

Report ... for the year 1842 / By Thomas S. Kirkbride.

Contributors

Pennsylvania Hospital for the Insane.
Kirkbride, Thomas Story, 1809-1883.

Publication/Creation

Philadelphia : [J.C. Haswell], [1843]

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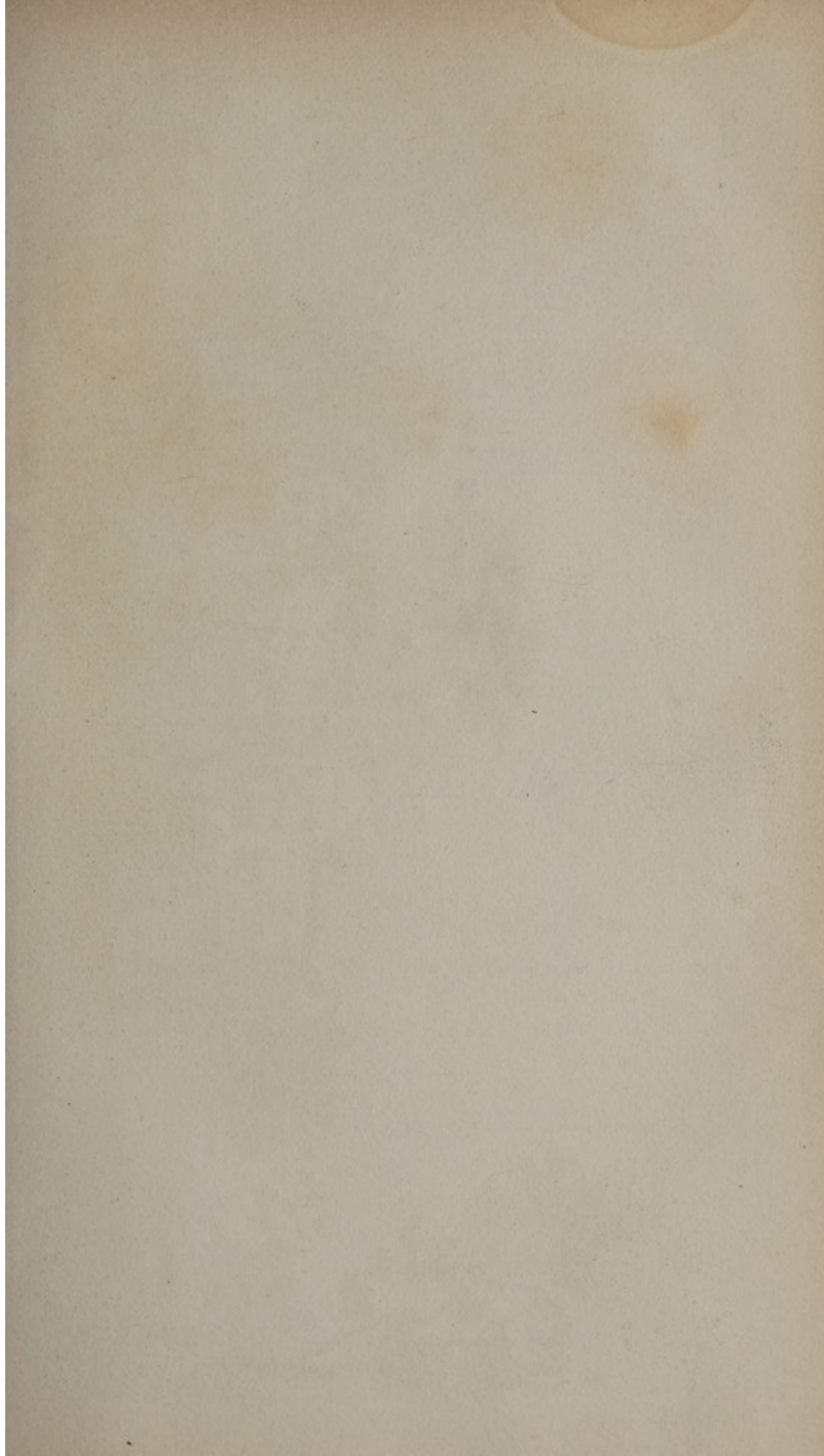
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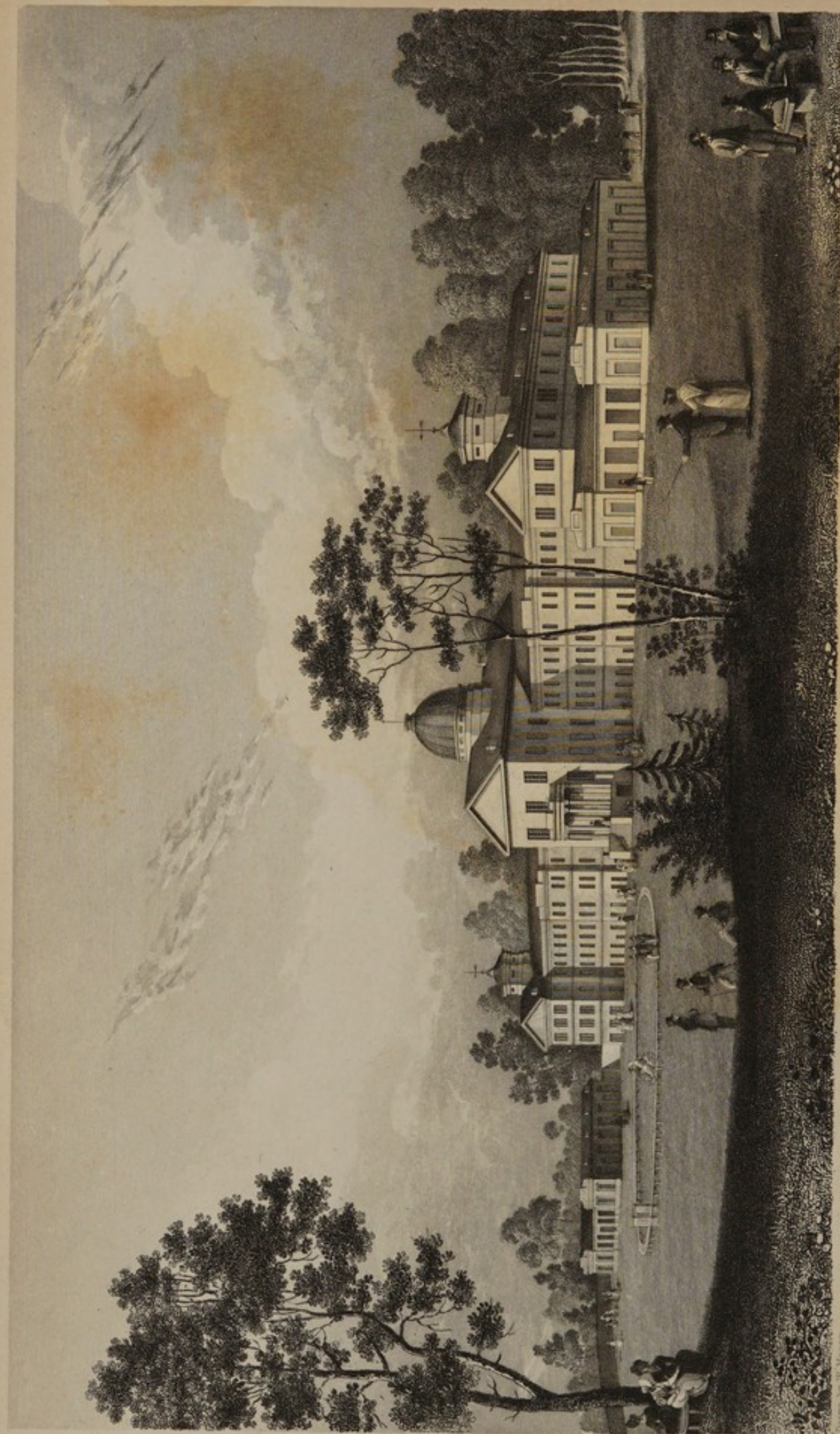
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PENNSYLVANIA HOSPITAL FOR THE INSANE.



Drawn by W. Mason.

Isaac Holden Architect.

Engraved by W. E. Tucker.

REPORT
OF THE
PENNSYLVANIA HOSPITAL FOR THE INSANE,
FOR THE YEAR 1842.



BY THOMAS S. KIRKBRIDE, M. D.,
Physician to the Institution.

Published by Order of the Board of Managers.

PHILADELPHIA.

1843.

PHILADELPHIA :
PRINTED BY JAMES C. HASWELL, 46 CARPENTER STREET,
(REAR OF THE ARCADE.)



BY THOMAS S. KIRKBRIDE, M. D.

Professor of the Institution.

Original in the Library of the University of Pennsylvania

PHILADELPHIA

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Letters relative to the admission of patients, may be addressed (Post Paid) to any of the Managers, or to DR. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages for any of the officers or patients, may also be left at the Hospital, Pine street, between Eighth and Ninth streets, in the city of Philadelphia.

OFFICERS OF THE INSTITUTION.

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Hospital for the Insane, Philadelphia.

Letters or small packages for any of the officers or patients, may
also be left at the Hospital, Five street between Eighth and Ninth
streets, in the city of Philadelphia.

PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

In compliance with the By-Laws of the institution, the undersigned, submits to the Board of Managers of the Pennsylvania Hospital,—his second Annual Report. With grateful feelings to a beneficent Providence for the blessings with which we have been favoured, he has the satisfaction to state, that during the year just closed, the institution has been highly prosperous,—the number partaking of its benefits has increased—its restraints have been diminished without the occurrence of any serious accident, and almost uninterrupted general good health has prevailed throughout the household.

Since the date of the last report, the contractor has completed the Lodges or detached buildings, for such patients as from habitual noise or other causes, were likely to prove an annoyance to those who resided in the main hospital. They have been occupied during the greater part of the year, and have been found to answer admirably, the purposes for which they were erected. Some of their inmates, even of the very worst class, have manifested a decided improvement in

their habits, from the stricter classification, and more perfect supervision, to which they have been subjected.

The arrangements for ventilation and for warming every part of these buildings, are believed to possess many advantages, and the airy and cheerful halls, which are used during the day, have contributed vastly to the comfort of those who occupy them,—have enabled us to dispense almost entirely with restraining apparatus, and made a resort even to seclusion, a comparatively rare occurrence.

Some uniformity of character, and perhaps repetition in details, can hardly be avoided in the reports, which emanate yearly from the same institution; but this is the less to be regretted, as these documents are constantly referred to by different individuals, who expect to derive from them, some knowledge of the capabilities and modes of management of the institution to which they refer.

It may not be amiss therefore, now that the entire plan of the buildings of the "PENNSYLVANIA HOSPITAL FOR THE INSANE" is complete, and the full scheme of organization fairly carried out,—to say in reference to the extent and character of its accommodations, that it is located two miles west of the city of Philadelphia on a fine farm of 111 acres of fertile and undulating land, upon which are several groves of fine forest trees and streams of running water;—its buildings, (with the pleasure ground, garden and deer-park comprising 41 acres,) are surrounded by a substantial stone wall, more than a mile long and ten and a half feet high,—so admirably arranged, that while it is scarcely seen from the hospital—it affords that perfect quiet and privacy which could not otherwise be obtained, and without interfering with the views of the fine scenery and stirring objects

beyond it. The hospital—imposing in appearance—fire-proof—and constructed in the most durable manner, contains 204 chambers for patients and their attendants,—numerous handsome and well furnished parlours,—spacious and extensive corridors,—abundant means for ventilation and warming the whole with heated air—a bountiful supply of water in every part, and numerous fixtures and arrangements, specially intended for the comfort and treatment of its inmates. To these may be added, the buildings necessary for conducting the farm,—for the residence of several engaged on the premises, and a fine workshop for the employment of the patients.

It should also be known, and is certainly a subject for honest pride, that, beautiful and appropriate as is the location of the institution—extensive as are the pleasure ground and farm, and expensive and well arranged as are the different buildings and fixtures;—all these noble means for the alleviation of human suffering, have arisen and been completed from a fund specially devoted to that one purpose.

At the date of the last report there were 115 patients in the hospital, since which 123 have been admitted and 120 have been discharged or died, leaving 118 under care at the close of the year. Included in the admissions are 12 from the Hospital in the city, who with 93 previously received from the same source, make a total of 105, who had been residents of the old institution. Of these 105 patients, one had been resident there more than fifty years,—one more than forty, and several, thirty, twenty, and ten years. Of the whole number received from the hospital in the city, 81 were considered decidedly incurable and not offering the slightest chance for restoration.

The total number of admissions last year, exclusive
of those from the hospital in the city, was, 83
The total number this year, exclusive of do. 111
Showing an increase in the number of admissions of $\overline{28}$

The total number of discharges last year was - 61
The total number of discharges this year - 121
Showing an increase in the number of discharges of $\overline{60}$

The average number of patients in this hospital
during the 1st six months of 1841,* was 97
do. during the 2nd six months do. " 108
do. during the 1st six months of 1842, " 109
do. during the 2nd six months do. " 120

The average for the whole of 1841, was - - 104
do. do. 1842, was - 114

Showing a gradual increase in the number under
care at one time.

The highest number in the hospital at one time
since its opening, was during a part of the last
month of 1842, being - - - - 127
The total number of patients under care in
1842, was - - - - 238

Of those discharged during the year 1842, were—

Cured	-	-	-	-	-	60
Much Improved	-	-	-	-	-	11
Improved	-	-	-	-	-	19
Stationary	-	-	-	-	-	18
Died	-	-	-	-	-	12
Total,						$\overline{120}$

Of the patients discharged "Cured," thirty-seven were
residents of the hospital not exceeding three months,

* Exclusive of time occupied in removal of patients from the city, and
rejecting fractions in all cases.

twelve between three and six months, seven between six months and one year, and four for a longer period than one year.

Of those discharged "Much improved," six were under treatment, not exceeding three months, two between three and six months, and three between six months and one year. Of the "Improved," six were under care less than three months, seven between three and six months, five between six months and one year, and one for a longer period than one year.

Of those discharged "Stationary," five were in the house less than three months, three between three and six months, five between six months and one year, and six over one year. Eight of those discharged as stationary were demented patients, whose insanity was of very long standing, and five were removed without giving a fair trial to treatment.

Among the premature removals were also five "Improved," and five "Much improved." Of the perfect restoration of the last five, there was no reasonable doubt, had their treatment been longer continued.

The character of this institution will probably always cause us to report a larger or smaller number of premature removals. We receive all classes of insane persons and have no authority to detain any, longer than is desired by their friends. Ignorance of the chronic character of the disease, caprice, or other causes, will frequently lead to removals, even before the expiration of the short period (three months,) for which Board is always required, if a patient is taken away without being restored,—and some will constantly be found, who contrary to their own wishes, are compelled to ask the discharge of their friends, from inability to bear the expense of supporting them in the Hospital.

Eight males and four females have died during the

year. Of these deaths, one was from bronchitis, three from tubercular consumption—one from inflammation of the lungs supervening on tubercles—one from apoplexy—one from ulceration of the intestines—one from erysipelas—one from organic disease of the heart,—one was a case of meningitis,—one from gradual wasting of the powers of life, without apparent organic disease, and one was sudden, no lesion being discovered except an increased amount of serum in the brain.

Of the cases of consumption, two were far advanced when they entered the hospital, and one of them presented very strikingly, the latent or masked form which diseases not unfrequently assume among the Insane. The third of these cases was more than 70 years old, and had been a resident of the institution nearly 40 years. The case of ulceration of the intestines was very extensive and must have existed a considerable time, although there was no indication of it till within a short period before death. This case was one month under notice. The patient with organic disease of the heart, died suddenly three days after admission, and the other sudden death occurred eleven days after the patient entered the house. The delirium of Meningitis was supposed to be Insanity, and the patients expired in convulsions in four days after leaving home.

Although the remarks already made go to show a gradual increase in the number of patients under care at one time, in this institution;—in order to prove how much the means of usefulness of the Corporation have been extended by the erection of a distinct hospital for the Insane—and how vastly important is a separate system of organization and many modes of treatment, of which the contracted limits of the house in the city forbid the employment, I give a statement of the

average number of admissions, discharges &c. in the old hospital during the five years immediately preceding the removal of the insane from that building, compared with what has taken place in this hospital during the year 1842.

1st. ADMISSIONS. The average number of yearly admissions into the city hospital was - - 66
 The number in this hospital in 1842 was - 123
 Showing an increase in the number of admissions
 per annum of - - - - - 57

2nd. DISCHARGES. The average number of yearly discharges in the city was - - - 69
 The number in this hospital in 1842 was - 120
 Showing an increase in the number of discharges
 of - - - - - 51

3rd. UNDER CARE AT THE END OF THE YEAR.

The average number in the city was - 101
 The number at the end of 1842 was 118
 Being an increase of only - - - 14

4th TOTAL NUMBER UNDER CARE DURING A YEAR.

The average total number in the city was - 174
 The total number in this hospital in 1842 was 238
 Being an increase of the number under care in
 one year of - - - - - 64

From this statement it will be seen, that although the number under care at one time has not increased very materially, the number under treatment during the year has been much greater than at any previous period. By a comparison of the condition of those discharged, it will be found that the institution is now rendering much greater service to the public, and relieving a much increased amount of human suffering.

The comparisons are for the same periods as above.

1st. CURED.—The average number discharged cured in the city hospital was - - - - - 21

The number discharged cured in this hospital in 1842 was - - - - - 60

Showing an increase in the number cured in one year of - - - - - 39

2nd RELIEVED,—(being equivalent to our terms “much improved” and “improved.”)

The average number discharged in the city was 14

The number in this hospital in 1842 was 30

Showing an increase in the number relieved of 16

3rd. STATIONARY.—The average number thus discharged in the city was - - - - - 24

The number thus discharged here in 1842 was 18

Showing a diminution in the number of this class of 6

The following statistical tables have been carefully arranged from the records of the Hospital, and refer to all the cases that have been received since the opening of this institution, two years ago,*—as statistics for small numbers or short periods rarely possess much value.

TABLE I.—*Showing the number and sex of the admissions and discharges, in 1841 and 1842 and of those remaining at the end of the latter year.*

	Males.	Females.	Total.
Admissions, - - - - -	171	128	299
Discharges or Deaths, - - - - -	111	70	181
Remain, - - - - -	60	58	118

* Although the Pennsylvania Hospital is much the oldest institution in the United States for the treatment of Insanity, dating back as far as 1752, yet owing to the records being formerly much less complete than was desirable, I have preferred keeping distinct, the observations that have been made since the Insane were removed to a country location. It may not be uninteresting however, to state that previous to this time, of nearly 40,000 patients of all kinds who had been under its care, 4336 were Insane, of whom 1493 were returned to their families perfectly cured and 913 were discharged Improved.

TABLE II.—*Showing the ages of 299 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Between 15 and 20	2	5	7	Between 50 and 55	14	7	21
“ 20 and 25	28	14	42	“ 55 and 60	8	6	14
“ 25 and 30	27	20	47	“ 60 and 65	11	5	16
“ 30 and 35	24	14	38	“ 65 and 70	2	6	8
“ 35 and 40	24	15	39	“ 70 and 75	3	7	10
“ 40 and 45	15	17	32	“ 75 and 80	1	1	2
“ 45 and 50	12	11	23				
					171	128	299

TABLE III.—*Showing the occupation of 171 male patients.*

Farmers, -	-	22	Weavers, -	-	2
Merchants, -	-	13	Bricklayers, -	-	4
Clerks, -	-	17	Brickmaker, -	-	1
Physicians, -	-	11	Sail Makers, -	-	2
Lawyers, -	-	2	Cooper, -	-	1
Clergymen, -	-	2	Jewellers, -	-	3
Masons, -	-	2	Potter, -	-	1
Umbrella Maker, -	-	1	Chair Makers, -	-	2
Printers, -	-	3	Blacksmith, -	-	1
Officers of the Army, -	-	3	Watch Makers, -	-	3
“ “ Navy, -	-	1	Hotel-Keepers, -	-	2
Students of Medicine, -	-	2	Second-hand Dealer, -	-	1
“ Law, -	-	1	Cap Manufacturer, -	-	1
“ Divinity, -	-	2	Locksmith, -	-	1
Saddler, -	-	1	Millers, -	-	4
Teachers, -	-	3	Glassblower, -	-	1
Pedlar, -	-	1	Wheelwright, -	-	1
Coal Merchant, -	-	1	Gardener, -	-	1
Tobacconist, -	-	1	Chemist, -	-	1
Carpenters, -	-	7	Print Cutter, -	-	1
Bakers, -	-	3	Currier, -	-	1
Seamen, -	-	6	Tailor, -	-	1
Planters, -	-	2	Shoemakers, -	-	4
Manufacturer, -	-	1	Broker, -	-	1
Coachman, -	-	1	No occupation, -	-	15
Druggist, -	-	1			
Labourers, -	-	5			171

TABLE IV.—Showing the occupations, &c. of 128 female patients.

Seamstresses or Mantua			Physicians, - -	3
Makers, - -	14		Judge, - -	1
Store-Keepers, - -	2		Shoemakers, - -	2
Attendants in Stores, - -	2		Hatters, - -	2
Segarmaker, - -	1		Cabinet Makers, - -	2
Teacher, - -	1		Labourers, - -	6
Domestics, - -	6		Grocer, - -	1
			Clergyman, - -	1
Of the <i>Single</i> Females, not			Tobacconist, - -	1
pursuing a regular employ-			Weaver, - -	1
ment, were <i>Daughters</i> of			Sea Captain, - -	1
Farmers, - -	6		Victualler, - -	1
Merchants, - -	14		Brush Maker, - -	1
Masons, - -	1		Lawyer, - -	1
Officer of the Army, - -	1		Tailor, - -	1
“ “ Customs, - -	1		Miller, - -	1
Lawyer, - -	1		Police Officer, - -	1
Bank Officer, - -	1		Carpenter, - -	1
Weaver, - -	1		Druggist, - -	1
Labourer, - -	1			
Sea Captain, - -	1		Of those similarly situated,	
Auctioneer, - -	1		were <i>Widows</i> of	
Innkeepers, - -	2		Merchants, - -	6
Teacher, - -	1		Physicians, - -	2
Carpenter, - -	1		U. S. Consul - -	1
Paper Makers, - -	2		Bank Officer, - -	1
Physicians, - -	2		Sea Captain, - -	1
Planter, - -	1		Hotel Keeper, - -	1
Watch-maker, - -	1		Shoemakers, - -	4
Currier, - -	1		Clergyman, - -	1
			Confectioner, - -	1
Of the <i>Married</i> similarly situ-			Farmers, - -	3
ated, were <i>Wives</i> of			Planter, - -	1
Clerks, - -	2			
Teachers, - -	2			
Farmers, - -	5			
Merchants, - -	1			
				128

TABLE V.—*Showing the number of Single, Married, Widows and Widowers in 299 Patients.*

				Males.	Females.	Total.
Single,	-	-	-	108	62	170
Married,	-	-	-	53	42	95
Widows,	-	-	-	—	24	24
Widowers,	-	-	-	10	—	10

TABLE VI.—*Showing the Nativity of 299 Patients.*

Natives of Pennsylvania,	166	Natives of New York,	4
New Jersey,	28	Dist. of Columbia,	1
Delaware,	9	France,	2
Maryland,	9	{ England,	10
Virginia,	3	{ Scotland,	4
North Carolina,	2	{ Ireland,	24
South Carolina,	6	Germany,	10
Georgia,	5	Poland,	2
Tennessee,	1	Prussia,	1
Massachusetts,	2	Bermuda, W. I.	2
Connecticut,	2	Jamaica, W. I.	1
Vermont,	1	St. Domingo, W. I.	1
Rhode Island,	3		

TABLE VII.—*Showing the Residence of 299 Patients.*

Residents of Pennsylvania,	238	Residents of Louisiana,	1
New Jersey,	17	Tennessee,	1
Delaware,	9	Kentucky,	1
Maryland,	7	Ohio,	1
Virginia,	2	Missouri,	2
Dis. of Columbia,	1	Massachusetts,	1
North Carolina,	2	Rhode Island,	2
South Carolina,	5	New York,	2
Georgia,	5	Jamaica, W. I.	1
Alabama,	1		

TABLE VIII.—*Showing the supposed causes of Insanity in 299 Patients.*

	M.	F.	T.		M.	F.	T.
Ill health, of various kinds, -	22	24	46	Mortified Pride,	—	1	1
Intemperance,	20	—	20	Anxiety for Wealth,	1	—	1
Loss of property, failures, &c. -	17	6	23	Use of Opium,	—	2	2
Dread of Poverty,	2	—	2	Use of Tobacco,	2	—	2
Disappointed Affections, -	2	4	6	Puerperal state,	—	9	9
Intense Study,	5	—	5	Lactation, too long continued, -	—	3	3
Domestic Difficulties,	1	5	6	Uncontrolled Passion,	1	1	2
Fright, -	2	3	5	Tight Lacing,	—	1	1
Grief, loss of Friends, &c. -	4	16	20	Injuries of the Head,	2	2	4
Intense application to business, -	2	—	2	Masturbation,	3	—	3
Religious Excitement,	8	7	15	Mental Anxiety,	4	1	5
Political do.	1	—	1	Exposure to cold,	1	—	1
Metaphysical speculations, -	1	—	1	“ to direct rays of the Sun,	2	—	2
Want of Exercise,	—	1	1	Exposure to intense heat, -	—	1	1
Engagement in a Duel,	1	—	1	Disappointed expectations, -	1	2	3
Want of Employment,	9	—	9	Unascertained,	56	39	95
Celibacy, -	1	—	1		171	128	299

I have taken much pains in every case, to ascertain the causes which have induced the attack, but am compelled to report ninety-five, in which none that was satisfactory could be discovered. It is not to be supposed from this, that no causes were assigned by the friends of patients in all these cases, but, that whenever they were given, minute inquiries showed so plainly that they had nothing to do with the production of the disease, that they were unhesitatingly rejected.

The disease has existed in many cases, a considerable time before the occurrence of the events which were supposed to have induced it, or of which they were effects, and this constitutes one of the most com-

mon sources of error, both as to "cause" and "duration." In many individuals, indeed, to arrive at the most influential cause for the occurrence of insanity in adult age, we would have to go back to a defective early education; the want of proper parental discipline, and a subsequent course of life, violating some of the fundamental natural laws. The causes mentioned in the table will be understood to be the *exciting*, rather than the *predisposing*, which last, however, are of the deepest interest to the philanthropist.

In very many patients, several causes combine to produce the disease, and where it is difficult to say which has been the most efficient. A case, not long since admitted, will illustrate my meaning. A young man of very moderate mental capacity,—little education, and accustomed to a laborious occupation, from too much confinement, at his business finds his health failing, and gives up his employment for a few months, to recruit; at the end of that time, although not well, he is able to return to work—but then discovers that the changes in the times make it impossible for him to find any thing to do. His means being exhausted, his body weak, and without his customary exercise, his mind gradually becomes in a morbid state, when some excitement from Miller's prophecy occurring in his neighbourhood, he immediately attempts to study the subject, and to ascertain its truth from close reading of the Bible—an investigation utterly unsuited for his capacity under any circumstances,—and the difficulties he encounters in the very threshold, lead to a violent attack of mania. The disease was attributed to "Miller's prophecy," or to "religious excitement," but neither of these causes alone would give a proper idea of the origin of the case. Before being excited on that subject, the

patient's mind was ready to be overturned by any abstruse or exciting matter that might be presented to it. Without his loss of employment, this would not have occurred, and without the enfeebled health which accompanied it, his attempted investigation might have been harmless.

Cases similar, in their general character, are not unfrequent, and show the difficulties of forming tables of this kind, which aim at giving only what is positively certain. It is probable that even in some of our "supposed causes," we may unintentionally, have been led into error. It is scarce necessary to say, that without a strong predisposition, many of the causes would have been harmless.

TABLE IX.—*Showing the ages at which Insanity first appeared in 299 Patients.*

	M.	F.	T.		M.	F.	T.
Between 10 and 15	2	2	4	Between 50 and 55	14	7	21
15 and 20	15	12	27	55 and 60	8	6	14
20 and 25	43	27	70	60 and 65	11	5	16
25 and 30	35	29	64	65 and 70	2	6	8
30 and 35	20	16	36	70 and 75	3	7	10
35 and 40	15	9	24	75 and 80	1	1	2
40 and 45	15	16	31				
45 and 50	12	11	23		171	128	299

TABLE X.—*Showing the forms of disease for which 299 Patients were admitted.*

	Males.	Females.	Total.
Mania,	64	57	121
Melancholia,	30	22	52
Monomania,	32	20	52
Dementia,	43	29	72
Delirium,	2	—	2

TABLE XI.—*Showing the duration of the Disease at the time of admission in 299 Patients.*

			Males	Females.	Total.
Not exceeding 3 months,	-	-	61	31	92
Between 3 and 6 months,	-	-	16	11	27
“ 6 months and 1 year,	-	-	15	13	28
“ 1 and 2 years,	-	-	24	15	39
“ 2 and 3	-	-	7	7	14
“ 3 and 4	-	-	3	2	5
“ 4 and 5	-	-	12	1	13
“ 5 and 10	-	-	9	15	4
“ 10 and 15	-	-	3	7	10
“ 15 and 20	-	-	9	7	16
“ 20 and 25	-	-	2	5	7
“ 25 and 30	-	-	4	8	12
“ 30 and 35	-	-	1	3	4
“ 35 and 40	-	-	2	0	2
“ 40 and 45	-	-	3	2	5
“ 50 and 55	-	-	—	1	1
			171	128	299

TABLE XII.—*Showing the number of the attack in 299 admissions.*

	M.	F.	T.		M.	F.	T.
First attack,	126	107	233	PERIODICAL CASES.	Tenth attack,	1	1
Second “	29	8	37		Seventeenth,	1	1
Third “	6	4	10		Eighteenth,	1	1
Fourth “	2	3	5		Twentieth,	—	1
Fifth “	3	1	4		Twenty-first	—	1
Sixth “	1	1	2		Twenty-second,	—	1
Seventh “	1	—	1		Twenty-third	—	1

TABLE XIII.—*Showing the state of 181 Patients who have been discharged or died,—their sex, and the form of disease for which they were admitt*

	Males.	Females.	Total.	Mania.	Monomania.	Melancholia.	Dementia.	Delirium.
Cured,	53	37	90	51	20	19	—	—
Much improved,	10	6	16	10	4	1	1	—
Improved,	15	10	25	10	4	8	3	—
Stationary,	19	10	29	8	5	7	9	—
Died,	14	7	21	8	—	7	4	2

ARRANGEMENTS &C. OF THE HOSPITAL.—The experience of two years gives me good reason to be satisfied in most respects with the arrangements and fixtures of the Hospital.

The general scheme of organization originally adopted and detailed in the report of last year, is still continued, and is so satisfactory, as to offer no inducement for a change of any kind.

During the severest weather, we have been able to make the house comfortable in every part, and to keep it well ventilated. The introduction of heated air, is, I believe, the only mode in which a Hospital can be thoroughly warmed and at the same time properly ventilated. To insure success by this method, only requires that a very large body of pure air, (taken from the external atmosphere,) should be moderately heated and with sufficient moisture, freely introduced into the wards, after proper provision has been made for its subsequent escape through the attics of the buildings.

Any arrangement providing only for warming the air already in the rooms, must necessarily be defective in its ventilation.

Heated air has another important advantage—no fear of a patient suffering from cold need ever exist, and with it, restraining apparatus for this purpose may be entirely dispensed with.

The supply of water has been abundant for all purposes, and the driest weather has made but little change in the amount in the pond.

Every day goes to confirm the value of a country location, for all descriptions of insane patients. The chronic and incurable have shown its advantages as strikingly as those of a more recent character. A reasonable proximity to a large city—readily accessible by

good roads at all seasons, is also desirable, for reasons, of which I shall speak in a future part of this report.

A farm should be connected with every Insane Hospital—not only for the valuable supplies derived from it—but as a part of the treatment; adding, as it is sure to do, immensely to the comfort of the patients and promoting their restoration. When the patients received are of a class accustomed to labour, it is indispensable, and should by proper management lessen the expenses of the establishment.

The wall surrounding the pleasure grounds, &c., as located, I consider a very valuable feature in the arrangements of this Institution; but while acknowledging the great convenience of a permanent enclosure of this kind, (41 acres) I do not hesitate to say, that unless large, it would be better to dispense with it entirely,—as a high wall near the building would hardly fail to do more harm by its appearance, than could be counterbalanced in any other way.

We have reason to believe our location a very healthy one; during two years, we have had none of the epidemics that have prevailed in many districts; and during the preceding five years, when the building was in progress, there was scarce any sickness among the large number of workmen who were employed.

Our entire exemption last fall, when autumnal fevers were particularly prevalent, I have felt disposed to attribute to the avoidance of the night air, and to starting a few of our warm air furnaces very early in the fall, and continuing them, particularly when any unpleasant dampness or chilliness was observed. By keeping open the windows of the parlours and halls, the heat, if more than agreeable, was easily dissipated. I am satisfied that much benefit would result from such a course, in most

country locations, particularly when there is a tendency to intermittent and other fevers.

Erroneous views upon the whole subject of Insanity, and gross and unfounded prejudices as to the treatment pursued in the disease, are, even at this day, so prevalent with no inconsiderable portion of the public, that no apology is required for the observations which follow. They are not presented for their novelty, but simply to answer inquiries that are constantly made, and in the belief that nothing will tend more surely to alleviate the condition of this class of our fellow beings, than a frequent dissemination of sound principles, and a general knowledge of the means which have been provided for their relief.

IMPORTANCE OF EARLY TREATMENT.—Not a month elapses that we do not have to regret, that some individual is placed under our care after the best period for restorative treatment has passed. The general proposition, that truly recent cases of Insanity are commonly very curable, and that chronic ones are only occasionally so, may be considered as fully established, and ought at this day to be every where understood.

The feeling which prompts to retaining a friend under the care of kindred or acquaintances, is of the most natural and commendable kind,—but insanity derives one of its painful characteristics from the fact, now well ascertained,—that in a large majority of cases, it can be managed with success, only among strangers, and generally in Institutions, where extensive provision has been made for a liberal and enlightened treatment of this class of diseases.

In private families, too, the care of recent cases of

violent mania, to say nothing of the expense, is of the most painful character and harrowing to the feelings of relatives in the highest degree. In the alarm attendant upon such attacks, with few persons capable of rendering assistance, and they ignorant of the proper means to be resorted to, restraint of the most violent and improper kind is often imposed, engendering feelings in the patients towards their friends, that last long after they have ceased to be insane. Even during the last year, we have received four patients who had been chained at their own homes, and who were capable of feeling, and did not fail to express their sense of the degradation. No one of these ever required restraining apparatus of any kind after entering this hospital. These facts are not mentioned to censure those who employed this form of restraint; situated as they were, it was difficult to do otherwise, but it is certainly a strong argument for placing the insane where such means are never used.

Another difficulty, frequently arising from patients not being placed under treatment soon after the accession of the disease, is, that in chronic cases, their friends become disappointed, if improvement is not promptly visible, and remove them in the midst of a course of treatment, before it is possible to predict whether it will be successful or not.

Although some few recent cases of insanity do recover in a very few weeks, in the majority, even of these, a much longer time is required; and in the chronic, several months, often a whole year, is necessary to give trial to the means that may be employed. Less than the period last named, should never be thought sufficient to destroy hopes of a recovery; and after a much longer time, we occasionally have the satisfaction of seeing patients perfectly restored. There are really some cases, in which it would be better for all parties, to avoid the excitement and expense of removing them

from home, unless there was a determination to persevere for a reasonable time in a trial of remedies. The Board of managers require payment to be made for thirteen weeks board of every *uncured* patient, removed before that period, and contrary to the advice and consent of the Superintending Physician,—not with the wish to indicate this as sufficient for a trial of remedies, but only because, whenever a patient is removed without adequate reason, the payment of board for a less period, does not compensate the institution for the inconvenience and disadvantage attending such a course, and for the expense to which it has been subjected.

Although the importance of these views are now generally conceded by professional men, it is proper they should be believed by the friends of patients. No one should ever be placed in any insane hospital, until his friends are thoroughly satisfied of the importance and necessity of the measure; and then, only in an institution, in whose organization and management they have entire confidence, and to the discretion and judgment of whose officers they are willing to submit the direction of the case.

This kind of confidence and the influence of friends springing from it, is often of great importance, in enabling the officers of an institution to carry out many details in both medical and moral treatment and in preventing premature removals. Although in a few instances the want of it has disappointed our hopes, I am happy to be able to say, that, generally, we have been most faithfully seconded in our endeavours, by the friends of patients.

A strictly charitable institution like the Pennsylvania Hospital, depending for its principal support upon the contributions of the benevolent—its only object to relieve suffering humanity, and its income all expended for this purpose, and for this alone,—has the strongest reason

for believing this confidence possessed by all who ask it to receive a patient within its walls. We have occasionally found this trait in the character of the institution, highly gratifying to patients, and have seen the entire removal of fears of arbitrary or interested detention, by the discovery that no one connected with its management or direction, had a pecuniary interest in the detention of patients; and that however large the sum paid for their accommodations, the surplus over actual cost, only went to impart some of the same comforts and advantages to those, with whom poverty was added to disease.

ECONOMY OF TREATMENT IN THE FIRST STAGE OF INSANITY.—The economy of subjecting cases of mental derangement to proper treatment, immediately upon the occurrence of an attack, has not been generally understood, or no State would have neglected to make adequate provision for the early care of all who were thus afflicted. There can be no question, but that every community, not having within itself the proper means, would save largely by sending their recent cases to some well conducted insane hospital, and retaining them there, as long as there was a prospect for their restoration. If this was done, a large proportion of them would in a few months, be restored to society, instead of continuing as is now too apt to be the case, a charge to their friends or the public, during the remainder of their lives.

This is not merely conjecture; by referring to the register of this institution, I find that the actual average cost of supporting the first twenty successive cases that were discharged cured—from the time of their admission till their return home, was only *fifty-two dollars and fifty cents* each—while in the first twenty incurable cases that were received in this house, at the same rate of expense, from the time of the commencement of the disease

till 1841, the average cost of each, to their friends, was *three thousand and forty-five dollars*. And in the published reports of the Massachusetts State Hospital, it is shown from positive data, that the actual cost to the public of maintaining twenty-five consecutive cases of recent insanity till their restoration, was only *fifty-six dollars* each, while the cost in the same number of chronic ones, already averaged *nineteen hundred and three dollars and sixty cents* each.

The expense in the one instance, is only for a few months, when the individual returns to the care of his family, or business; in the other, it is a support for life, often a long one, and not unfrequently if the individual be the head of a family,—the support of a family in addition.

The corporate authorities of some of the interior counties of this state, have acted on this principle during the past year; and it is well worthy of consideration by the public, whether motives of economy, laying aside all the higher claims of humanity, should not induce every county, to provide for the prompt and efficient treatment, in some well conducted hospital, of every case of insanity, occurring in indigent persons;—at least until the state has made provision for the accommodation of all within her borders.

These views of the economy of early treatment, of course, apply with equal force to patients in more affluent circumstances. It would often be infinitely cheaper to pay the highest rate charged in the best hospitals, in the early stage of the disease—than to wait until the period for restorative treatment has passed, and then to have them placed in situations where their board was little more than nominal.

VISITS OF FRIENDS AND OTHERS.—When it has been decided that it is proper to place a patient in an insane

hospital, the propriety of visits from acquaintances, must always be left to the judgment of those to whom the management of the case has been entrusted. The welfare of the patient often demands that they should be completely interdicted, and a neglect of this precaution occasionally produces mortification and disappointment, and causes a renewal of excitement which it may require weeks to subdue. In other states of a case, the visits of friends may not only be unobjectionable but useful, and to those by whom this is regulated, it must always be more pleasant to solicit than to decline them.

The visits of strangers among the patients, are often much less objectionable than those of friends and relatives, but even these, if not properly regulated, may produce bad effects. A larger company than usual passing through the wards at one time, rarely fails to produce among the insane, a degree of excitement not generally observed; and if to this happen to be added any thing like frivolity of behaviour, or thoughtlessness of conversation, the effect is noticed for some hours afterwards.

The visits of some persons in the wards have been exceedingly pleasant to the patients, and have been reverted to with satisfaction long afterwards. We have noticed that these have always treated the patients with perfect respect and courtesy,—have manifested as much regard for their feelings and wishes, as they would for those of ladies and gentlemen in any other situation, and have shown as much reluctance to say any thing that might excite reflections of a disagreeable nature. Where visits have been less acceptable, it has generally been from a different course of conduct.

Although in most institutions of the kind there are some who may be addressed as children—strangers are not likely to discover who they are, and it is wrong to do so under any circumstances. Serious offence is thus often given, when least expected.

To those who are interested in Hospitals for the Insane, or are making inquiries on the subject, we are always glad to show every part of the establishment, and to explain the details of treatment; but at the same time, we feel it a duty never to admit among the patients, persons who are actuated only by idle curiosity, or who look upon those under our care as they would upon some novel exhibition. Against the visits of such, patients almost invariably express an insuperable and very natural objection. There is certainly nothing in an insane hospital, which, under any circumstances, can justify levity of manner, or forgetfulness of the feelings of the unfortunate. Few could be found willing to expose to the gaze of the curious, the wanderings or the excitement of a friend, labouring under the delirium of a fever; and there is no reason why one whose mind is more permanently deranged, should be looked upon with different feelings, or why he should be more exposed to improper intrusion.

Our regulations require, that, unless introduced by a manager, no one can be admitted into the wards without permission from the physician or his assistant, and then always to be accompanied by an officer of the house.

AVOIDANCE OF DECEPTION IN TREATING THE INSANE.

Deception is so often resorted to by those who have charge of insane friends, and injury unintentionally done by it, that some remarks on the subject, in this place, cannot be considered inappropriate. Those who have had much intercourse with this class, will generally agree, that candour is proper under all circumstances, and particularly, where it is most apt to be neglected, in bringing patients to a public hospital.

The different course which has been pursued, is, probably, in a great measure to be attributed to the wrong views, and popular errors which have prevailed, and

which have tended to invest a disease, at best of a most afflicting character, with horrors that ought never to have belonged to it. More than half of these horrors will be destroyed, and the chances of recovery increased, whenever the whole community can look upon the insane as upon other sick, suffering under a disease, as curable in the early stages as many others;—and can believe that when restored, an individual who has been thus afflicted, is as worthy of confidence and respect, and as capable of resuming his position in the world, as though he had recovered from a fever or other affection, in which the manifestations of his mind had been temporarily deranged. Patients can then be made to understand, that a hospital is only a place prepared by enlightened benevolence, for the treatment of these affections, requiring as they do, a greater diversity of means, and more varied and expensive arrangements than could be supplied by individuals.

Under these circumstances, many patients, if told candidly why they were removed from home, and where they were going, would acquiesce in the arrangement with cheerfulness; and if persuasion should fail, it would still in nearly every case, be better to use sufficient force to effect the object, than to lose the respect and confidence of the patient by employing deception.

Many sensitive individuals find it exceedingly difficult to forgive the deception by which they have been brought from home; they brood over it for months,—consider it a proof that their friends are not capable of appreciating the true state of their minds, and in some very intelligent cases, it has really appeared to be a source of greater grief, than all the privations attending their residence in a hospital.

A rule, urged upon all connected with this hospital,

is, to treat every patient as we would wish to be treated ourselves under similar circumstances; and to remember, that insanity is a disease of such frequent occurrence, that whatever is done by any one to lessen its terrors, and to alleviate the sufferings attendant upon it, may ultimately be for the benefit of some in whom he is directly interested.

OUTLINE OF TREATMENT PURSUED IN THE HOSPITAL.

Whatever means may have been employed to bring a patient to the Hospital, when once there, deception is at an end. Before he enters the wards, we require some friend to state candidly to the individual where he is, and the reasons for his having been brought from home and placed under the care of strangers; that he will be retained in the hospital only till he is completely restored, and that his comforts and privileges will depend almost entirely upon his own conduct. We never allow the responsibility of these measures to be placed on the officers of the house, but always upon those to whom it rightfully belongs. This course is insisted upon in all cases. No matter how violent the patient, nor how decided his incoherence, whether he appears capable of appreciating the information or not, the same general statement is made to all.

This proceeding is absolutely necessary to enable the officers of the institution, to acquire and maintain the confidence of the patient, and to satisfy him of their disinterestedness, and the purity of their motives,—all-important in carrying out a proper system of treatment.

When once admitted, every means in our power is taken to make the patient feel at home, and to satisfy him that he is among those who feel a deep interest in his welfare, and who will leave nothing undone to promote his comfort and hasten his restoration to his family.

He is introduced to the officers, and to those who are to be his fellow patients and attendants; or if doubt exists as to the precise character of the case, he is placed temporarily under the special care of an intelligent assistant, until we are satisfied to what division he most appropriately belongs, and the kind of treatment most proper to be pursued.

Physical derangement is generally found to exist, and a varied *medical* treatment required for its removal. Purposely avoiding, in this report, entering into details on the medical treatment of insanity, I may observe that there is no specific for the disease, and that each case requires its peculiarities to be studied with as much care, and its remedies directed with as much precision as in any other species of illness. Alteratives, anodynes, tonics, baths, counter irritants,—the various forms of topical depletion, with other means strictly medical, may all be occasionally required. General depletion too, may be necessary in the commencement of a case—but it has generally been amply employed before the patient reaches a hospital, and is rarely indicated afterwards. Medical men would do well to prevent the prejudices of friends from leading them to pursue a course of treatment, proper for inflammation of the brain, but which, if long persisted in, in cases of insanity, can hardly fail to produce serious and often irreparable mischief.

A low diet is required only for certain states of physical disease;—for a majority of the patients who take proper exercise, an invigorating one has been found most advantageous.

The *moral* treatment of the insane, embraces a most extensive range. Its importance in nearly every case can hardly be over-rated, while in some, it alone is required to effect a cure. The construction and architec-

tural arrangements—the furniture and fixtures of a hospital—the number and kind of persons employed—the minutest details in its regulations—every thing indeed, that can in any way affect the mind or the person of a patient, has some connexion with it.

The free and systematic exercise of the muscles of the body, in the open air, is unquestionably, one of the most powerful means of overcoming that nervous irritability which we constantly find among our patients,—of breaking up a train of morbid thought, or preventing the indulgence of vicious habits; all of which are often to be traced directly to sedentary pursuits in impure air, and an exercise of the mind totally disproportioned to that of the body. By these, a state of the system is often engendered, that no course of medication, without a total change of habits, can remove.

These principles are carried out to as full an extent as the means in our power will permit, by encouraging moderate, but regular labor, on the farm, in the garden, or on some of the improvements of the grounds;—by engaging in some handicraft employment, under the care of our master mechanic, in the very commodious workshop within the enclosure; or by some of the other means to be hereafter indicated.

Much more labour has been done this year than previously, and in no instance has any unpleasant result occurred with any of those, in whose hands all the necessary tools and implements were placed without hesitation.

Next in importance to these means, and available for a much larger number of those who enter this institution, is regular daily exercise, by long walks in the country; always, if possible, for some definite object, as a view of fine scenery—the examination of some public work, or the inspection of a manufactory. Our

proximity to the city of Philadelphia, has afforded us an almost exhaustless variety in these objects—to which those who were suitable, have resorted during the entire year. Almost every point of interest within four or five miles, has been frequently visited,—not only preventing the monotony of the parlors and halls, but offering to our patients interesting objects and subjects for pleasant reflection afterwards. A great variety of public works, finished and in progress—numerous manufacturing establishments—the Mint—the Girard College—the Water and Gas Works—the Institutions for the Blind, and for the Deaf and Dumb—the Navy Yard, and the Hospital in the city, are only a few among the points that have been reached by our walking parties. Many of the exhibitions in the city—some lectures and concerts, and occasionally, a public meeting, have also been attended.

These excursions are pleasant to all, but to strangers in this section of the country, they are peculiarly so; and the good they have effected in some cases, is incalculable. These advantages offer some reasons for locating an institution of this kind within a moderate distance of a large city.

Many of the patients have full liberty to walk wherever their pleasure leads them, but an attendant generally accompanies a walking party. I do not recollect, except perhaps in one or two instances, the slightest violation of the confidence implied by these indulgences. There are some patients whose promises are as good as any guard that can be placed about them, and the violation of pledges among the insane, is much more rare than might be expected.

To those whose mental or physical state forbids less extensive rambles, our enclosure itself offers no little variety, and a walk more than a mile long, with dif-

ferent views and cheerful prospects. Nearly every patient in the establishment partakes of these advantages, and during several months of the year, many of the chronic and incurable spend almost all their days in the open air. They take active exercise at all seasons, unless the weather is particularly unfavorable, and there are none but have been benefited by such a course.

The carriage has been in constant demand, and much enjoyed—particularly by the female patients or those who have been unable or disinclined to join in the foot exercises. This kind of exercise is very valuable in many instances. More distant objects are thus brought under contribution as a part of our means of treatment.

The substantial and well arranged ten-pin alley, completed during the present year, is much used, and in inclement weather, offers a fine field for active exercise, in fresh air, by large parties.

The Pleasure Rail-Road, still offers a good species of exercise, and is much enjoyed by patients of both sexes.

To many patients, it is of the highest importance that for days or weeks they should be kept as constantly engaged or in motion, as their strength will permit, with as few unoccupied moments as possible for the indulgence of morbid thoughts, or for nursing their delusions. One attendant is thus often required for a single patient for some time; but to this course, a prompt recovery is often to be attributed.

Out-door employments and amusements are generally to be preferred,—but a full variety should also be collected within the building, for those who from any cause go out but little—for stormy weather and for the long evenings of winter, which are often passed pleasantly and profitably.

The library containing upwards of seven hundred

volumes, has been much used, and a great variety of periodicals have been in constant demand in every section of the house. While it is very desirable to increase our library, by the addition of standard and new publications, we find a considerable proportion of the patients take quite as much delight in the newspaper and magazine literature, with which we have endeavoured to supply them. To several gentlemen connected with the press of Philadelphia, we feel much indebted for many favours of this kind; and I take the opportunity to say, that all contributions of periodicals of every description,—books—pictures or engravings, are gladly received, and highly appreciated by the patients.

Writing—drawing—painting—the study of the mathematics, and other branches of learning, have tended to beguile many tedious hours. Several gentlemen have been usefully engaged in imparting instruction to others in the same ward, and two have been improved by giving regular lessons, for a short time, in one of the modern languages.

In this way several patients have been strikingly benefited, by associating with others in the hospital. The conversation and the peculiarities of his neighbours has often tended to withdraw a monomaniac's attention from himself, and in a few instances, I have seen striking good effected, by asking one patient to take special notice and care of another. To two or three, who have been under treatment this year, I can most truly and do cheerfully award a very considerable share of the credit of restoring more than one patient, and the most pleasant part of these cases was, that while benefiting their neighbours, their own delusions were found to have vanished.

A great variety of games also tend to fill up the time

spent in the parlors and the halls, and several musical instruments offer recreation to those who are thus inclined.

During the last summer, about seventy of our patients had the gratification of attending a fine concert of vocal and instrumental music, in the large hall of the centre building, which we found we could arrange admirably for such purposes. While all were delighted with the exercises, I have the satisfaction to say, that their deportment could not have been marked with greater propriety.

For this pleasant and rare entertainment, we were indebted to a portion of the band of the "Pennsylvania Institution for the instruction of the Blind," and to those who thus kindly volunteered their services, and whose own afflictions prevented their seeing the glad faces of their auditors, we all tender our sincere acknowledgments.

It may be doubted, whether many parties on the eve of Christmas and New Year passed off more pleasantly and merrily, or with less that was exceptionable, than did those in this hospital, in which about sixty of the patients participated. To the gentlemen and ladies who furnished, on both these occasions, the bountiful supply of refreshments, ample for all in the house, we would express our obligations.

The matron has had frequent parties for various useful purposes, followed by music and some simple entertainment. These parties have been appreciated by a large number, and are generally looked forward to with interest by patients of both sexes.

On the Sabbath, many of the inmates of the house have continued to attend some of the various places of worship in our vicinity with great regularity, and in the evening, a very large proportion is present at the reading of the Scriptures in the large rooms of the hospital.

Entire propriety of conduct is nearly always observed on these occasions. Of the importance and advantage of the insane paying a proper regard to religious observances, under judicious regulations, it appears to me there can be but an affirmative opinion.

No favourable opportunity is neglected for personal intercourse with the patients, and for free and friendly conversation on any subject in which they are interested; not excepting, in many instances, their own cases and their own peculiarities or those of their neighbours.

Discrimination is of course to be observed in this, as in every other matter connected with the insane; with some few patients it is advisable that no allusion to the character of their disease should ever be made, but with others, advantage results from a different course. Many, by a free and candid conversation on the whole subject, are taught to take a correct view of their disease, —to look upon it as upon many other afflictions to which all are liable, and not as a hopeless one, nor as one so terrible, that all allusion to it must be carefully avoided.

In this institution we have always taken much pains to make the associations connected with the hospital as pleasant as possible; directing on all occasions the patients attention to the agreeable parts of their residence here, and casting into the shade, as much as may be, those of a less gratifying character. A number of our patients, after leaving, have paid us frequent visits, often in company with their wives or other members of their families; and with fervent expressions of gratitude for whatever may have been done for them, have manifested, that their recollections of the hospital were far from being of a painful character.

These visits, and the many kind and affectionate letters I am constantly receiving from our restored

patients from a greater distance, are most gratifying, and offer to all concerned in producing these results, some of the purest and highest rewards that can be given for the performance of arduous and trying duties.

Several of our patients after recovering, have expressed great anxiety to be retained in some post connected with the institution, and two, have been performing faithfully and satisfactorily the responsible and arduous duties of attendants.

A proper system of management in an insane hospital embraces a liberal provision for securing the physical health and the happiness of the incurable, as well as for treating those who are likely to be restored. It is a relief, in many cases, not easily estimated, for friends and relatives to know that those who are doomed to lasting insanity, may at least have a home, where, as far as possible, all their wants will be provided for, and their safety insured,—and where if the enjoyments of reason can not be restored to them, life will often be made cheerful, and many of its pleasures be freely enjoyed. The incurable cases have in this institution always received a large share of attention.

RESTRAINT.—Although the means heretofore detailed, and the aid of a vigilant and efficient corps of assistants, have enabled a large number of the patients to enjoy the privileges which I have mentioned, almost from their first entrance; it is not to be concealed, that we always have in our family, some with that unfortunate temperament, that blackens the fairest scenes,—distorts the purest motives, and misconstrues the kindest actions; and that many require some more decided restraint, until the violence of their attack has subsided.

No hospital for the Insane can ever be without restraint;—the very character of the building—the laws

for its government, and the supervision and discipline that is required, impose a wholesome restraint upon all who enter its walls. Fortunately, the discipline and restraint, which the necessity of the case demands, can hardly prove injurious. The same cannot be said of the means, formerly believed necessary, the evils of which were of so terrible and lasting a character, that too much pains cannot be taken to diffuse more correct and enlightened views on every occasion.

Seclusion to guarded chambers for a limited period, is of vast importance in the treatment of insanity, but to prevent abuse, its duration must be under the immediate direction of a superior officer of the house. To no other persons can it be safely entrusted.

Every year brings us cases to prove the danger of seclusion being improperly continued; and the bad habits which we have found most difficulty in subduing, have been traced directly to this cause; often combined, it is true, with the constant employment of some kind of apparatus, which effectually prevented the patient from taking proper care of his person, had he been so disposed.

Patients steadily confined to their rooms, are generally more addicted to the destruction of clothing and furniture—to filthy habits, and often offer greater violence to those about them, than when they have more freedom in their movements.

Seclusion for very short periods, I have found sufficient restraint for nearly every case under care during the past year, and with an average population of one hundred and fourteen, there have rarely been more than four or five confined to their chambers. On more than one occasion, for two or three weeks together, not a single male was thus restrained. At the time of writing this report, and during several previous

weeks, there has been but one of each sex, in this situation. If proper provision is made for seclusion, classification and attendance, all the common kinds of restraining apparatus may be dispensed with, in the treatment of insanity; but of the propriety of doing so, under all circumstances, I still entertain doubts.

The error of dispensing with all apparatus in every case,—if error it is,—is fortunately one that will cure itself, and one not likely to be adopted by any person who is not actuated by pure motives and genuine philanthropy.

Our invariable rule is to remove all restraint from the person of every patient upon his entering the hospital, and it is with extreme reluctance that it is ever re-applied.

The completion of the lodges, has contributed to diminish the already very small amount of restraining apparatus used in this institution. They were constructed with the express view of preventing even seclusion, by a strict classification of the patients in the halls; and on that account, the rooms are only intended for night, or for the temporary confinement of very violent patients by day. The effects of these arrangements have been very striking. By proper association and strict supervision, very little glass has been broken, (although much is exposed,) and many patients have been prevented from tearing their clothes, until the habit seemed to have been entirely forgotten.

It may be assumed, as the result of experience, that a diminution of restraint, with proper attendance, promotes cleanly habits and lessens noise, breakage, and tearing.

Among the patients received directly into these lodges, were several persons whose hands had been constantly in muffs or analogous kinds of restraint for

years before they entered this hospital. Immediately on their reception, all restraint was removed, and in no one instance, has it been re-applied.

In each of these buildings, are generally sixteen or seventeen patients. During the year, no apparatus for restraint has been applied, except in two cases, and it is rare that more than one patient of each sex, are confined to their rooms. In the lodge occupied by the females, no restraining apparatus has been employed.

Had I felt anxious to make such a declaration, it would have been in my power to have stated, that during the past year, no restraining apparatus of any kind, had been upon the person of a single patient of this hospital;—but believing as I do, that its occasional employment may be conferring a favour on the patient, it has always been resorted to, where there existed a proper indication for its use. The only indication for its use, that is recognized in this hospital, is the positive benefit or safety of the patient,—never the trouble of those to whose care he is entrusted,—and the direct order of the physician or his assistant, the only authority, under which it can be applied. The use of restraining apparatus, ought rarely be entrusted to other hands. Until attendants have learned by experience, that ultimately they gain by avoiding its use—they rarely fail to suggest its employment, under improper circumstances,—upon every occasion, indeed, when difficulty or danger is apprehended,—instead of showing their own tact, by a resort to other expedients, for controlling the patient.

It has been truly said, that “any contrivance which diminishes the necessity for vigilance, must prove hurtful to the discipline” of an hospital for the insane; and this is a strong argument against the ingenious contrivances that have been devised for this very purpose.

Since my last report, one female patient was kept

upon her bed for a few nights, by a very efficient and comfortable apparatus, of leather. Wristbands, secured by a belt around the body, were used with four males, and mittens (all of leather) were kept upon the hands of three other men, during a few days. A few hours were generally sufficient for all purposes. These were used when the disposition to injure themselves or others was particularly striking, or to prevent the indulgence of vicious habits.

With these exceptions, and some occasional impediment to the movement of the arms, during the action of a blister, we have found no reason for applying even the milder kinds of apparatus in a single one of the 238 cases under care during the year, and I wish it distinctly understood that the rougher varieties, as leg-locks, straight-jackets, muffs, restraining chairs, &c., are not considered as among the means employed in this hospital.

For nearly three months preceding the time at which I am writing, no patient has required any more decided restraint than simple seclusion in a guarded chamber.

ATTENDANTS.—It is not to be denied, that to do justice to the plan of treatment, of which some details have just been given, requires a larger number of assistants—persons of higher and more varied qualifications—better intelligence, and more courteous manners than were formerly employed; and that while the labours of all concerned in carrying out this system are rendered more arduous and responsible, a better compensation is necessary to secure that zeal, energy and devotion to duties, which should characterise all, in every station, about a hospital for the insane. Attendants of the proper kind, and in sufficient number, are indispensable to enable any institution to do justice to its patients.

Few persons are to be found who possess all the

qualifications, mental and physical, and the peculiar temperament necessary to make a perfect attendant. Without a trial, it is impossible even to say who will perform the duties of the station sufficiently well to make it to their own interest or that of the institution, that they should remain in it.

A high moral character—a good education—strict temperance—kind and respectful manners—a cheerful and forbearing temper, with calmness under every irritation—industry, zeal and watchfulness in the discharge of duty—and, above all, that sympathy with those under care which springs from the heart, are among the qualities which are desirable, and as many as possible of which we endeavour to combine in those who are placed in this station.

When all these are found in one individual, and he has been instructed in the proper mode of performing his duties, his services to any institution and to the sick are truly invaluable. Such an attendant is really a benefactor to his species.

Without remaining for some hours, or even days, in a refractory ward, it is not easy to estimate the “wear and tear” of mind and body, which is often the effect of an uninterrupted performance of the same exciting kind of labour. On this account, I have always endeavoured to give as much variety as possible to the occupation, by combining out-door exercise with ward duties, and affording a certain amount of time for entire relaxation or for innocent recreation—so effectual in producing good health and the cheerfulness and equanimity of temper springing from it, which are so important in our intercourse with the insane. The patients are as much benefited by this course as the attendants themselves.

Active duties, to the infinite advantage of the patients,

might be found for a much larger proportion of attendants than have ever yet been employed; but the precise number absolutely required to take charge of the patients, depends very much upon the construction of a hospital—the number and size of its wards, and the facilities for supervision. Let these however, be as they may, the rule which requires an attendant always to be in the presence of the patients in every ward, and responsible for the safety and good order of those in it, I consider indispensable in every well conducted institution for the treatment of insanity. It will, almost every day, prevent painful accidents or scenes of excitement, and where there is a suicidal disposition, there is no security without it.

The attendants never give up their charge till the night watchman and watchwoman assume the care of the wards, and these last do not leave them, till the attendants are again up and engaged in their morning duties.

The supervisors of the wings have also very responsible duties to perform. They pass their time in the different wards, and are expected to notify the Physician of every instance of negligence—violation of rules or misconduct of any kind in their respective divisions, and to see that the comfort of every patient, particularly when sick, is scrupulously attended to.

It gives me pleasure to bear testimony to the valuable services rendered by all those mentioned. Upon their zeal and vigilance, we must ever depend to no small extent, for the prevention of accidents and for the safety of certain classes of patients.

When to the constant care of supervisors, attendants, watchman and watch-woman, are added the regular visits of the Physician and his assistant; the transient ones at irregular hours, by these officers and the

steward and matron, in the different sections of the house—I believe we have an organization that will go very far towards preventing accidents of every kind, and which will secure to all the patients, kind treatment and faithful attendance.

Such a system of treatment, and such an organization, while producing infinitely more good and lessening greatly the ills of humanity, must necessarily cost more than one,—where troublesome patients are permanently shut up in strong rooms or strapped to “tranquilizing” chairs—or if allowed to stir out, are to be seen promenading confined yards, in muffs or straight-jackets, and where the tenant of the solitary room sees only a rough and ignorant keeper, who carries his meals, but does little else to promote his comfort or his health. The day has nearly past, I trust, in which a civilized people will permit such a course to be pursued towards any portion of its unfortunate population, and surely the benevolence of a Christian community will never allow the means to be wanting, for carrying out a milder system in full efficiency.

PATIENTS RECEIVED ON THE CHARITY OF THE HOSPITAL. I cannot conclude this report, without calling the attention of the Board, to the great good effected by the free list, and the amount of suffering annually relieved by it.

The regulation adopted some years since, of admitting patients on this list, only for a limited period, and directing their discharge, if, after adequate trial, there was no prospect of a recovery, has extended widely the benefits of the charity;—it has made it curative in its operation;—a large number now participating in its benefits, where formerly it only afforded an asylum for a single incurable case during a series of years.

By making the cases admitted without charge, strictly those of short duration, many more are restored; and the number of those every way suitable for this foundation is so large, that I shall be excused for urging upon the Board, the importance of efforts to increase the funds that may be appropriated to this purpose. When it is recollected, that the interest only of the capital stock of the Pennsylvania Hospital, can be used for any purpose, and is known (as I can state with confidence,) that the income from every thousand dollars added to the funds of the corporation, will enable the institution to restore to reason, and to society, at least one patient for every year of its existence, it can hardly be doubted, that those who are disposing of their property in works of benevolence, will gladly bestow a portion where it is sure of producing such noble results.

Besides, insanity is of such common occurrence, and the shipwrecks of fortune in this country so frequent, that no man who contributes to this fund, can feel sure that his own descendants may not be among those who shall claim its assistance. Such has already been the case, in more than one instance, and it can hardly fail to be of frequent recurrence. Every patient received without charge, in either hospital, is a saving to the public not only of the cost of treatment—but very often, by being restored—the expense of a permanent support elsewhere.

Some of the most interesting of our cases, have been admitted on this list. The warm expressions of gratitude, after restoration, by the individuals themselves, their relatives or friends, have told most plainly, the vast amount of comfort and happiness which the hospital has carried into whole families; and one patient thus received—not satisfied with thanks, insisted upon contributing to the funds of the institution, from her first

earnings, an amount of money which would have paid full board for the whole period of her residence in the house.

During both years our present buildings have been occupied—there has been a large amount of labor required to complete them—to remove the rubbish from the ground, and in fencing, levelling, and grading. All these have added materially to the current expenditures, and will not be required another year. For the future, there will be more time to devote to improving and ornamenting the grounds, which will furnish employment of a pleasant character to the patients, and add to the means for promoting the great objects of the institution. It should never be forgotten, that every object of interest that is placed in or about a hospital for the insane, that even every tree that buds, or every flower that blooms, may contribute in its small measure to excite a new train of thought, and perhaps be the first step towards bringing back to reason, the morbid wanderings of a disordered mind.

In the organization and subsequent direction of this hospital, I have felt myself deeply indebted, for the generous confidence with which my views have thus far been seconded by your Board, and for the zealous discharge of duty by those employed in its different departments. To the assistant Physician Dr. R. A. Given,—to the Steward, Wm. G. Malin, and the Matron, Mary D. Sharpless, I would refer in an especial manner, as having performed with unvarying fidelity the responsible duties of their several stations.

THOMAS S. KIRKBRIDE.

Contributions and donations, will be received by any of the Managers, or by the Treasurer, at No. 135 South Front Street, Philadelphia.

Legacies, should be given in the corporate name of the Institution, viz: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL."

ADMISSION OF PATIENTS.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania á Potu, are not received into this hospital—but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with the attending Managers,* and to furnish a certificate of the patient's insanity, from some respectable graduate of medicine—with a request from a near relative or friend, that the individual may be received into the institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged—security is always required from some responsible resident of the city or county of Philadelphia; and if a patient is removed *uncured*, before the expiration of three months, and contrary to the advice and consent of the Superintending Physician;—board is always required for thirteen weeks.

* The names and places of residence of these gentlemen are published in several of the daily papers, or can be learned, on application at the Hospital, in Pine street above Eighth, Philadelphia,—where blank forms for physician's certificate, bond, questions, &c., can always be obtained.

ADMISSION OF PATIENTS

All classes of insane persons without regard to the duration of the disease or of its curability are admitted into this institution. Idiots, however, it may be stated, are not received; and for the epileptic a special arrangement should be made.

Persons of African descent are not received into the hospital—but into that in the city. Exclusively preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with the attending Managers,* and to furnish a certificate of the patient's insanity, from some respectable graduate of medicine—with a report from a near relative or friend, that the individual may be received into the institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged—security is always required from some responsible resident of the city or county of Philadelphia; and if a patient is removed away, before the expiration of three months, and contrary to the advice and consent of the Superintending Physician;—board is always required for fifteen weeks.

* The names and places of residence of these gentlemen are published in the annual of the daily papers, or can be learned on application at the Hospital. In this must show "right Philadelphia"—where blank forms for patients' certificates, board, questions, &c., can always be obtained.

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BY
JAMES M. HARRIS, ESQ.
OF THE

