settled by native Americans and English, and without saloons, the other with a large proportion of foreigners, and full of saloons, were in his district, and while the first was hardly represented in the institution, the other was always in want of room there.

Dr. STEARNS. Mr. Chairman: It seems to me that this question concerning the relative increase of insanity and population must be one that is extremely difficult to determine; judging simply from the fact that eminent individuals who have made it a study for years are not yet agreed in reference to it. I rise only to suggest an element of probability in determining it. And that is whether the conditions which are ordinarily regarded as favorable to the production of insanity are in more active operation at the present time than they were thirty or fifty years ago. Are the habits, customs and modes of living in cities and large towns more conducive to degeneration of brain tissue and resultant insanity than those which exist among rural populations? Are sexual abuses and the use of alcohol more prevalent now than formally? If so, are there favorable influences and conditions which did not exist formally but which are now in operation and which more than counterbalance them?

A lady member of the Congress remarked that in the asylum at Dunning, Illinois, the majority of the female patients are farmers' wives. Their insanity is caused by hard work and childbearing. The matron so informed her.

Dr. STEARNS. That quite corresponds with the experience which I have had. With no class of persons is worry, anxiety and mental strain more commonly experienced than with the wives and housekeepers among the farming population of New England.

Dr. B. D. EASTMAN, of Topeka, Kansas. As I am from a particularly agricultural section of the country, the State of Kansas, I may say a word or two in relation to the causes of insanity affecting an agricultural population. A year or two ago we had a convention of teachers in our State. One of the members of this convention came to me saying that he had understood that a very large proportion of the female patients in our asylum were farmers' wives, and he asked why it was so. I told him that one reason might be that we had more farmers' wives than any other class of women in the State, which he declared had never occurred to him. I admit that the wear and tear of such life is very great and not infrequently causes farmers' wives to give way under the stress. Their lives are more isolated than are those of their husbands. But I am not prepared to admit that the proportion of insanity in our State is any larger among the farmers' wives than it is among the wives of other poor and struggling classes.

On motion, the meeting was adjourned at 12.45 P. M., until two o'clock Wednesday afternoon.

The third session of the Section was called to order by the Chairman at 2.40 P. M., on Wednesday, June 14, 1893.

The first paper of the afternoon, that written by Dr. D. HACK TUKE of Hanwell, London, England, on "Reform in the Treatment of the Insane," was read by Dr. H. P. Stearns of Hartford, Conn. (See page 66).

DISCUSSION.

Dr. STEARNS said: Mr. Chairman: Perhaps I ought to say just a word in this connection for it happens to me to be superintendent of the first institution for the insane, which, so far as I know was named after the York Retreat. It is now three quarters of a century and more since the first steps were taken in the State of Connecticut to establish an institution for the insane, and with much effort on the part of the Connecticut Medical Society, the members of which were pioneers in this great work, funds were collected from benevolent people sufficient to establish one. It is the oldest of the kind in this country, which is used exclusively for the insane, with two exceptions. The Bloomingdale Asylum, the Pennsylvania Hospital and the McLean Asylum at Somerville, Mass., are simply adjuncts of general hospitals. But the Retreat has always been devoted wholly to the treatment of the insane and without any connection with a general hospital. The treatment which was begun and the great success which was at-

tained at the York Retreat were fully understood by Dr. Todd, who was the first superintendent, and it was by him that the system referred to by Dr. Tuke in his paper, was first instituted in this country, and in the Hartford Retreat. And the reports written by Dr. Todd, make it very clear that we have not advanced very far at the present time beyond what he attained in this respect in the early days of the Hartford Retreat.

The next paper was one written by Dr. VICTOR PARANT, Medical Director of the *Maison de Santé*, Toulouse, France, which, in the absence of the author, was read by the Secretary of the Section, Dr. A. B. Richardson. The subject was "The Irresponsibility of the Insane under the French Laws." (See page 69).

DISCUSSION.

Dr. BANNISTER. I may say that I think the paper shows clearly that the French law has two definite conditions of responsibility which our law has not, unless we except the dictum of the Judges, as to the test of the knowledge of right and wrong, which has been claimed to be the sole test. It still, however, leaves every case of insanity to be decided for itself. In that respect there is, of course, every chance for questions to be raised.

The paper also calls attention to the consciousness of the insane of their own condition and their ability to reason correctly. I think it is more the rule than the exception that the insane have some sort of a conception of their condition.

As regards the doctrine of the absolute irresponsibility of the insane, I have always taken a different view from those set forth in this paper. Some years ago I read a paper before a society in this city, in which I set forth three conditions of moral irresponsibility for crime: First, Incapacity to judge of the nature of an act in its moral and legal nature. Second, Absolute inability to control conduct. Third, When, through mental disorder, the moral sense of the individual is caused to be in opposition to that of his fellowmen and the law.

I knew a gentleman once who was a good citizen, carried on large business interests, and who was also, I think, an honest and sincere Christian, who suffered from very decided delusions of persecution which involved a number of people about him, and who believed in the injuries those people were doing him as strongly as he believed in his own existence. He knew it was not right for him to take the law in his own hands, and he controlled himself during his life. I don't think he could have done it simply from the utilitarian notion that he would be better off for doing it, but his own sense of moral responsibility came to his aid. Should we deny that moral responsibility in his case?

Again, let us suppose a man of thoroughly criminal impulses who has all his life delighted in doing wrong and yet was clear-headed and rational. Suddenly he is afflicted with some form of insanity which affects him on certain points, not bearing on his conduct, nor affecting his judgment in other matters. He commits crimes just as he did before. He does not control him-

self any more or less than he did prior to his insanity. Does this make him irresponsible, when practically he has not changed in any respect? I suppose that some of the ablest medical jurists of this country and elsewhere believe more or less in the partial responsibility of the insane. I do not think, nevertheless, that we have any right to go so far as to make a man suffer the extreme penalty of the law, if there is even a slight degree of mental aberration, or if any doubt exists as to his perfect sanity. Some of the ablest opponents of the doctrine of partial responsibility, for instance, Jules Falret, have laid down certain conditions of insanity in which partial responsibility applies, such as convalescence from insanity, certain conditions of epilepsy, alcoholism, imbecility, etc.

Dr. EASTMAN. The practical point in this matter, which everyone present who has had any experience in, or ever had anything to do with expert testimony in court, realizes, is the difficulty of getting at the true inwardness of any particular case in which they may testify, for the reason that the expert is not allowed to state fully and fairly his opinion in the case, but is asked his opinion upon a hypothetical question. Last fall I was engaged in a case where homicide had been committed; the trial was in Lincoln, Nebraska. The circumstances of the case were, in short, that a man who lived in Utah sent his wife away on a visit. She stopped awhile in Nebraska and afterwards in Chicago, where she was betrayed. The husband learned of it upon joining her in that city. He left Chicago for Lincoln, and, upon reaching Lincoln, shot the man who had been the cause of the trouble. At the trial wherein I was examined as an expert for the defence, a long and complicated hypothetical question was read from manuscript, rehearsing all the circumstances of the case in detail, following it out step by step, and including the statement and testimony of the person on trial, that he did not visit Lincoln for the purpose of shooting the man, that he did not know the circumstances of the trip, that he had hallucinations of sight and so on; and the query put, was that man sane or insane? Of course, there was but one answer, he was insane. On the other hand, the question, as asked by counsel on the opposing side, left out all the indications of insanity, and the answer necessarily was that, under these new conditions, he was sane.

Two years ago I was called in a case where a woman had drowned her own child. There were two questions asked me. The counsel on the one side asked me, if the woman drowned her child under such and such circumstaces, was she sane or insane? She was insane. The counsel on the other side then asked me if only such and such circumstances were present, was she sane or insane when she committed the deed? Of course, the answer was, she was sane.

If the question of sanity or insanity in such cases could be brought before a commission, to be thoroughly investigated and reported upon, the cause of justice would be much better served than it is at present.

Dr. DUQUET. In France the system is quite different from that in this country, for the examination of persons accused of murder. If there is any supposition that the person on trial is insane, the judge names one physician who is attached to the court as a physician expert. This physician examines the accused, and if there is not time to give a final decision, very often

the trial is put back, the person has sometimes been sent to the asylum to be kept where the superintendent or a physician may make the examination. The physician named to conduct the examination makes a report and it is read to the judge.

Dr. EASTMAN. Some such method as that is what is needed in this country. It would necessarily have to be provided for under each of our State governments.

Dr. STEARNS. I am sure we are all agreed in having experienced much pleasure from the reading of this valuable paper sent to us by the very eminent alienist, Dr. Victor Parant. I am also confident that we fully agree with him in many of the positions taken; for instance, in relation to the importance regarding insanity as merely a symptom of physical disease. That we can always recognize this physical disease or understand its nature, I am not so sure. To determine the quality of those changes in the physiological activities of the brain which lead to the formation of delusions must be difficult even for those who have had long experience.

The complement of this statement, namely, that "any treatment directed solely to the mental troubles is condemned to absolute and certain failure," may possibly be also questioned by some. Since the time of the immortal Pinel we have been taught to regard the moral treatment of insanity as of the highest importance. This can be hardly regarded as physical in character because addressed to the intelligence through the senses.

Article 64 of the French Code quoted by Dr. Parant seems to cover the ground of irresponsibility as well as any I can recall. It will be observed that the element of the *incapacity* of the subject determines the question of responsibility. The importance of recognizing this test in legal cases cannot be overestimated. If always done it would obviate much of the discussion and uncertainty which generally arise when peculiarities of mental conduct only are recognized as evidence.

The plan of determining the sanity or insanity of persons in whom the latter is suspected, by selecting a council of physicians to decide the question, *before* proceeding with the trial, cannot be too highly commended. It is followed only to a very limited extent, so far as I know, in any portion of the United States. The procedure of employing experts by legal counsel on both sides, when a person is being tried for his life, often proves to be well calculated to bring discredit upon medical experts and produce obscurity rather than shed light on the question at issue.

There is only one other portion of this excellent paper to which I will call special attention at this time. This relates to that class of persons who in this country are sometimes called "cranks"—"those who without being really insane are yet not perfectly sound in mind." The course of procedure with such cases under the French laws is extremely interesting and important. While they cannot be regarded as irresponsible—responsibility being the legal test of insanity—yet they cannot justly be regarded as fully responsible. The tyranny of organization has modified it. The French law recognizes that there exist what may be regarded as "extenuating" conditions. In this country there is no middle ground for such persons to occupy. They must be considered as either sane and fully responsible, or, on the other hand,

as insane and wholly irresponsible. In the one case justice may be violated and in the other leniency may be abused.

Without further remarks on this valuable paper, I am sure I voice the sentiments of all present in saying that we extend to Dr. Parant our warmest thanks for sending it to us on this occasion.

Dr. BLUMER. I have here a paper by Dr. Jules Morel, of Ghent, Belgium, on "The Treatment of the Psychopathic Depreciation," as he calls it. It might perhaps be called "The Treatment of the Degeneracies of Evolution." (See page 13). The paper is quite long, and in view of the impatience of many to visit the Fair grounds, I think it might be well for us either to read it by title, or to ask Dr. Bannister, who has read the paper, to briefly outline its purport.

DISCUSSION.

Dr. BANNISTER. It is a plea for the better examination of individuals who are inmates of reformatories and prisons, and also for the proper government and care of the weakminded who have grown up in the country and are not properly cared for by the authorities. The main point I note, in reading the paper, is the great injustice that is done to this class in the sentencing of them to prisons and reformatories. Society, of course, needs protection, but it should not be done at the expense of individuals who need to be defended from individual wrong and who are not to blame for their weakness. That is the class which he mentions.

His paper is largely a plea for better and more numerous schools for imbeciles, and especially criminal imbeciles. The best results, he admits, are obtained from such schools drawing their inmates from an enlightened class of the population, but if these few are better cared for, it is at the expense of those who are more ignorant.

He also recommends the installation of insane wards in all the large prisons, the proper selection of alienist physicians to take charge of them, keeping the criminal asylums for the care of the incurable cases of insanity that arise in the prison population, etc.

Dr. BLUMER. If there is no objection, the remaining papers of this Section will be read by title.

They are as follows: "Statistics of Insanity in New South Wales Considered with Reference to the Census of 1891," by Dr. Chisholm Ross, Newcastle, N. S. W. (p. 81); "The Care of Epileptics," by Dr. Frederick Peterson, of New York City (p. 139); "A Case of Insanity Consecutive to Ovarosalpingectomy," by Dr. E. Régis, Professor of Mental Medicine, Bordeaux, France (p. 91); "Care of the Insane in Finland," by Dr. Emil Hougberg, Helsingfors, Finland (p. 100); "Proposed Change of the Legal Status of the Insane, in Accordance With our Present Knowledge of the Nature of Insanity, for the Purpose of Securing for Them More Rational and Efficient Treatment," by Dr. Stephen Smith, of New York (p. 104).

I wish to extend my official and personal thanks to all who have attended these meetings and who have taken part in the discussion. It argues a great

deal for the zeal of those who have come here when there have been so many outside attractions on the Fair Grounds. I thank you all sincerely.

The meeting was adjourned at 4.05 P. M. until Saturday morning at 10 o'clock.

By arrangement, the closing session of the International Congress was held on Friday evening instead of on Saturday morning. The meeting was called to order by the President, Rev. F. H. Wines, at 8 o'clock.

The first speaker of the evening was Mr. Lewis, of the Prisons Section, who spoke on "Imprisonment and its Substitutes—The Parole System," after which Dr. BLUMER Chairman of Section IV, delivered his address on "Commitment, Detention, Care and Treatment of the Insane." (Page 149).

DISCUSSION.

Dr. WINES. Dr. Blumer has rendered the State of Illinois certainly a great service in pointing out the weakness of the commitment of lunatics, and whoever gives that law a black eye is the friend of the insane.

Mr. J. S. APPEL, of Colorado, arose and said: I would like to make a correction. I would like to state that the new lunacy law of Colorado goes into effect on the eighth day of next month. It remodels the entire system of commitment, care and treatment, etc., and the law is based on the most advanced theories that are in practice in older States and as advocated by leading alienists. It includes a statutory provision for parole also. I therefore hope that Dr. Blumer will omit Colorado from the list of States that maintain, as he says, a barbarous system.

Dr. BLUMER. I am very much obliged for the correction and will take pleasure in making it in my paper.

Mr. WRIGHT. During the past session of the Legislature a law was passed providing for commitment by medical examination and doing away with the jury system; and also providing for the boarding out of a limited number of insane by the Trustees. So the Doctor will please remove the name of Wisconsin from the list of barbarous States.

Dr. WALK, of Philadelphia. I do not wish to make a correction. I wish to say in regard to the out-patient department at Philadelphia, that it has been recently proposed that patients suffering from incipient mental disease have two of those dispensaries connected with the Pennsylvania Hospital, and they have found it hard to arrange treatment. They should be admitted to Homes for Convalescents. It is hoped that in that way they may be successfully treated by dispensary practice.

INDEX TO PAPERS ON THE COMMITMENT, DETENTION, CARE AND TREATMENT OF THE INSANE.