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In addition to over two hundred county and private institutions for the care of the insane, there are in the United States of America, 148 State institutions variously known as State hospitals, hospitals for nervous and mental diseases, insane asylums and lunatic asylums. Every year the number of admissions to these institutions increases, every year the expense to the taxpayer increases and every year the anguish of the friends of the insane becomes greater. The total number of patients admitted to the asylums for the year of 1910, was almost 61,000[1] and over half of these were harmless cases of insanity.

Nearly all patients suffering of mental disease are harmless, although in the acute stage of their maladies the patients may be dangerous. This is especially true of the acute periods in manic-depressive insanity and those suffering with paranoia are rarely if ever free from dangerous outbursts.

Restraint placed upon the harmless patients constantly reminds them of themselves and their condition and leads to morbid or revengeful thoughts or both. The chances of recovery are minimized in consequence of restraint, since the consciousness of confinement or constant guarding tends to prevent possible optimism, and causes the diseased mind to react too steadily upon itself. It is proposed to offer a method which shall insure safety to society as well as remove all visible restraint from the harmless insane.

That harmless patients who are mentally unfit for an active business or social life can be successfully

cared for in a community devoted to their welfare has been effectively demonstrated at Gheel, Belgium. Tradition says that the people of Gheel have cared for the mentally unfit for thirteen centuries, and history definitely rocords a number of centuries almost as great. Up to the time of the present war in Europe, Gheel numbered about 11,000 inhabitants, of whom 2,325[2] were patients and only sixty, or at most seventy of these, were confined in an asylum.

Gheel includes a district of poor farm land about thirty miles in circumference, embracing the town of Gheel proper, and several outlying villages, each of which has its own church. This district is divided into five sections for the convenience of guarding and inspection, and for housing the various forms of insanity. The most restless cases are quartered in the outlying divisions. Each of these five divisions is provided with a competent, fully qualified doctor who has under him two inspectors, "the entire staff being subordinate to the medical director."

From the time when the mentally afflicted first came to Gheel as a shrine of healing until the present day, the villagers have accepted insane people as boarders; boarders who frequently become life-long members of the family. The patient's arrival is attended with all the ceremony of a welcome guest. The house is given a thorough cleaning, the family don their best attire, and the first meal is supplemented with as many extra luxuries as the family can afford. The new patient immediately feels that he has entered a sympathetic environment. Here he is not considered a reproach upon the family name, he is not abused or neglected as in an asylum, but he is accepted as one of the family. In every respect he is treated the same as all the other members of the family except that his comfort is more carefully looked after. Among his new friends he finds sympathetic listeners and cautious counsellors. In a short time he begins to feel as though he really were a human being.

A wise rule permits the villagers to accept insane

patients as boarders with perfect safety, for the medical director "excepts those for whom continuous restraint is required, suicidal patients, homicidal patients, incendiaries, those likely to escape, and those likely to disturb the tranquility of the community, or to shock public decency."[3]

The Gheelois of the present day have an almost instinctive knowledge as to the care of the patients, as this has been the occupation of generation after generation of families. This instinctive knowledge, however, is supplemented by instructions from the doctors and suggestions from the inspectors. The custom of accepting patients as members of the family is almost religious in its nature, and nearly every family of every social class, houses and cares for one or two of the sufferers who come to Gheel.

Since 1852, when the colony first came under the control of the Belgian government, each registered family has been permitted to accept two patients as boarders. The keeping of such boarders has always been a source of remuneration to the inhabitants, and according to J. A. Peeters, who retired from his post of medical director in 1909, after many years of devoted, helpful and optimistic service, Gheel owes its prosperity to its chief business, which is the care of insane. Patients come not only from Belgium but from all parts of Continental Europe and England, and for each of them, a place is found suited to their tastes and means.

The care of the patient is paid for by his relatives whenever possible, and by the parish from which he comes if the relatives are unable to bear the expense of his care. This method permits those from the different levels of the social order to live in homes that furnish at least a material environment similar to that which they enjoyed before coming to the colony. The country folk enter the homes of farmers, the city dweller becomes a member of a family of his own class, and the wealthier patients may surround themselves with all the comforts and conveniences to which they have formerly been accustomed.

This method, successfully carried out, insures each patient careful, kindly, individual attention. His attendants understand him and his peculiarities, and the way to make him feel as though he were a normal member of a normal family. The system of doctors and inspectors guarantees to each patient medical care and a standard of treatment that is never lowered. Next to the efforts to bring about a cure, the comfort of the patient is of greatest importance.

The lack of visible restraint is thoroughly carried out. The patients may come and go about the village and surrounding country very much as they choose, they are employed in the lighter tasks about the farms and houses, and though many of them earn a little money in this way, they are not permitted to carry any money with them, except very small amounts on holidays. One of the charming features of the patients' life and one that does much to teach them self-control and bring them happiness, is the society of children. Accustomed as the children are from birth to the eccentricities of the patients, they think nothing of them and enjoy the companionship of the alien members of the family as much as they enjoy the company of the sane. The patients often take care of the children and realize the responsibility placed upon them. This association with children is one of the greatest influences for good exerted over "the sick in mind," who are residents of Gheel, for the children, more than all else, succeed in taking the patient's thoughts from himself.

The problem of unsympathetic attendants which is so closely interwoven into the asylum system is partly solved at Gheel. A recovered patient or one who has passed through the most severe stages of his malady, is appointed as attendant to another who is suffering with the same disease. The experienced understanding of and helpfulness to the patient of such an attendant works marvelous changes that benefit not only the patient but the attendant as well, who generally reacts promptly to the confidence thus rested in him.

Just as the modern tuberculosis sanitariums have removed some of the horror from consumption, and sent out convalescing patients as missionaries to their relatives, so does the colony of Gheel affect the problem of insanity. The relatives and friends of the insane man, who has returned to them, learn from him how to look after his needs and how to treat him in moments of excitement. Such teaching in a world that has misunderstood insanity and the care of the insane for so many centuries is sorely needed.

One other important factor embodied in the no-restraint policy that makes normal life for the insane a reality at Gheel, is the privilege to affiliate with the church and church societies as well as other organizations. They are permitted to go to whatever church they choose and to take part in any of the activities that are open to church members. Most of the patients are members of a large, really first-class musical organization. This society gives public concerts several times a year in which the sane and the insane take part.

Providing the harmless patients with normal surroundings and believing "that the same moral and physical regimen which has proved itself the only power adapted to quicken, mature and firmly establish the elements of reason and self-government in ourselves and in our children, is the sole regimen that can be trusted to do the like for the feebler and more sorely beset elements of these poor afflicted ones,"[4] is the principle of the plan employed at Gheel, Belgium, which removes all visible restraint from the harmless insane and which has led, since 1889, to the recovery of 19 per cent. of the patients.

No doubt our present method of caring for the insane is far superior to that of fifty years ago, and yet something more than housing is needed to meet squarely the growing problem of insanity, and that something is care; proper, considerate care, that embraces kindly attention to individual needs and medical treatment looking toward cure.

With the prevalent method of herding the insane

away from normal people, normal occupations, and normal amusements, we bar many of these unfortunates from a heritage which is rightly theirs, for the insane may be, really ought to be, divided into three large classes. There are first, the acute cases of insanity, comprising about one-fourth of the number, which demand prompt medical attention; the dangerous insane comprising another fourth of the number, which require constant attention and watching; and the harmless insane comprising the remaining half, which should be under no visible restraint.

Our present inadequate system fails to provide sufficient attendants, trained nurses and medical care, for any of the patients, and most of the attendants are wholly unfit for caring for sick people, and are much less fit for the tactful care needed to handle "the sick in mind."[5] Statistics show that throughout the United States, with its 188,000 patients, there are only 662 doctors employed in the State hospitals, or about one doctor to 275 patients,[6] and evidence is not wanting to show that many of these men are not adapted to their work.

Not only do the multitudes living in one institution prevent the possibility of careful attention to individual cases, but the mass of routine duties caused by such a crowd practically prohibits the superintendent from doing any of the much needed laboratory research looking toward cure. If we would solve the most pitiful problem of the State we must make it possible for our State hospital superintendents to seek the causes of insanity.

Gheel has shown us that a superior method of caring for the harmless insane, than the one we now use, exists. Gheel has also been the model for other successful European communities for the care of the insane, one of which is located at Lierneux, Belgium, founded in 1883, and patterned upon the system used at Gheel.[7] Of different form but based upon the same principle as the Belgian colonies, are the three asylums at Veldwijk, Bloemendal and Dennenoord, in Holland, Ainay-le-Chateau, Dun-sur-Auron, and

Levet, in France, and Gardelegen and Jerichow, in Germany. In an account of the system of boarding out patients, that is given by R. Cunyngham Brown,[8] he tells of the various reasons that have led Belgium, Holland, France and Germany, to adopt the method of family care for the insane, and closes the introduction to his paper by saying, "but wherever and however initiated it has been invariably found to be not only a relief to congested asylums, but in itself a valuable therapeutic aid."

Conditions in the United States are such that the adoption of a modified form of the community plan for the care of the mentally diseased is possible. We have tracts of low-priced land where colonies may be founded, for the poorest land is good for this purpose. The labor necessary to improve the productivity of the soil would furnish years of normal occupation for many patients. "Work is the salvation" of the insane as well as of the sane. With modern methods of fertilizing and developing the soil such a community would soon provide itself with much of the food that is now purchased by the State. The comparatively rapid betterment of the land would also increase its commercial value and less than a decade ought to be sufficient time in which to save more than the initial expense.

In addition to the low-priced land, we have a class of people in the South peculiarly adapted to care for the insane. The Southern people are hospitable and lack the hardness and strenuousness of the northerners. The record of the Peoria State Hospital, of Illinois, has few accounts of brutality since Dr. Zeller inaugurated the policy of securing attendants and nurses from Southern Illinois. Among the families of the South, some could easily be found to beg'n life in a rural community devoted to a no-restraint policy for the care of the insane; a policy, the essence of which, has been aptly defined as, "Doing to the insane as the sane would be done by.[9]"

An increasing demand for such colonies is becoming evident. Over half of the 61,000 cases annually

admitted to our State hospitals are harmless, and in themselves are an appealing argument for the removal of all visible restraint. Those who come into frequent contact with many of the friends of the insane, hear a steadily accumulating number of complaints. People who have the interests of insane relatives or friends at heart, are becoming enlightened and are losing the feeling that insanity is the "bar sinister" which brings shame upon the family name. They are learning to say with the more progressive psychiatrists "that, in all instances, mental diseases are due to physical causes and should be met by physical measures."[10] When it becomes more generally known that insanity is a physical disease with mental symptoms, the public will seek definite knowledge, and "knowledge breeds action." The first signs of such action have been manifested in several of the Chicago newspapers since the beginning of last March, and on two occasions, since March 11, the need of rural communities for the harmless insane has been mentioned in the courts of Chicago.

Earnest, optimistic and thorough research into the causes and possibilities of prevention and cure of insanity is needed. The notion that people afflicted with mental diseases are the victims of "a twisted idea," is gradually being replaced by the more rational thought that many of them are suffering from a painful physical disease. Certain types of mental aberration have been traced to venereal disease and to narcotics, and many, many cases have been directly attributed to the excessive use of alcohol.

Research into the causes of insanity is sorely needed, but with our present system of over-crowded institutions, is scarcely possible. The routine work of the hospital staff, from the superintendent down, is too great to permit continued careful study of a few typical cases, such as that conducted by Dr. Gunnar Kahlmeter,[11] the Swedish psychiatrist. Most of us are familiar with the account of the years of patient devoted effort by successive scientists before the

cause and cure of yellow fever was established. We all know how marvelously the fatality of diphtheria was reduced after scientific toilers had demonstrated the results of their study of the disease. Just as hopeful research found the causes and cure of yellow fever and of diphtheria, so will it discover the bases of insanity and consequently the cure for this saddest of diseases.

The men most fit for this service are men employed in the State hospitals. Efficient medical and laboratory men would there have access to thousands of new patients every year from which they could select typical cases for study. However, careful study of individual cases will be possible only when we minimize the routine labor by removing over half of the patients from the asylums.

The removal of the harmless patients from what is practically prison custody would not only grant the superintendent greater freedom for the study, but would also reduce the expense of caring for the mentally afflicted. The necessity for expensive buildings and grounds would disappear, the community would be able to furnish many of its own provisions almost from its beginning, and the cost of the patient would frequently be borne entirely by his relatives and friends. The possibility of more rapid and more frequent recovery would mean the return of economic, self-supporting factors to the commercial world, which some statisticians place at a rather high annual sum.

If we would hasten "that terribly needed reform, the amelioration of the lot of the insane of our country," we must do something to make our State hospitals more worthy of the name hospitals, and with the successful example of the colony at Gheel, Belgium, we have a pattern founded upon a principle that is steadily growing in favor with psychiatrists of foreign lands. It would be advisable for the States to adopt some form of the community plan for the care of the insane that would enable the hospital superintendents to direct research that would materi-

ally reduce the cost attending the treatment of our saddest problem.

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