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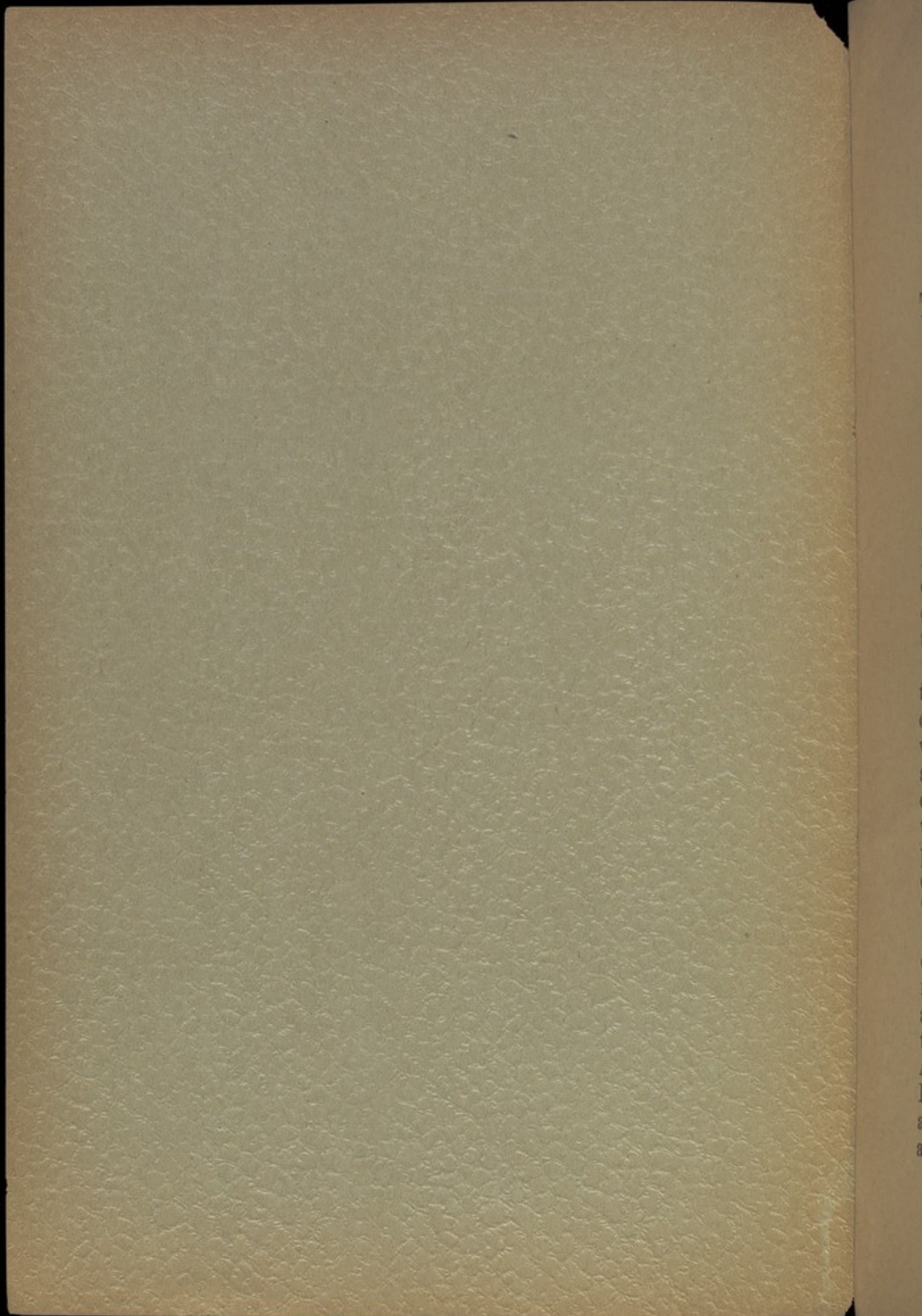
The Treatment of the Insane

A SURVEY OF THE WORK OF FRIENDS IN
ENGLAND AND AMERICA.

BY

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THE TREATMENT OF THE INSANE,

A SURVEY OF THE WORK OF FRIENDS IN
ENGLAND AND AMERICA.

THE receipt of the eighty-fourth annual report of the Friends' Asylum for the Insane at Frankford, Philadelphia, has suggested some reflections on the changes that have taken place during the Victorian era, and our present position in respect to the treatment of mental diseases.

It is difficult to realize that the reform in the treatment of the insane is so recent. In the good old days when George the Third was king there were indeed the beginnings of better things, but the state of medical and public opinion at that time is evident from the treatment of the king himself, when afflicted in mind. It is related that the august patient was formally whipped, and that on one occasion at least his attendant knocked him down "as flat as a flounder."

A brief review of the history of the introduction of the more humane treatment of the insane may not be without interest. In this, as in other philanthropic movements, no inconsiderable part was taken by Friends, both in England and America. As was recently pointed out in the *Friend*, George Fox in one of his epistles urged "Friends to have and provide a house for them that be distempered, and not to go to the world." This probably suggested

the instructions sent down from the Six Weeks' Meeting, and now preserved among the papers of Ratcliffe Monthly Meeting—dated 11th 5th mo., 1671.

"That frends doe seeke some place convenient In or about ye Citty wherein they may put any person that may be distracted or troubled in minde, that soe they may not be put amongst ye world's people or Run about ye Streets."

In America, as early as 1751, in consequence of a "concern" of Philadelphia Monthly Meeting, a portion of the Pennsylvania Hospital was set apart for the treatment of persons "distemper'd in mind, and depriv'd of their rational faculties."

But, as far as we know, the first real step taken in England was the establishment of the Retreat at York in 1792, by William Tuke, Lindley Murray, and other Yorkshire Friends. The meeting at which this was proposed was held at York in Third Month, 1792. Towards the close of the same year, Philippe Pinel independently commenced his marvellous reform in the Bicêtre in Paris. By his direction, and within the course of a few days, the chains were removed from fifty-three insane patients of divers lands and conditions.

The advance in the treatment of the insane initiated in York was destined to play an important part in reform. Samuel Tuke, in 1813, published the *Description of the Retreat*, which was favourably reviewed by Sydney Smith in the *Edinburgh Review*, and which had a far-reaching influence. American Friends were not long in taking up the new work for themselves, and the establishment of the asylum at Frankford, the report of which is now under consideration, was the result. It was due to a concern of Thomas Scattergood, an American Friend who spent more than six years in England travelling in the ministry, and had spent some time in York. On his return in 1805 he opened the matter to Friends

in Philadelphia, and a committee was appointed which, in 1813, bought a farm of eighty-three acres at Frankford, and built the asylum on lines closely resembling the original Retreat buildings. It is interesting to note that his son and grandson took an active part in managing the asylum, and his great-grandson, the present Thomas Scattergood, is the secretary to-day.

In spite of these beginnings, however, it was long before the principles first enunciated by the Tukes and Pinel were generally accepted. The labours of Dorothea Dix in America, of Dr. Conolly, Lord Shaftesbury, and many others in this country, were needed, before the public conscience was awakened.

The report of a Royal Commission in 1844 resulted in the appointment, in the following year, of a permanent Lunacy Commission, which has since that time controlled so effectively all asylums and kindred institutions. This report has justly been termed the Domesday Book, and the Lunacy Act of 1845 the Magna Charta, of the Insane. This was only fifty-six years ago, and it is interesting to note that there are now in the Retreat two patients who were present when, in January, 1846, the new Commissioners paid their first official visit.

A quotation from the evidence given before a committee of the House of Commons by Lord Shaftesbury in 1859, describes very graphically the state of affairs before the establishment of the Lunacy Commission—

“I mention these things because they never could be seen now, and I think that those who come after us ought to know what things have existed within the memory of man. At the present time, when people go into an asylum, they see everything cleanly, orderly, decent and quiet, and a great number of persons in this later generation cannot believe there was ever anything terrible in the management of insanity, and many say, ‘After all, a lunatic

asylum is not so terrible as I believed.' When we began our visitations, one of the first rooms that we went into contained a hundred and fifty patients, in every form of madness, a large proportion of them chained to the wall, some melancholy, some furious, but the noise and din and roar were such that we positively could not hear each other; every form of disease and every form of madness was there; I never beheld anything so horrible and so miserable." Then follow some details which I will spare my readers, and he concludes, "I might multiply these instances almost indefinitely, but I thought it was desirable just to indicate the state of things that existed, in order to contrast the past with the present."—*Tuke's History of the Insane in the British Isles*, pp. 173-4.

The change which has taken place during the past hundred years has in my opinion arisen from three principal causes. I should put first the gradual growth of humanitarian sentiment (one of the best features of modern civilization), which renders society unable to tolerate needless suffering. Secondly, the decay of superstition, and the realization of the morbid nature of mental disorder, so that insanity is recognized as due to a disease, and is no longer attributed to demoniacal possession. Lastly, the growth of the idea of personal freedom. This must surely have influenced Pinel, for in the same year that he struck the chains from the insane patients in the Bicêtre, the French Republic was founded, and "Liberty, Fraternity, and Equality" was an expression in everyone's mouth. At such a time the way was prepared for an attempt to give greater freedom, even to the insane. It must not, however, be thought that the former treatment was due to wanton cruelty. It was, I think, largely the result of ignorance and superstition. In our own land we still see traces—but, happily, only traces—of this. But in the unchanging East the exorcism of evil spirits by bodily torture still prevails. The wonder-

ful work commenced by Theophilus Waldmeier in the Lebanon Hospital for the Insane is, I hope, lessening the evils in Syria, but Dr. Wolff, the medical superintendent of that hospital, has himself visited caves and witnessed abominable cruelties practised in the attempt to drive out the supposed evil spirits from the insane.

As we look over the past century we cannot record advance in the domain of mental science that in any way compares with the wonderful expansion of biology and the physical sciences. In respect to our knowledge of mental diseases and their treatment we have done little more than enlarge and develop the principles enunciated by Philippe Pinel and Samuel Tuke.

Psychology, in the very nature of things, is the most difficult and elusive of all branches of knowledge. One may liken its domain to a vast continent, the interior of which to a large extent remains unknown, in spite of the efforts of explorers all around its borders. The work done on one side cannot be brought into relation with that on another, and the great heart of the country is hidden in mystery. The introspective psychologist works independently of the physiological psychologist, the student of mental disease receives no help from either, and the pathologist, in his more promising field of research, reaches but a very little way. Combined effort seems impossible. We appear to await a Darwin or a Newton to bring into harmony the results of these diverse workers, if, indeed, with the limited data at our disposal, and the inadequacy of our methods of investigation, the time is yet ripe for enlightened generalization.

Although the outlook from a psychological standpoint is not promising, yet in other directions a decided advance has been made. It is now more

fully recognized than formerly that mental disturbance is often more intimately connected with, and dependent upon, morbid bodily conditions, and that these must be removed if treatment is to be successful. The great increase in our knowledge of medicine and surgery, and the causes of diseases in general, adds, therefore, greatly to our resources in the treatment of morbid mental states. We are also beginning to learn that morbid mental disorders may arise from the effects of poisons and toxins developed within the body through disease of organs remote from the brain, and there is reason to think that this auto-intoxication is an important factor in the production of nervous and mental disease, although at present the subject remains very obscure.

I mention these matters in order to explain one cause of the change that is taking place in the nursing of the insane. Those who undertake this work are no longer keepers (George III. had a keeper), not mere attendants, but experienced nurses. If we consider insanity as being due to disease, it follows that its treatment will require skilled nursing; hence the care of the insane is passing from unskilled attendants to specially trained nurses of both sexes.

The earliest work in this direction we owe to America, the pioneers being Dr. Kirkbride, Dr. Curwen, and others; but the first systematic course of lectures to attendants on the insane was, I believe, given by Dr. Browne in 1857, at the Crichton Royal Institution, Dumfries. It is now generally recognized that mental nurses require special training, and the Medico-psychological Association of Great Britain has in recent years greatly helped the movement by holding an examination, and giving a certificate of proficiency in mental nursing.

One may compare the change now taking place to that which followed the noble work of Florence Nightingale more than forty years ago. The methods of nursing in our general hospitals were then entirely revolutionized. In like manner a sphere of work for educated women is now opening out in our hospitals for the insane, and I am confident that this also promises well for suffering humanity.

In nursing, as in all other professions, training and special education by themselves will not ensure success. Something more is wanted, and unless a nurse possesses sympathy and tact, it is of little use to take up the work. No doubt some naturally possess such a large store of these essential qualities that without training they may succeed where a fully certificated nurse may fail. This, however, will always be exceptional, for in nursing, as in other departments of work, no one can afford to ignore the experience of others. All, however richly endowed with natural gifts, are benefited by the discipline of special training. It is difficult to express in words the qualities needed to make a good mental nurse, and the attempt to do so may lead to discouragement. In lecturing to the staff at the Retreat, I have been in the habit of saying that sympathy, cheerfulness, calmness of temperament, patience, kindness of heart, and self-control, are all required; in other words, the nurse should possess each and all of the fruits of the Spirit. This is a high ideal, and may seem discouraging to some, but we must remember that the same qualities are needed in every department of life, and I do not think that it will be found that the conditions of work make an excessive demand upon the Christian virtues.

It is hardly possible to compare hospital work with mental nursing, the conditions are so different; in one case almost all the patients are in bed, in the

other, few; in one the patients come voluntarily for treatment, in the other it may not be so. It may be said, however, that mental nursing is found to be healthier, and that it involves less bodily fatigue, whilst the hours on duty are not so long. The daily routine brings the nurse much into the open air: there is less confinement to an institution; out-door and in-door games, amusements, and entertainments are frequently part of the day's work, and in general there is much opportunity for using musical and other social gifts. On the other hand, the same direct remedial treatment is not possible; the nurse has usually the care of a number of chronic patients for whom recovery can hardly be expected; there is often very little to show for much labour, and in not a few cases the only satisfaction that can be obtained is the consciousness of having faithfully done one's best.

The peculiar difficulty of the work does not depend, as many may suppose, on the nursing of severe acute cases, for the bad cases are often favourites; it is rather in the care of certain irritable chronic cases, *e. g.* those whose delusions lead them to misrepresent everything done for them, or those who seem deliberately to give trouble on account of some mental twist. To live with such as these, to control and encourage them, requires a specially even temperament, much tact, and real sympathy. The advantages of institution life, as compared with private care are here obvious; both patient and nurse benefit by the resources that a special hospital affords, and if any special incompatibility exists, a transfer to another department is easily effected.

Under the most favourable circumstances mental nursing will call for much self-denial; some of the duties will inevitably be arduous; yet, whoever undertakes them has the satisfaction of working in a

worthy cause, in that they labour to help those whom affliction and disease have placed in a peculiarly helpless position. It is a work that demands conscientious service beyond all other, and this the modern movement happily tends to secure.

To return to the Report of the Friends' Asylum in America, we note that the school for the training of the nurses is well organized, and that in 1897 a Nurses' Home was built, costing about £4000. The course of instruction given appears to be much the same as that given at the Retreat, *viz.* the elements of anatomy and physiology, sick and mental nursing, medical gymnastics, and massage; the only additional subject being practical instruction in cooking for the sick, which is given in a special kitchen in the basement of the Nurses' Home.

The report touches on many interesting points, and I propose briefly to allude to some of these, comparing them in many cases with our experience at the Retreat, York.

The number of patients admitted each year in the American Asylum largely exceeds that which obtains at the Retreat, although the latter is the larger institution. In 1900 the respective numbers resident were 146 and 162, yet in the American institution 99 patients were admitted during the year, and 39 in the Retreat. This high admission rate is not exceptional, and it depends in large degree upon the greater number of patients discharged "relieved" and "not improved" (Philadelphia 52, Retreat 12), and not upon a higher recovery or death-rate.

Two thoughts arise in connection with this:—First, that the Americans may be less patient than the English, and insist to a greater extent upon removing patients before recovery; and, secondly, that it may be the policy of the Philadelphia Asylum to decline to maintain unfavourable cases beyond a

certain period. One must allow that, within certain limits, there is much to be said for the latter policy, seeing that a high admission rate means more recoveries, and a greater feeling of hopefulness throughout the institution. In the consideration of such a policy, the intention of the founders must never be forgotten. At the Retreat we recognize that the care of members of the Society of Friends afflicted in mind has a first claim, irrespective of the nature and duration of their malady, and I have no doubt that this is also recognized by the committee of the Philadelphia Asylum.

The thoroughly equipped Gymnasium and Employment Building at Frankford, built in 1891 from the proceeds of a legacy, is still in advance of anything in this country. At the Retreat we have this winter commenced classes for both men and women in Swedish drill, and have the help of competent instructors in general as well as medical gymnastics. But in America they have had for some years a special officer, who acts as director of the gymnasium, and also gives instruction in art. The opinion of the Committee of the Frankford Asylum, stated in the report before us, is interesting, as it embodies the experience of several years.

"These classes furnish helpful and interesting employment to many of our patients, and in not a few cases the beginning of a sound recovery to mental health is traceable to these agencies. To many others the break thus afforded in the routine of their lives is very welcome and useful."

There is no gymnasium in any hospital for the insane in Great Britain, and there is still an opening for Friends to continue their pioneer work on behalf of the insane. It seems to me there are few better openings for philanthropic effort.

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ing, and laundry apparatus, that for a long time has been felt in the Retreat. We can congratulate their committee most cordially on being able to erect a special power-house for this purpose, detached from the main building. The cost, about £11,000, seems high, but I suppose machinery is expensive in America, and as the building provides light and heat for the whole institution, and contains a modern laundry, the expense is probably not unduly heavy. The convenience of having the machinery and boilers well separated from the patients' quarters is justly worth considerable expense.

In examining the accounts, we find the American asylum compares favourably with the Retreat in its financial position. The figures are not presented in the same detail as that to which we are accustomed; the income from 144 patients, however, appears to be £30,000 annually, while the Retreat receives about £20,000 for 162 patients. The income from invested money and rentals appears to be £1200; at the Retreat the figure is considerably less than £100. The American asylum seems to owe about £6000 (borrowed for the Power House); the Retreat has a debt of about £15,000.

Though I do not find any statement as to the amount of charitable assistance given to poor Friends, it would appear that the help so given is dependent in great measure upon trust funds for the purpose. Mention is made of free beds, the gift of certain donors, and the report contains an appeal for benefactions for this purpose. So far as I can form an opinion, the charitable relief given by the Philadelphia Asylum is on a much smaller scale than obtains at the Retreat. It is possible that in America such claims are fewer than in this country.

In general, it would seem that the Friends' Asylum, like the Friends' schools in America, has

received liberal financial support, so that it has been possible to expend large sums on its proper equipment. In the present report it is proposed to spend £4000 upon new greenhouses. The gardens must be extensive and well kept up, as we learn that 15,000 cut roses were sent into the wards during the year under review.

The Committee and Dr. R. H. Chase can certainly be congratulated upon the report. It shows a distinct realization of the important trust they have undertaken; and although at this distance we cannot measure the personal element, the general tone of the Staff, which is worth so much more than premises, however palatial, yet, on reading the report, one feels that American Friends are worthily upholding the traditions of our Society in this important branch of philanthropic effort.

