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**Contributors**

MacDonald, Carlos F.

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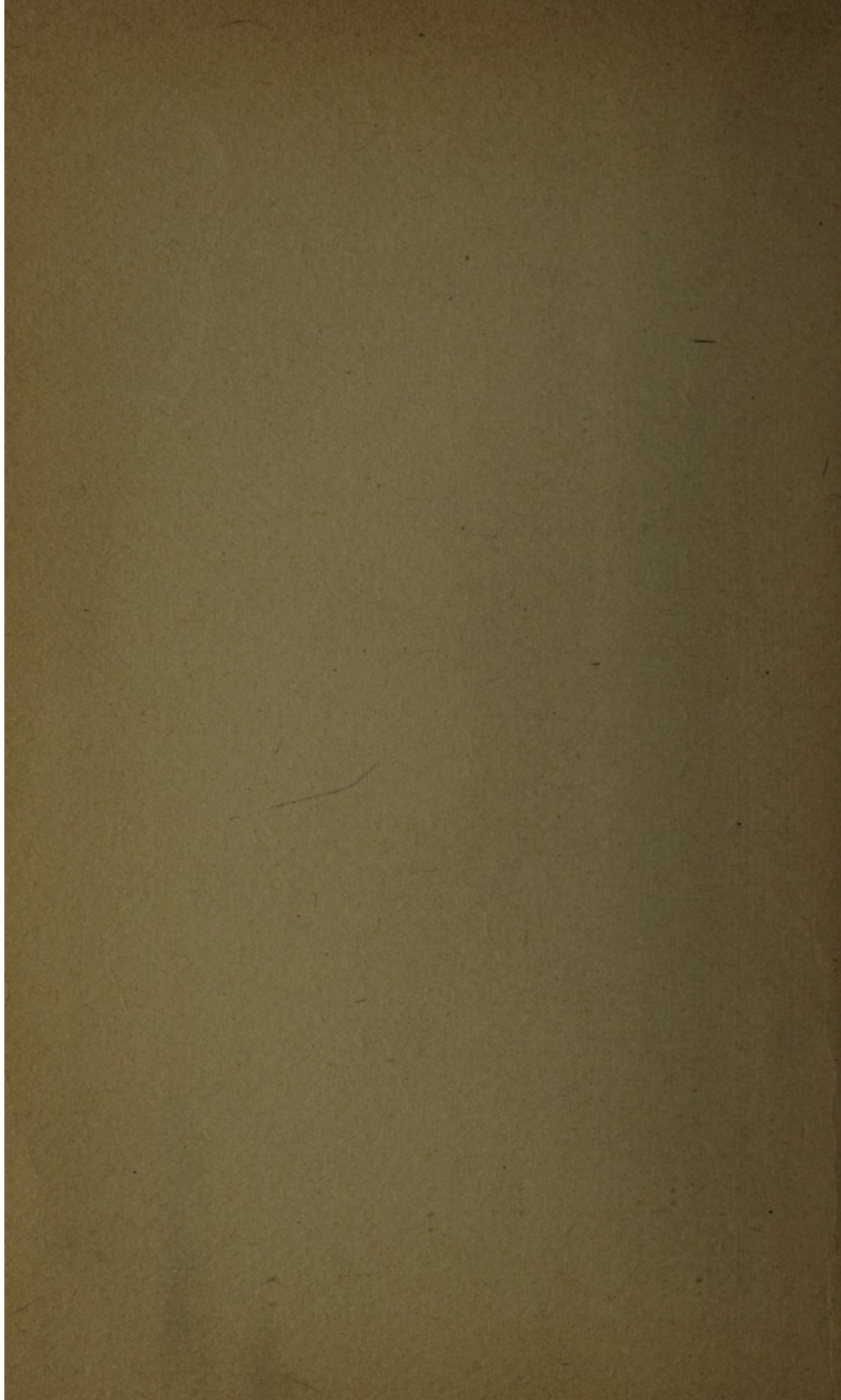
THE DEVELOPMENT OF THE MODERN CARE AND  
TREATMENT OF THE INSANE, AS ILLUSTRATED  
BY THE STATE HOSPITAL SYSTEM OF NEW  
YORK.

BY CARLOS F. MACDONALD, A.M., M.D.,

Ex-President New York State Commission In Lunacy; Emeritus Professor  
of Mental Diseases and Medical Jurisprudence, University and  
Bellevue Hospital Medical College, New York.

*Delegate from United States Government to the International Congress  
of Neurology, Psychiatry, Psychology and Care of the Insane, Amster-  
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The subject of my remarks on this occasion—the development of the modern care and treatment of the insane, as illustrated by the State Hospital system of New York—is naturally suggested by one of the principal objects for which this body of distinguished representatives of medical science are assembled in international congress, namely, the advancement of psychiatry, of which branch of medicine the care and treatment of the mentally afflicted is an integral part. The pertinence of my theme was further suggested by recollections based on personal observations and experiences since I entered upon the work of caring for the insane, in 1870, during which time it was my privilege to witness the progress and to participate to some extent in the efforts made in my country to reform the methods of caring for the insane, especially as regards the use of mechanical restraints and punishments of various kinds, and the abolition of a barbarous system of so-called “county care” and the substitution therefor of the modern hospital for the insane.

Among the many serious problems with which States and communities are confronted to-day, there is probably none that rivals

<sup>1</sup> An address delivered before the International Congress of Neurology, Psychiatry, Psychology and Care of the Insane, Amsterdam, Holland, September 7, 1907; also, in part, before the New York Academy of Medicine, February 20, 1908.

in importance, whether viewed from a medical, social, economic or philanthropic standpoint, that of securing, at a minimum cost, proper care and treatment to the vast army of dependent sufferers from that most serious, most dangerous and most far-reaching in effect of all diseases known to medical science—insanity. But above and beyond all this, the great fact remains that, in considering the subject of the care and treatment of the insane, the highest place should be given to its humane aspect. Aside from its humane aspects, however, which must always be regarded as of primary importance, since the claims of suffering humanity take precedence of merely material or pecuniary policies, the financial side of the problem, involving, as it does, even under the most economical methods, the expenditure of vast sums of money for lands and buildings, with their equipment and furniture, besides an enormous annual outlay for maintenance, repairs, renewals and enlargements, may well command the most serious attention and co-operation of the legislator, the political economist, the taxpayer and the humanitarian.

It need hardly be said that in the consideration of this question humanity should have the first place, but it must also be admitted that its economy must have a prominent place. Hence, it follows that that policy ought to be pursued which will, first of all, secure everything that is essential to proper care and treatment, and, at the same time, limit the cost to such sums as the truest economy for the State would suggest. In other words, the dictates of humanity demand that the insane shall be amply provided with everything which medical science has determined to be essential to the recovery of those who are recoverable, as well as for the proper care, comfort, and amelioration of those who remain unrecovered. In fact, no system for the care and treatment of the dependent insane can be successfully administered which is not sustained in its ordinary operations by the highest order of human emotions; no system can be fairly regarded as good which directly or indirectly relies upon a low order of these emotions. Cupidity and self-interest should have no sway where suffering humanity is concerned.

Turning for a moment to a consideration of the humane side of the question, it will be conceded that of all diseases which afflict mankind, insanity is by far the most frequent, most widely preva-

lent, and most far-reaching in its effects, whether as regards the interests of the afflicted individual, or of his family, or of the commonwealth; that a vast majority of its victims must, during its existence, be deprived of personal liberty and removed from their homes, to be cared for in institutions established and maintained at public expense; that among the dependent insane are to be found numerous representatives of all professions, trades, and occupations, whose financial, social, and intellectual status may have been of a high order, and most of whom were respectable, self-supporting citizens—many of them taxpayers—prior to the onset of their disease; that the commonwealth is in duty bound to provide these dependent sufferers with suitable shelter, food and raiment, together with means of occupation and diversion, and competent medical care and supervision.

In support of the claim here indicated respecting the importance of mental as compared with other diseases, mention may be made of the trite facts that insanity is a disease which invades all classes of society, and one from which no one can claim exemption; that it involves to its victims, to his immediate friends, and to the community, a wider range of interests than any other disease. To the individual it involves a loss or perversion of reason; also, in most cases, a loss of personal liberty, the loss of control of his property and affairs, a disturbance or destruction of his social and business relations, enforced separation from his family, and, if his disease happens to take an unhappy form, it involves great mental anguish and suffering, and, possibly, the loss of his life through self-destruction or exhaustion; or, if the case fails of recovery, it may involve in addition to these, a prolonged and often weary existence, which might properly be termed a "living death." To the individual's family it involves great anxiety and distress, occasioned by the sad spectacle of a loved one with reason dethroned and the putting of this loved one away in the care of strangers; it also involves the stigma which society unfortunately and wrongfully attaches to the taint of insanity, and which is usually regarded by the relatives of the sufferer as something akin to shame and disgrace. It involves, frequently, a cutting off of the source of income, especially if the afflicted one be the breadwinner of the family; also the added expense of commitment to and maintenance in a hospital for the

insane; and, finally, it involves exposure of the lives and property of the family to danger from the oftentimes violent and destructive tendencies of the patient. To the community it involves great danger to life and property from the acts of homicidal and dangerous lunatics; also a large loss to the body politic by the withdrawal from the ranks of its wage earners of the earning capacity of many thousands of individuals—substantially all of the insane being adults and, for the most part, in the active and most productive stage of life; and last, though by no means least, it devolves upon the community an enormous burden of taxation incident to providing and maintaining hospitals for the custody and care of a vast army of insane people, there being to-day in the State of New York alone more than 28,000 certified lunatics, not to mention the large number of unapprehended, unrecognized and so-called "borderland cases" in all communities that are liable at any time to require medical care and attention.

With respect to its bearing upon the importance of the subject from a pecuniary standpoint, mention may be made of the fact that in the development of the wealth of the State the life of each adult unit of a community has an estimated value of \$200 per annum, whereas, the average duration of insane life is about twelve years and the average annual cost of properly caring for an insane person in a public institution, including interest on investment, is, in the United States, about \$200. This would indicate a loss to the State of approximately \$400 for each year that a patient remains under care as a public charge. In other words, if the average life of the insane is twelve years and the annual per-capita cost of maintenance is \$200, each insane person who fails of recovery during this period represents a loss to the State of \$2400; whereas, a sane person for a like period of time would represent a gain of \$2400. But even though the individual contribute nothing to the wealth of the State when sane, it would still be in the interest of economy to provide for him when he becomes insane, such environment and such treatment as will insure every opportunity of restoring him to the ranks of the wage-earners, or at least of enabling him to return to his home, and thus relieve the public of the burden of his support. By restoring a sick man to health we not only enable him to resume the support of his family, which otherwise might become a public burden,

but we pave the way for him to again become an industrial unit in the community, whereby he may contribute his portion to the public weal.

At the present time there are in the State of New York fifteen State hospitals for the insane—thirteen for the ordinary insane and two for insane criminals—and twenty-three licensed private institutions for the insane. The whole number of committed insane in the public and private hospitals of the State of New York at the end of the fiscal year, September 30, 1906, was 28,302, divided as follows: men, 13,548; women, 14,754. The whole number of insane in the State hospitals, including two hospitals for insane criminals (960) on September 30, 1906, was 27,317. The whole number of insane in licensed private institutions was 985. The net increase for the year in all institutions was 895; in the State hospitals, including the criminal asylums, the net increase was 896. The number of resident medical and other officers in State hospitals is about 150, and of attendants, nurses and other subordinate employees, 5000.

The cost of the State hospitals, for lands, buildings, equipments and furniture, represents a permanent investment of more than \$26,000,000, while the average annual expenditure for their maintenance, exclusive of cost of repairs, renewals and enlargements, is about \$5,000,000. The average weekly per capita cost of maintenance for the last fiscal year being three dollars and fifty-three cents. This weekly rate is somewhat higher than the average for the whole United States, in which the number of insane is roughly estimated at 200,000.

If we estimate, even approximately, the cost of providing for and supporting the insane of the entire civilized world upon this basis, or even on a much lower one for some countries, the magnitude and importance of the subject at once becomes apparent.

The foregoing statement of facts and figures is here presented merely for the purpose of calling attention by way of introduction to the magnitude and importance of the disease under consideration and as suggestive of the wide range of interests it involves, whether viewed from a professional, sociological or economical standpoint.

The first attempt on the part of the State of New York to provide State care for her insane was made nearly sixty years ago



when, in 1836, the Legislature, in response to a memorial from the Medical Society of the State of New York, praying for the establishment of a suitable State asylum for the insane, created the State Lunatic Asylum at Utica, now the Utica State Hospital. The institution, however, was not opened for the reception of patients until January, 1843. The establishment of this asylum was the first recognition by the State of New York of the principle of State care. Prior to that time the insane poor, both acute and chronic, were mostly cared for in county or town poorhouses or in jails, there being substantially no other provision for them. Provision was made in the original charter of the Utica Asylum whereby patients who failed to recover after a certain period of time, or who should be pronounced incurable, might be removed to the county poorhouse, upon the superintendent's certificate that the patient was "incurable" or "not likely to be benefitted by further treatment, and could probably be made comfortable in the poorhouse." This was a most inhumane provision, and one that was continued in operation under certain modifications, though with practically the same results, until the creation of the State Commission in Lunacy in 1889, and the subsequent passage of the State Care Act in 1890. So that, while the establishment of the State Lunatic Asylum in Utica in 1836, was a practical recognition on the part of the people of the State of New York of the principle of State care, its beneficence extended only to State care for the acute or recent insane, while at the same time it countenanced, or at least tolerated, a system of county or poorhouse care in its worst form by permitting the superintendent of the State asylum, in his discretion, to transfer to county houses, under the guise of incurability, the friendless, the violent and destructive, the filthy and infirm, and the feeble and helpless—the very classes which, above all others, most need the fostering care and protection of the State. This pernicious system continued for a period of more than forty years, during which time the poorhouses became filled to overflowing with mentally afflicted human beings, who were accorded only the merest pretence of custodial care and maintained in a spirit of parsimony, whose chief apparent ambition was to see on how small a pittance body and soul could be kept together. The keeper of one county asylum stated to the writer with evident pride in 1889—the year the State Com-

mission in Lunacy was created—that he maintained the insane of his county at a cost of ninety cents a week, per capita, or less than thirteen cents per day.

This accumulation of the insane in the county poorhouses and in so-called “county asylums” which, excepting those in urban districts, were destitute even of a nominal medical head, resulted in their being treated as ordinary paupers, the character of their malady being ignored or unappreciated, and they received no more care or attention than was accorded to the sane paupers. In other words, the insane were pauperized in the matter of food, clothing, shelter and environment, as well as of proper medical care and treatment. Experienced observers of mental disease, and of the natural tendencies of its victims, will readily imagine what, under such circumstances, the condition of the insane in the State of New York must have been at that time, a condition best described by the terms, misery, degradation, squalor, wretchedness and neglect.

The standard of care in the State of New York at that time, and its resultant conditions, are graphically portrayed in the following extract from a report made to the Legislature in 1864 by the late Dr. Sylvester D. Willard, secretary of the New York State Medical Society, who, although not an alienist, was a humanitarian, and personally investigated the conditions of the insane poor in the various poorhouses, county insane asylums and other institutions where the insane poor were kept:

“In some of these buildings the insane are kept in cages and cells, dark and prison-like, as if they were convicts, instead of the life-weary, deprived of reason. They are in numerous instances left to sleep on straw, like animals, without other bedding, and there are scores who endure the piercing cold and frost of winter without either shoes or stockings being provided for them; they are pauper lunatics, and shut out from the charity of the world where they could at least beg shoes. Insane, in a narrow cell, perhaps without clothing, sleeping on straw or in a bunk, receiving air and light and warmth only through a rough, prison-like door; bereft of sympathy and of social life, except it be with a fellow-lunatic, without a cheering influence or a bright hope for the future! The violent have only to rave and become more violent, and pace in madness their miserable apartments. These institu-

tions afford no possible means for the various grades of the insane; the old and the young, the timid and the brazen, the sick, the feeble and the violent, are herded together without distinction as to the character or degree of their madness, and the natural tendency is for all to become irretrievably worse. In some violent cases the clothing is torn and strewed about the apartments, and the lunatics continue to exist in wretched nakedness, having no clothing and sleeping upon straw wet and filthy with excrement, and unchanged for several days. . . . Can any picture be more dismal? and yet it is not overdrawn."

The publication of this report aroused public sentiment and resulted in a second spasmodic effort on the part of the Legislature to provide for State care of the insane by the establishment, in 1865, of the Willard Asylum for the Chronic Insane, now the Willard State Hospital, and subsequently, in 1879, the Binghamton Asylum for Chronic Insane, now the Binghamton State Hospital, to which it was proposed to transfer all of the insane from the county poorhouse asylum where they had accumulated in large numbers. This second era in lunacy legislation for State care largely failed of its object through delay on the part of the State in providing sufficient accommodations for this class, notwithstanding the fact that in the period from 1865 to 1889 seven State asylums—five for acute and two for chronic cases—had been established. Owing to this lack of accommodation, the State asylums for the acute insane were permitted by law to continue the pernicious practice of returning their unrecovered patients to the county poorhouses, some of which were called "county asylums." The inhumane practice of removing these unfortunates from State asylum to poorhouse, usually at the end of one year, continued for upward of half a century, until the creation of the State Commission in Lunacy in 1889, and the enactment of the State Care law in 1890. Thus, while the State had recognized the principle and, at least theoretically, adopted the policy of State care for its dependent insane, it had fostered a system of county care in its worst form and one which pauperized substantially every patient who failed of recovery after a year's residence in a State asylum.

It should be borne in mind that a large majority of the dependent insane, of which the great bulk of our hospital population is

composed, are not paupers in any proper sense of the term. A pauper is one who was a pauper and a public charge before he became insane, whereas, the great mass of the inmates of our State hospitals are persons who were self-supporting, respectable citizens when overtaken by disease and as such they are clearly entitled to receive the highest standard of care and treatment, to the end that as many as possible may be restored to lives of usefulness and to the ranks of the bread-winners.

Another evil which sprang up in connection with this wretched county care system, and which had become an integral part of it, was a practice of receiving recent and presumably recoverable cases directly from their homes, which was not only a violation of law, but a great moral wrong.

This deplorable condition of the insane in poorhouses and county asylums at last became so acute that it attracted the attention of certain philanthropic people and especially of a charitable organization known as the State Charities' Aid Association, a voluntary body, which in its visitation of county asylums and poorhouses by local committees had become familiar with the existing evils.

This association, although without legal authority to correct the abuses which its local visitors reported, under the leadership of the chairman of its Committee on the Insane, Miss Louisa Lee Schuyler, began a reform agitation, through the public press, and by personal appeals to legislators, to the medical profession and to other influential public-spirited citizens. This agitation, continued in the face of powerful opposition, gradually gained force until it culminated, after two unsuccessful efforts, in the enactment of the State Care law in 1890. Meanwhile, the Legislature, having become convinced of the futility of enacting laws for the improvement of the condition of the insane without providing adequate legal machinery to enforce the same, passed a law, in 1889, creating a State Commission in Lunacy and clothing it with practically plenary power in respect to the insane and the management of institutions for the insane, both public and private.

This commission, over whose deliberations I had the honor of presiding during the first seven years of its existence, consists of three members, with the following required qualifications: A physician of at least ten years' experience in the care and treat-

ment of the insane and in the management of institutions for the insane; a reputable lawyer of at least ten years' practice, and a layman of good repute, all to be appointed by the Governor of the State, with the concurrence of the Senate. My associate commissioners were Hon. Goodwin Brown, a lawyer, and Hon. Henry A. Reeves, citizen, both of whom, together with the secretary of the commission, Mr. T. E. McGarr, rendered invaluable service in organizing the work of the commission and putting the State care law into successful operation. The creation of this commission gave a powerful impetus to the State care movement. It promptly joined hands with the State Charities' Aid Association and others in their efforts in behalf of State care and in the first year of its existence (1889) it made a thorough examination of the county institutions for the insane, twenty-one in all, in many of which the conditions were found to be nearly as bad as those so vividly portrayed in Dr. Willard's report. Most of the buildings were found to be utterly unsuited to their purpose, both as regards their structural arrangement and equipment. They also were woefully lacking in respect to sanitary appliances, furniture, bedding, clothing, food supplies, order and cleanliness, facilities for diversion and amusement, religious worship, nursing and competent medical supervision. In several instances disturbed and violent insane women were cared for by male keepers who were devoid of any proper training or experience in nursing the insane. Crude methods of mechanical restraint and other forceful means of repression were commonly resorted to to quell the violence and turbulence which existed on every hand, and which, coupled with the general conditions of confusion, disorder and untidiness that prevailed, served to render some of these institutions veritable bedlams. Indeed, so glaring were the defects found by the commission on its first inspection of these institutions that it immediately issued an order declining to grant any further permission to county officials to care for their insane. In its first report to the Legislature the commission disclosed the wretched condition of these institutions and their inmates and recommended the abolition of the county care system and the transfer of all of the inmates of such institutions to State hospitals, there to be maintained solely at the expense of the State. This report, which attracted wide attention through the medical and secular press, it is generally con-

ceded, gave the death-blow to county care of the insane in the State of New York. In response to the recommendation of the commission, and despite an organized, vigorous and determined opposition on the part of county officials and their numerous sympathizers, the Legislature, in 1890, passed and the Governor approved an act, known as the State Care Act, which annihilated the county care system and provided that all of the dependent insane of the State shall be treated in hospitals established, maintained and governed by the State. Of this law the AMERICAN JOURNAL OF INSANITY for April, 1890, speaks in the following language: "The State Care Bill, providing State care for all the dependent insane in the State of New York, became a law April 15, 1890. By signing this bill Governor Hill consummated one of the most signal triumphs ever achieved by humanity in the State of New York. All honor to those good men and women who have labored zealously day in and day out for the past three years to bring about this happy result. In the general rejoicing there will be no caviling as to who is entitled to the lion's share of the credit, though all must recognize the important part played in this great reform by the State Commission in Lunacy." In this connection it should be said that the commission was sustained by the medical profession as a whole and by the unremitting efforts of the State Charities' Aid Association.

By the adoption of the State Care Act, the State of New York not only emphatically reaffirmed its policy of State care, which began in 1836, and which was extended in a half-hearted way in 1865, but unequivocally committed itself to the extreme and logical limit of the principle, in fact as well as in theory, that the dependent insane are the wards of the State, and that the interests and maintenance of the insane should be confided exclusively to the State; while the terms of the act render it easily workable and susceptible of unlimited extension to meet the increasing demands which may from time to time be made upon it.

The important features of the State Care Act (Chap. 126, Laws of 1890), and of acts supplementary thereto, may be briefly summarized as follows: The abolition of separate institutions for the *chronic* insane; the designation of all the public institutions for the insane as State hospitals; the division of the State into hospital districts, and requiring that each hospital shall receive all of the

dependent insane, both acute and chronic, within its district; providing for the erection on the grounds of the State hospitals of additional buildings to accommodate the inmates of county asylums, then numbering nearly 2300; also requiring the commission, whenever deemed necessary to prevent overcrowding, to enlarge existing hospitals or to recommend the establishment of additional hospitals in such parts of the State as in its judgment will best meet the requirements; requiring county superintendents of the poor and other officials of similar jurisdiction to properly prepare patients for removal to hospitals, by seeing that they are in a state of bodily cleanliness and comfortably clad in new clothing throughout and adapted to the season of the year, in accordance with regulations made by the commission; providing that the removal of public patients from their homes or from poorhouses shall be done by nurses sent from the hospitals, and that female patients, unless accompanied by relatives, must be removed by female attendants, the cost of removal in all cases to be borne by the hospital; that after such patients have been delivered into the custody of the hospital the care and control of them by county authorities shall cease; that thereafter no insane person shall be permitted to remain under county or municipal care, but all such shall be transferred to State hospitals without unnecessary delay, there to be regarded and known as the wards of the State; also prohibiting absolutely the return of any insane person from a State hospital to the care of county officials; also providing that no moneys shall be expended by the managers of a hospital for additional buildings or for extraordinary repairs or improvements except upon plans and specifications approved by the commission; also, that no expenditure for any other purpose shall be made by the hospitals except upon itemized estimates approved by the commission; requiring the hospitals to submit to the commission bi-monthly, itemized estimates for their current expenditures, these estimates to be revised by it as to quantities, quality and cost of supplies; requiring the commission to classify the salaries and wages of officers and employees of the hospitals on a basis of uniformity for similar ranks and grades of employment; requiring uniformity in all official records and forms used by the hospitals; providing for the establishment of a Pathologic Institute to be maintained for the benefit of all the hospitals, the director

of the institute to be appointed by the commission after a special civil service examination, thus centralizing in one department the scientific investigation of all the hospitals in the yet obscure domains of the pathology and etiology of insanity and correlated fields of research.

Having thus cursorily outlined the legislation for the insane in the State of New York since the creation of the Commission in Lunacy in 1889, it is pertinent to inquire into the results of this legislation, both as regards the welfare of the insane and the pecuniary interests of the people. In other words, what improvements, if any, have been made in the general care and treatment of the insane and in the methods of management and condition of the hospitals? Also what pecuniary benefits have the people derived from the substitution of State for county care for their dependent insane?

Among the more important improvements as regards methods and conditions which have accrued to the institutions for the insane and their government, under the new order of things, may be mentioned the following:

1. A codification of the laws of the State relative to the insane into one comprehensive statute, known as the "Insanity Law," thus bringing the hospitals into unison, under one charter, and placing them all on an equal footing in the matter of organization, administration and finances.

2. A complete registration in the office of the commission of all qualified examiners in lunacy; in the State of New York only qualified examiners in lunacy may certify to the insanity of a person for the purpose of commitment. To become an examiner one must be a reputable and duly licensed physician of at least three years' standing. These qualifications must be certified to by a judge of a court of record and the certificate filed in the office of the Lunacy Commission.

3. A complete registration in the office of the commission of all persons committed to institutions for the insane, both public and private. This registration already embraces about 75,000 cases of insanity, from which valuable deductions and comparisons may be made. This information, which heretofore could not be obtained from any single source, nor without great difficulty, is thus made readily available. The collection of this information has



been greatly facilitated by the adoption of a uniform system of records and statistical returns for all the hospitals.

4. Provision for the transfer by order of the commission of patients from one institution to another without recommitment. This elastic feature of the State Care Law enables the commission to locate patients in hospitals which are most accessible to their friends; also to equalize the pressure for accommodations in the State hospital system.

5. The removal of patients from their homes or elsewhere by trained attendants sent from the hospitals, women patients, in all cases, to be accompanied by a woman attendant or nurse. Also, if the patient is violent or greatly disturbed, a medical officer from the hospital accompanies the nurse. The observation of this rule insures both decency and humanity in bringing patients to the hospitals. Formerly it was customary for male officers to escort female patients to the hospitals, even though it might be necessary, as was frequently the case, to stop over night en route. Again such patients were frequently required to travel long distances in smoking cars set apart for men, grossly improper practices which, happily, are now a thing of the past.

6. Removal of the legal distinction between acute and chronic insanity by designating each State institution for the insane as "hospital" instead of "asylum," and organizing them all upon a curative basis, thus inculcating the hospital idea. While it is true that the State Asylums for the chronic insane, as they were then designated, served a useful purpose, inasmuch as they afforded asylum, not hospital, care, for a large number of patients who otherwise would have been consigned to the poorhouses, there was a feeling in the community, and especially among the patients themselves and their friends, that patients sent to the Willard Asylum were thereafter to be regarded as hopeless and incurable, and the transfer of patients thereto from the so-called acute institutions of the State was the occasion of much mental anguish and suffering on the part of both patients and friends. Indeed, I have personally witnessed the sorrow and anguish which patients manifested when marshalled in the wards of the Utica State Hospital for transfer to the Willard Asylum for the Chronic Insane. Many of such patients, capable of appreciating their situation and surroundings, felt, when consigned to the

asylum for the chronic insane, that all interest in their welfare, and especially in their recovery, was lost. And it is a fact that in numerous instances when patients were so consigned their friends did lose interest in them and ceased to visit them. Furthermore, the abolition of this distinction has had a most beneficial effect upon the inmates of the institutions that formerly were set apart for the chronic insane, as well as upon the interest and zeal of their medical officers and nurses.

7. A regulation regarding the correspondence of the insane, which provides that any patient who desires to do so may write at least once in two weeks; letters, for any reason, not forwarded to destination, must be sent to the office of the commission for examination; letters addressed to the Governor of the State, the Lunacy Commission, to judges or to any official having jurisdiction in lunacy cases, must be forwarded unopened. This rule is designed to disarm the criticism that is so often made respecting alleged suppression of patients' correspondence by hospital officials, and at the same time to afford patients who regard themselves as illegally detained or ill-treated, an opportunity to communicate through proper channels with the outside world.

8. Provision for paroling patients, under certain conditions, for a period of thirty days, during which they may be returned to the hospital without recommitment. This affords opportunity for testing the fitness of certain patients for final discharge, and to others for occasional visits at home.

9. A regulation requiring that patients on admission to a hospital shall be informed of the nature of the institution and of the fact that they are detained under legal commitment.

10. Affording all patients the legal right of a hearing by the visiting commissioners, apart from any officer of the hospital.

11. A rule restricting the issuing of licenses to conduct private institutions for the insane to reputable physicians of at least five years' experience in the care and treatment of the insane.

12. Provision for the clinical teaching of insanity in the State hospitals, by admitting to the wards thereof, under proper restrictions, students of medical colleges situated in their vicinity, as well as practising physicians who may desire the opportunity of studying mental diseases clinically. Under this provision six medical colleges now avail themselves of the facilities offered by the hospitals for the clinical teaching of insanity.

13. Provision for the appointment of medical internes in each of the State hospitals at a salary of \$600 per annum, in addition to the regular medical staff, thus providing a training school for medical officers from which the regular medical staff may be recruited.

14. A regulation requiring competitive civil service examinations for appointment of resident officers in State hospitals. This provision has resulted in divorcing the hospital service from partisan influences, and in opening the way for promotion, by merit, of experienced assistant physicians and other worthy officers. Only physicians who have had at least five years' experience in a hospital for the insane are eligible to examination for an appointment to the position of superintendent. This regulation has effectually barred the appointment to office of inexperienced and incompetent physicians through political or other influence, as was heretofore too frequently the case. It is believed that the letter and spirit of civil service requirements are more carefully observed in the State hospitals of New York than in any other department of the State government, and that under its operation the hospitals are as free from partisan influences, both in the matter of appointments and in the tenure of office during efficiency and fitness, as it is possible to have them under a republican form of government.

15. A material increase in the average rates of salaries and wages of all grades of service, also an increase in the ratio of medical officers, nurses, and attendants to patients including a woman physician, on the staff of each hospital. The schedule of salaries and wages provides, in nearly all cases, for promotion in pay at regular intervals, as a matter of right and independently of favoritism.

16. The establishment of training schools for nurses in all the hospitals. The adoption by the hospitals of a uniform dress for nurses' and attendants' wear. The introduction of women nurses on the men's wards, such nurses to be paid the same wages as men. Also a material extension of accommodations for nurses in detached buildings, or nurses' homes, and the employment of a corps of night nurses, especially in the care of disturbed and untidy patients. This arrangement insures a continuity of nursing service and enables the nurses, when off duty, to retire to their

own, well-appointed, quiet apartments where they may obtain needed rest and relaxation.

17. The appointment of consulting boards for the hospitals, consisting of general practitioners, alienists and specialists in other branches of medicine and surgery.

18. Provision for the employment of dentists for patients whose teeth the medical officers may determine to be in need of attention, also for ophthalmological examination by eye specialists with a view to the correction of defects of vision, from which many patients suffer.

19. An annual allowance to each hospital for the purchase of medical books and journals, magazines and other periodicals, for the benefit of the medical staff and others.

20. The employment of a chef in each hospital, in addition to the ordinary corps of cooks, whose duty it shall be to generally supervise the cooking in the various kitchens and to instruct the subordinate cooks and nurses in the preparation of special diet.

21. The adoption of a schedule of food supplies, including a per diem ration allowance of each article. This schedule is designed to serve as a basis for the hospitals in estimating for commissary supplies, and also as a guide for the commission in its revision of such estimates.

22. A marked improvement in the methods of bathing, by the introduction of "rain" or "spray" baths and other hydrotherapy.

23. A requirement that, so far as may be deemed feasible, the hospitals shall enter into joint contracts for the purchase of staple articles of supply through competitive bids, the contracts to be let to the lowest responsible bidders.

24. The abolition of mechanical restraints in all the hospitals and the substitution therefor of useful occupations, diversions and amusements of various kinds. Prior to the enactment of the State care law the wards of substantially every asylum were supplied with camisoles, leathern muffs, belts and wristlets, protection sheets, etc., and many of them also with the "Utica Crib," so called from having been first used in the Utica Asylum. In addition to these forms of restraint the wards of the Auburn Asylum for Insane Criminals, when I became its superintendent in 1876, were equipped with an outfit of chains, shackles and handcuffs, many of which were in daily use. At that time, as a result

of the teachings I had imbibed, I believed in the utility of mechanical restraints and would have regarded a failure to use them in certain cases as a dereliction of duty, and I so stated in my annual report for that year. Subsequently, however, on January 1, 1879, after careful study of the subject, I determined to discontinue the use of mechanical restraints in the institution absolutely and I accordingly issued an order therefore to take effect on that date. This, I believe, was the first instance in the United States of the absolute abolition of mechanical restraint in a public institution for the insane. This, at the time, seemed a long step in advance and one the propriety of which was seriously questioned by several of my fellow superintendents. But soon after the step was taken it was found that the need of these appliances had ceased to exist, and that under the beneficent influences of amusements, diversions and useful occupations, together with adornments of the wards and surroundings of the patients, quiet and order had soon supplanted the turbulence, confusion and violence which attended the old methods and which rendered the institution a veritable bedlam. In the days of restraint it was really dangerous for visitors to pass through certain of the "disturbed" wards of our public institutions for the insane, whereas, nowadays, visitors to these institutions not infrequently complain that they have not been shown the "worst cases," and they ask to see those who are in "padded cells" or "tied down," and when told that there are no such cases, or places, in the hospital, they are apt to look incredulous and doubting. So that, even to-day it is difficult for those who are unfamiliar with the subject to realize that the old conditions have entirely disappeared under modern methods of care and treatment.

25. The introduction in 1901, of tent life for the care of tuberculous patients, by the late Dr. A. E. Macdonald, superintendent of the Manhattan State Hospital, on Ward's Island, New York City, marks another important step in the progress of the care and treatment of the insane in New York which is worthy of special mention.

The pronounced success of Dr. Macdonald's experiment of treating tuberculous insane in canvas tents during the milder season, and which was subsequently extended to all seasons of the year, has led to the extension, with most beneficial results, of tent

treatment to several other classes of patients, namely, the feeble and untidy, the convalescents, and, finally, to the acute insane, many of whom, confined to bed and suffering from various concurrent diseases, find in camp life an agreeable and beneficial change from the more confined surroundings and vitiated air of the hospital ward. Dr. William Mabon, the present superintendent of this hospital, in a recent paper states that the recovery rate of cases cared for in the open air is as high as 40 per cent., whereas, the death rate is "extremely low." The experience of this hospital during the past five years shows that the open air treatment is especially beneficial to the tuberculous, the feeble and untidy, the retarded convalescents and the acute insane in which the psychosis is associated with debility, delirium and insomnia.<sup>1</sup> Fully equipped camps for both sexes are now maintained at this hospital in which large numbers of patients receive the same general routine treatment that is given to indoor cases with the added benefit incident to life in the open air. This system of outdoor treatment of the insane is gradually being adopted by other hospitals, both in New York and in other States of the Union.

26. The systematic employment of patients at useful occupations, such as farm and garden work, in the various repair shops, bakeries, kitchens, laundries, tailor shops, sewing rooms, stables, etc. Also at various industrial occupations, such as the manufacture of clothing and foot wear, furniture, brooms and brushes of all kinds, hair mattresses, rugs, upholstering, chair caning, bookbinding, printing, etc., etc. The finished products of these industries are not sold in open market, but are disposed of at actual cost to other hospitals which may not manufacture or produce the particular article, thus avoiding direct competition with trades unions. For instance, one hospital roasts all the coffee, or manufactures all the brushes, or supplies all the printed blank forms that may be required by the other hospitals.

<sup>1</sup> Those who may desire detailed information respecting the methods and results of tent treatment of the insane in New York are referred to the annual reports of Manhattan State Hospital (1901 to 1906); also to a paper on Tent Treatment for Tuberculous Insane (illustrated) by Dr. A. E. Macdonald, reprinted from "A Directory of Institutions and Societies Dealing with Tuberculosis in the United States and Canada," 1904; also "Open Air Psychiatry," by Dr. William Mabon, *N. Y. Medical Journal*, February 9, 1907.

27. The establishment of a Pathological Institute: Criticism having been made from time to time by eminent members of the medical profession, of the indifference and inattention of the hospitals for the insane generally throughout the United States to scientific investigation, the Lunacy Commission, after first securing the material welfare of the insane, as regards their proper housing and care, proceeded to establish a department of scientific investigation of mental diseases. This centre of scientific investigation in insanity and allied fields of research was designated the Pathological Institute of the State Hospitals, to indicate the preponderance, but not the exclusive application, of the study of pathology to problems of insanity. The plan in establishing the pathological institute was practically not to restrict its studies along any one exclusive line of science, but to make such investigation broad and comprehensive by the union of all branches of science which could be practically brought to bear upon the scientific study of mental disease. The great renaissance in our knowledge of the normal nervous system accomplished by the methods of Golgi and his followers, the great progress in the science of the cell structure, the progress of bacteriology, linked with physiological chemistry, the comprehension of the correlation of the nervous system with other portions of the body, the tendency to correlate all of these sciences so that they might be focused upon the problems of the physical basis of insanity, made the time ripe for establishing a central department for the scientific work of the State Hospitals, not as an experiment, but on a permanent basis, and one which would justify the expenditure of the considerable moneys which such an undertaking, to be successful, necessarily requires. As already intimated, such a conception of investigating the nervous system as a dependent part of the body in the broad light of the operation of the general laws of pathologic processes and by co-ordinating pathologic histology with its sister sciences was a distinct departure from the plans of working at these problems in the past. Furthermore, it was deemed wise, both from an economic and a scientific standpoint, to centralize the research work of the hospitals in a single institution, in order that unity of method in investigations might prevail and proper guidance and systematizing of the work by a master hand might be in order. In its eighth annual report to the Legislature (1897) the commission, referring to the Institute said:

"The future progress of work of this kind, then, may be believed to justify much expectation in the investigation of the most subtle and difficult field of the causation of disease, namely, the morbid conditions of the nervous system, which give rise to and underlie the manifestations of insanity, and it is believed the people of the State will not fail to sanction the making of necessary expenditure for carrying on this most important work for which the time has only so recently been adequate. It is not too much to hope that in the comparatively near future such investigations will exhibit practical results both in the prevention and cure of insanity."

The Institute is divided into departments and the gentlemen in charge of these departments are designated associates in their respective branches, the whole being under a director, distinguished for his scientific attainments, Dr. Adolf Myer.

28. Another important step in the interests of the insane is the establishment, through the joint action of the commission, hospital superintendents and the State Charities' Aid Association, of a system of after-care of the insane, the object of which is to extend, through private philanthropy, temporary assistance and friendly aid and counsel to needy or dependent persons at their homes or elsewhere on their discharge from the hospitals as recovered. It was believed that a little timely aid and encouragement given to such persons through the agency of an "After-Care Committee" in each hospital district would serve to prevent relapse in many cases and the results thus far reported fully justifies the opinion that the belief was well founded although the system is still in its infancy.

Respecting what has been accomplished in the direction of improvements to the hospitals, as well as in the promotion of the welfare and comfort of their inmates, as a direct result of the adoption of the policy of State care, a perusal of the annual reports of these institutions would show that their condition as regards structural improvements and equipments, sanitary condition, order and cleanliness, fire protection, furniture, clothing, food supplies, industrial and other occupations, means of diversion and amusements, discipline, nursing, medical service and organization, has been steadily progressive and that the standard of care is in all respects much higher than it was prior to the enact-



ment of the State Care Law, while at the same time the cost of maintaining the hospitals has been greatly diminished. Prior to October 1, 1893, at which time the commission was given supervision and control of the hospital finances, the average annual per capita cost for maintenance was \$222. The commission reduced this to \$184, while at the same time, materially raising the standard of care, thus effecting, in a single year, a saving of about three hundred thousand dollars.

It is the will of the people of the State of New York, that its hospital system shall be conducted on a plan that will afford every opportunity of recovery to recoverable cases and at the same time insure proper care and treatment to the chronic insane, to the end that their condition may be improved as far as possible, and that the most hopeless of these unfortunates may have the chance of possible recovery, under the best conditions and environments with which they can be surrounded. In other words, the people of this great commonwealth desire that in their standard of care and in their results their hospitals for the insane shall stand second to none in the world, and I believe they are abundantly able and willing to supply the necessary means to secure these conditions and results.

The progress and present status of the New York State hospital system, which I have endeavored to portray, may be regarded as a continuation, if not the full fruition, of the great reform movement in behalf of the insane, inaugurated more than a century ago, by Pinel in France, by Tuke in England, by Jacobi in Germany and by Rush in the United States.

This splendid system, begun in 1836 and consummated in 1890, representing a growth of more than half a century, is a living monument to unselfish effort for humanity and science. Its existence to-day marks a great and lasting triumph of philanthropy and humanity over ignorance and greed, in the march of civilization.

All honor to the Medical Society of the State of New York, which, through its humane secretary, Dr. Willard, blazed the pathway of this great reform through a wilderness of ignorance and greed. All honor to those good men and women who later renewed the struggle, against fearful odds, and courageously bore the burden of conflict for the emancipation of these mentally afflicted fellow-beings to a successful issue.

It is not claimed that the new system is, unlike other human agencies, without imperfections. It is claimed, however, that its already demonstrable advantages over the system which it superseded are so great as to convince even the most sceptical of its former opponents of its superiority, both in its humane and its financial aspects; also that the principle of State care founded on the broad basis of science and humanity, when intelligently applied, as it is in the State of New York to-day, stands for all that is best in our present knowledge of the care and treatment of the dependent insane.

