# PART III.—PSYCHOLOGICAL RETROSPECT.

## 1. *American Retrospect.*

By D. Hack Tuke, F.R.C.P.

### *The Insane in the United States.**

### I. *General Management and Treatment.*

In my recent visit to the asylums of the States of New Hampshire, Vermont, Massachusetts, New York, Pennsylvania, New Jersey, the District of Columbia, Illinois, Wisconsin, and Maryland, I found that, with some exceptions, their condition was satisfactory, many being admirably managed and reflecting great credit upon all engaged in their administration. As a class, the American Asylum Superintendents are excellent men, devoted to their work, and as honourable, intelligent, and humane as those in any other country. I can only, of course, speak of the asylums and physicians I know. Judging from report, I believe there are institutions in some localities which are in a very discreditable state.† In fact, it is quite recently that the treatment of patients in one of the asylums in a Western State was admittedly most disgraceful. And in several of the institutions I visited, the rooms occupied by patients were quite unsuitable, and the amount of mechanical restraint indefensible. I may go a step further, and say that in regard to the latter point there is in a considerable number of the asylums more resort to restraint than superintendents in England would approve, although I am by no means sure that in all these cases disapproval would be warranted. In many other American asylums there is either no restraint whatever or it is so slight and manifestly necessary for surgical reasons, that hypercriticism alone would find fault.

I have been favoured with certain unpublished returns of restraint made in 1880, but before giving them I must premise that it would be unfair to take these figures as giving a correct representation of the amount of restraint at the present time, because I am certain, from information received, and from my own observation, that the number

* Paper read at the Quarterly Meeting of the Medico-Psychological Association, held at Bethlem Hospital, Feb. 13, 1885.

† It was stated by an American physician, Dr. Dana, two years ago, that the condition of the insane in some of the Southern States "is particularly distressing;" and that in South Carolina hardly one-third can be cared for in the single State Hospital there. The asylum in Texas holds only one-fifth of the State insane. "The importunities of the few Medical Superintendents in the South show how negligent these States are." He asserts that the condition of the non-asylum insane in the Southern and Western Sates has little altered from what it was 10 years ago. "They are miserably kept in jails, almshouses, and on poor farms, &c."

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restrained in asylums within the last few years has been greatly reduced. One is glad to know, also, that many who were then in almshouses, and were in restraint, have been removed to institutions for the insane in which little or no restraint is employed.

The number of patients in asylums in 1880 was 40,992, and the number reported to be under restraint 2,242, or 5·4 per cent. The mode of restraint was as follows:—

| | |
|---|---|
| Camisole ... ... ... ... | 887 |
| Muff ... ... ... ... ... | 526 |
| Strap to bench... ... ... ... | 439 |
| Handcuff ... ... ... ... | 147 |
| Ball and chain ... ... ... ... | 21 |
| Crib-bed ... ... ... ... | 111 |
| Form of restraint not stated ... ... | 111 |
| | 2,242* |

I should suppose the number returned under "crib-bed" is under the mark. Its incomplete return may be accounted for by the circumstance that it is scarcely regarded as mechanical restraint by some superintendents, inasmuch as it does not actually confine the limbs in one position. Outside asylums a return is given of the use of crib-beds, but I wish now to restrict myself to asylums proper, not almshouses or private care. The "ball and chain" reported as in use in 21 cases in asylums sounds strange to our ears. There were none in any asylums I visited; probably they are to be found in some Southern or far Western institution. Returning to the crib-bed which has caused so much acrimonious discussion, it would be disingenuous to deny that there are patients who are constantly getting out of bed, sometimes feeble elderly people; and others, restless, excited patients, who persist in standing up, and become very much exhausted, for whom it is an ingenious and sometimes effective device. I make this admission as I do not believe in that definition of travellers which defines them as persons who go abroad in order to lie for their country.† At the same time, the crib-bed is to me an unpleasing object, and inevitably suggests when occupied that you are looking at an animal in a cage. Moreover, it is so temptingly facile a mode of restraint, and is on that account so certain to be abused, that I hope it will not be introduced into this country among the useful American inventions we are so glad to possess. That whatever its occasional utility may be, it may be abused, will be admitted when I say I counted 50 in use in a single asylum, and that a very good institution in most respects. At the celebrated Utica Asylum, under Dr. Gray, where a suicidal woman was preserved from harm by this

* Also restraint by "personal attendance only," 1444.

† Or as the immoral Scotch proverb expresses it, "A travelled man hath leave to lie."

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wooden enclosure, my companion, Dr. Baker,* of the York Retreat, allowed himself to be shut up in one of these beds.

On examining the journal of the Bloomingdale Asylum, New York, of which Dr. Nichols is the Superintendent (there being 247 patients), I found that from the 1st of January, 1884, to the date of my visit, in the third week of October last, two men had at times required restraint to prevent self-mutilation. I think none of you will be disposed to criticise the resort to restraint in these cases. On the women's side of the house there had been no mechanical restraint for two years, and no seclusion during the year. I may add that during the several days I was at the Bloomingdale Asylum there was one individual, and only one, to whom it was necessary to apply mechanical restraint, namely, the doctor's collie, which it was needful to muzzle for a snapping propensity which suddenly developed!

I would here say that in visiting the American asylums I carefully refrained from making non-restraint the measure by which I estimated them, but looked rather at the general comfort of the house and the patients as a whole, and had regard to the evident character and intention of those in authority. I had, of course, a great deal of conversation with superintendents on this inflammatory topic, and I should say that they feel that they have not always been fairly treated in the criticisms made upon them in this country.

What the American alienists complain of is this: they say that the British superintendents proclaim themselves the disciples of Hill and Conolly; that they protest in their writings against mechanical restraint as never necessary and always injurious; and yet when they (the Americans) visit our institutions they find some patients in restraint in the best conducted asylums, often for the same reasons for which they themselves resort to it, and for which they have been so severely criticised. Moreover, in conversation with some of the superintendents of British asylums they meet again and again, they say, with the frank admission, that the absolute disuse of mechanical restraint in accordance with the teachings of Hill and Conolly is not really held by them in theory, but is rather a "pious opinion."

Perhaps there has hardly been that public outspoken avowal of the occasional resort to restraint which the rare examples which do occur would seem to demand, whenever Conollyism is proclaimed as the adopted faith, and, by implication, the constant practice of the medical superintendents of British asylums. Thus the difference between American and English practice (if not principle) is made to appear still greater than it really is. The intelligent and humane physician in America who declines to bind himself by any formula or vow, and who, in the exercise of his unshackled judgment, applies the camisole in extreme and exceptional cases, is practically at one with the English alienist who calls himself a disciple of Conolly.

* Dr. Baker and myself visited ten of the United States asylums together. Including those in Canada I inspected forty.

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Recurring to the allegation which led to these reflections, I will not deny that the American psychologists have some ground for their feeling on this question. It is not too much to say that an attempt has been made by some writers to divide cis-Atlantic and trans-Atlantic alienists into the sheep and the goats of the psychological kingdom. I shall rejoice if my reminiscences of American physicians engaged in the treatment of the insane have the effect of dispelling so exaggerated an opinion. As I have said, among the American alienists there is a large proportion of men as benevolent, intelligent, and devoted to their arduous work as their *confrères* in Britain, and while I sincerely hope that the practice of those of them who still resort to frequent restraint will before long accord with that of those of their own brethren who very rarely use it, I give them the fullest credit for pursuing their present practice with the honest conviction that it is the best for the patients under their charge.

Of *seclusion* I would say that while some superintendents, like Dr. Gray, state that they never resort to it, there was evidence of its use in many asylums to as great an extent as in Britain. In only one asylum, Danvers, Mass., did I see a padded room.

With regard to the care and inspection of *suicidal cases*, there is no uniformity in the American asylums. It is rare to concentrate such cases in one associated dormitory. More often the attention of the night-watch and of non-suicidal patients in the same room is relied upon, and in very active cases mechanical restraint would no doubt be resorted to during the night. At the Middletown Asylum, Connecticut, superintended by Dr. Shew, the suicidal patients are usually placed in a large dormitory, and those who are very actively suicidal have also an attendant sitting up with them. I may mention that since this asylum has been opened, 17 years ago, 4,000 patients have passed through it, and there have been 14 suicides, five of which occurred in one year. At Utica the suicidal are placed together.

Of 13,594 deaths occurring in American asylums in 146 years, 124, or nearly 1 per cent., were due to suicide. It is estimated that a suicide takes place in an asylum of average size every year and a half. Of admissions into asylums it is stated that from 15 to 25 per cent. have suicidal tendencies.

Nor is it usual to congregate all the *epileptic patients* together in the same dormitory. At the Government Hospital for the Insane at Washington, however, Dr. Godding has converted a large sewing-room into an associated dormitory for this purpose, and a large associated dormitory has been for some time in use at Kankakee.

With regard to the strictly *medical* treatment of the insane, I do not think there is much, if any, difference between the American and the English practice. Perhaps fewer new drugs are administered in the former than the latter. Hyoscyamine (Merck's) is used hypodermically (one-tenth to one-twelfth of a grain) in a good many asylums. Chloral and bromide of potassium are given to much the

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same extent as they are in England—if anything, more in America—20 grains of each being a frequent dose at bed-time. In an asylum containing 780 patients, 15 draughts of chloral were prescribed on the evening of the day of my visit. At the Butler Hospital, Providence (R.I.), Dr. Sawyer was giving 10 grains of chloral, with 15 of bromide, at bed-time, repeated in the night if necessary. The usual remedies for intercurrent physical disorders are, of course, resorted to—quinine, iron, &c.—but nowhere did I hear of any special remedy put forward with confidence for the treatment of mental disorders. I am afraid that we have neither anything to teach nor learn from each other in the therapeutics of insanity. The American asylums are well supplied with baths, which are employed to much the same extent and under the same circumstances as with us, but I did not hear of the prolonged bath being used in any asylum. Shower-baths are, I believe, never made use of, and I am not aware that any asylum in the States besides Kankakee and Utica is provided with the Turkish bath. I did not meet with the wet or dry pack. Those who were present at our last annual meeting may remember that Dr. Nichols, the Superintendent of the Bloomingdale Asylum, New York, in his able and interesting speech, stated that he employed the warm bath with cold water to the head in suitable cases, followed by rubbing the whole surface of the body with whisky as a swelling is rubbed with liniment, and that this treatment often succeeded better in inducing sleep than the administration of any drug; at the same time allaying the fever and saving the strength of feeble patients. I observed the truth of his statement that shaving the head and applying counter-irritation do not form part of the practice of American asylums, this treatment being regarded as of doubtful advantage, and therefore scarcely justifiable. Preference is therefore given to blistering or cupping the nape of the neck, the temples or behind the ears. Dr. Nichols relies on opium in a few cases of mania and in some of melancholia. When I was at Bloomingdale (297 patients) I examined the Medical Record, and found at the time of my visit that no patients were taking hypnotics or sedatives, while 34 were taking tonics, 52 "miscellaneous medicines," and 7 had medical baths. I do not think that the open-air treatment of maniacal patients is so frequent in the American asylums as in our own. It is not so common a practice there as here to employ one or two attendants to take such a patient out into the grounds or airing court and allow him to work off his excitement by exercise as well as improve his health by plenty of fresh air. Special attention has been paid to uterine affections in their relation to insanity in one at least of the American asylums. This has been facilitated, I should say, by the appointment of lady physicians in several of their institutions. With two of these, Dr. Margaret Cleaves and Dr. Garver, the former recently, and the latter now, the physician on the female side of the Harrisburg Asylum, and both intelligent and very anxious to advance the therapeutics of

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uterine insanity, the result would seem to be that some cases have been benefited by the treatment pursued consequent on the knowledge of uterine disorders obtained by examinations which probably would not have been made in the ordinary routine of asylum treatment. At the same time I am afraid it must be confessed that these results are but scanty, and fall far short of what had been anticipated from the particular attention thus paid to this department of practice, and as I consider under very favourable auspices.

Useful, then, as this treatment has doubtless been, it is very far indeed from justifying the opinion of those obstetric physicians who think that if only the superintendents of asylums would examine and treat the uterine condition of many more patients than they are wont to do, the number relieved or cured would be much greater than it is at the present time.

In connection with treatment I would briefly refer to the *Recoveries* and *Deaths* in the American Asylums. I have not, however, a sufficient number of reliable statistics from which to draw any reliable inference. So far as I have obtained returns, I find that the rate of recoveries to admissions varies from 20 to 42 per cent. It is to be regretted that so many of the reports of these institutions give only the statistics of the past year, and not the results since the opening of the institution. As is well known Dr. Pliny Earle has carefully studied the curability of insanity and has done good service by pointing out the fallacy of counting the recoveries of a single case as if they represented so many recovered insane persons. He has shewn that in the American asylums the recoveries as reported were more frequent in the early than in the later periods of their history—a result which he attributes to the larger number of chronic cases transferred from almshouses to asylums; to the increase of general paralysis; to different modes of calculating recoveries; to the greater care exercised not to return patients as "recovered" who have only improved; to the small number of cases upon which early statistics were based; and lastly, to the greater tendency to retain patients under care to save them from relapse. As regards mortality it does not exceed 5 to 7 per cent. in the best asylums, calculated on the average number resident.

I must here say a word on the alleged difference of type in *the form or intensity of mental disorders* in the two countries.

It has seemed to several American alienists in visiting our asylums that English madmen present a milder type of excitement than those of their own country. Dr. Draper, the very intelligent superintendent of the Brattleboro Asylum, Vt., was strongly impressed with the difference between American and English patients on visiting this country some years since, and considered that violent excitement was comparatively transitory in our asylums, while it continues for months and even years in theirs. It is difficult, I think, to form an opinion on the subject by visiting asylums for a short period in either country. I attach great weight to the testimony which I obtained

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from English attendants in American asylums, who themselves had been employed for years in this country. I questioned them closely, and they were, I found, distinctly of opinion that the patients they had had to manage in England were more violent and difficult to do with than those in America. The latter, according to my informants, are not (contrary to what might have been supposed) more impatient of control, or more tenacious in maintaining their individual rights.

Then as to the relative frequency of *general paralysis*. There has hitherto been, and there still is, decidedly less in the American asylums than in England, but I am sorry to say it is clearly on the increase, and bids fair to equal in amount that witnessed in the mother country. Till recently it was very rare indeed in women, but is becoming more frequent.

A few words may here be said in regard to the vitally important subject of *Employment*. I found at the Utica Asylum, containing 600 patients, that the average percentage of men employed is about 35 per cent., and of women nearly 38 per cent. I should add that from one-fourth to one-fifth of the inmates are pay patients.

At the Willard Asylum (N.Y.) out of 1,758 patients 801 are reported to be able and willing to engage in some kind of occupation.

Again, at the new asylum at Worcester, Massachusetts, where there are 780 patients, 38 per cent., namely, 102 men and 218 women, were occupied.

At the Northampton Asylum, the laundry work is done by an average of 530 persons, with only two employées (women), whose aggregate wage is £7 a month. For the last fifteen years, nearly or quite three-fourths (Dr. Earle thinks it may safely be placed at two-thirds) of all the *necessary manual labour* upon the premises has been performed by patients. And at this institution, as closely connected with employment, may be mentioned the remarkable extent to which in-door recreation in some form is carried out nearly every evening during the year.

It is creditable to the Norristown Asylum (Penn.) that of 510 male patients 167 were employed out of doors. Sixty-four were engaged in the brush-shop alone.

At the New York City Asylum for males (Ward's Island), under Dr. MacDonald, a printing press is in constant use, and there were four patients at work on the day of my visit, bookbinding being done as well as printing. Of the total number of patients (1,494) 34 per cent. were employed, 219 in outside and 298 in inside work. As many as 1,154 go out for exercise. Although I can hardly adduce bathing as an example of work, I may mention as a praiseworthy attempt to occupy the patients that salt water has been brought into the grounds so as to form a large bath 220 feet long by 30 feet broad, and from 4½ to 5½ in depth, where a number of patients bathe in the open air to their heart's content. From 500 to 600 patients bathe every day. There were as many as 200 in the water when I was there, and they evidently enjoyed their immersion immensely. There is a large

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shed under which they dry themselves. This is the second year the bath has been in operation, and it has proved a great success.

As a useful mode in which to employ patients I may here mention that, at the Pennsylvania Hospital for the insane, till recently under Dr. Kirkbride's charge, a considerable number are engaged in pottery work, the clay being moulded by them into various useful and ornamental forms, specimens of which are collected in a room in the institution.

At the Middletown Asylum, Connecticut, superintended by Dr. Shew, 45 per cent. of the 892 patients were employed at this asylum, 26 being engaged on the farm, 37 on the grounds, and 18 in the stables.

When I come to speak of the system of providing for the chronic insane in the State of Wisconsin it will be shown that a very considerable amount of work is done by them in the small county asylums which are attached to almshouses.

It must be admitted that the above percentages are somewhat low, even for mixed asylums, as some of them are, and contrast strongly with the Sussex asylum, where 66 per cent. of the men are employed, exclusive of ward cleaners, 116 being engaged on the land; or with Brookwood, where, of 318 men, 163 are engaged on the farm and garden, and 66 at various trades.

There are two reasons assigned for this difference. The one is the greater independence of the people in America, the other the character of the climate. When I observed one day to an American doctor that on such a sunny day as that, our patients would be nearly all out of doors, "I should think they would in *England*," he replied, ironically, for he knew something of this sunless island of ours, and was not surprised to hear that when the sun does shine everyone turns out to see it. But, joking apart, I should hold that the English are in advance of the Americans in this very important matter of out-of-door occupations; and this is the more to be regretted when one considers the liberal supply of land which is attached to many of their asylums. There is already a movement in this direction, and I am inclined to think it will be found that neither independence of character nor peculiarities of climate will ultimately prevent the system being carried out to a greater extent than it is at present.

Dr. Dana refers, in an article in the "Journal of Nervous and Mental Disease,"* to the lack of sufficient work and amusement as an evil still existing in a large number of the asylums in his country, but adds that in some States the asylums are so miserably provided with money and even grounds that really little can be done. Among other State asylums, those of New York and Maryland appeal to the authorities for power to give their patients more work, exercise, and amusement.

It must, in this connection, be remembered, in justice to American asylums when compared with our own, that while in England men can work out of doors during the greater part of the year, there is little

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or nothing to be done in many of the American States from November to April.

II. *Lunacy Legislation.*

I now pass on to the question of Lunacy Legislation, and as this excites so much interest in England at the present time, I will mention the practice pursued in several of the American States, the result of laws which have been enacted for the protection of the insane. As these laws vary with every State (nearly 50) it is impossible to do more than single out three or four as examples of the different plans which have been adopted, including those of the most drastic kind. It is as they bear upon admission into asylums, involving, as this does, the deprival of liberty, and the inspection of asylums, that we are most concerned with these enactments, and the practice pursued.

A. *Admission.*—(*a.*) I will first take the simplest possible form of admission as it is found in the State of *Connecticut.* The request of admission for a private patient, signed by a guardian, near relative, or friend, simply requests that A. B., of C. D., may be admitted as a patient into the hospital for the insane.

The certificate of one physician is sufficient, and runs thus:—

"I hereby certify that I have, within one week of this date, made personal examination of A. B., of C. D., and believe him to be insane."

This is subscribed and sworn to by the physician before an officer authorized to administer oaths, who certifies to the respectability of the physician and the genuineness of the signature.

(*b.*) If we now go to *Pennsylvania*, we find a considerable advance made in the stringency of the checks on improper admission into asylums, although I should observe that the law of Pennsylvania allows persons to place themselves voluntarily in an asylum for a period not exceeding seven days, on signing an agreement giving authority to detain them, which may be renewed from time to time for the same period.

In ordinary cases, in accordance with an Act of 1883, passed in consequence of a Commission appointed by the Governor of the State to report upon the Lunacy Laws, it is necessary that the medical certificate should be signed by at least two physicians actually in practice five years, who shall certify that they have separately examined the patient, and believe him to be insane and requiring the care of an asylum. They must not be related by blood or marriage to the patient, or connected medically or otherwise with the institution. This certificate must be made within one week of the examination of the patient, and within two weeks of his admission. Further it must be sworn to or affirmed before a judge or a magistrate, who must certify the genuineness of the signature, and the standing and good repute of the signers. It is not, however, necessary that the judge or magistrate should examine the patient, or express any opinion in regard to his insanity.



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The order and statement are signed by the person at whose instance the patient is received. The statement comprises the chief points of importance, but is not so full as our own.

Copies of the admission papers are forwarded to the Committee on Lunacy, which is a section of the Board of Charities, within seven days of admission.

(*c.*) I will now give an example of a more stringent procedure, and for this purpose draw my illustration from the State of *Massachusetts*. Here, not only are the certificates of two physicians required (the facts upon which their opinions are founded being specified), but the Lunacy Act of this State requires that no person shall be committed to a lunatic hospital, asylum, or other receptacle for the insane, public or private, without an order signed by a judge of one of the various courts enumerated, certifying that *he finds that the person committed is insane, and fit for treatment in an asylum.* Some discretionary power is, however, permitted, for if the judge thinks it undesirable to see the patient, he may certify to that effect, and still commit him. Again, if he is in doubt, he may summon a jury of six to his aid.

To obviate the difficulties which might arise from requiring a judge's order and examination in urgent cases (difficulties to which we are so much alive in England), an emergency certificate is allowed, upon which the Superintendent may receive and detain a patient for five days. This document, signed by two physicians, certifies that the patient is labouring under violent and dangerous insanity, and it is accompanied by an application for admission from the Mayor or one of the Aldermen of the place in which the patient resides. Certainly the granting of this exceptional action in cases of emergency must materially lessen the inconvenience of the Massachusetts Act.

(*d.*) The last example, and the most stringent of all which I have to give, is in operation in the State of *Illinois*, where the law requires that no one shall be deprived of his liberty by being placed in an asylum without trial by jury. Instead of giving the details of the Act which requires this proceeding, I will briefly describe what I myself saw of trial of the insane by jury in Illinois when I was at Chicago last October. I went, accompanied by a solicitor (Mr. McCagg), on what is called "insane Thursday," to the County Court, where the trials are held, presided over by Judge Pendergast. Below the Court were some rooms occupied by insane persons awaiting their trial. In the Court itself, there were about 40 spectators. In one corner of the room sat the jury of six, the foreman being a doctor. When the patient was brought in for trial, a physician (Dr Bluthardt) employed by the Court gave the result of his examination. A friend of the patient also gave evidence, and the judge asked a few questions. The jury then retired into an adjoining room to consider their verdict, and another case was tried. The consideration of the cases did not occupy much time, but there was no unseemly haste. One patient was too acutely maniacal to be examined in the Court, and was quickly con-

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veyed through into another room, where the jury and the official doctor went and examined him. I followed. He was restrained by a leathern muff, and the jury made short work of the case. In one instance, after a careful inquiry into all the circumstances, the man was not found insane, although he was evidently not quite right, and it was agreed that he should go and reside with a farmer who was a friend of his. I had an opportunity of conversing with the judge, who told me that he regarded the law under which these trials are conducted as a satisfactory one. Insane Thursday is likely, I was told by others, to remain an institution in Illinois, as popular feeling demands trial by jury as a right. The publicity, however, is a serious objection, and I was informed that people often keep their friends at home rather than make their insanity known. 'The circumstance is almost sure to come out, although they often bribe the newspaper reporters not to report their friends' case, and though the judge, as he told me, sometimes considerately defers the trial of those cases in which he knows there is a dread of publicity until other cases have been disposed of, and the reporters have left the room.

In regard to jury-trial of the insane, Dr. Andrew McFarland, of Illinois, thus writes to another American physician, Dr. Parsons :— "The Illinois law of which you inquire is injurious, odious, barbarous, damnable, and you may add as many more expletives to it as you please, and still not say the truth in regard to its evils. . . . Every superintendent of an asylum in the State is most eloquently pleading for a change in this detestable system ; the Board of State Charities urges the change most forcibly ; a Bill is before the Legislature, reported favourably upon ; the Chairman of the Judiciary Committee is a true champion of the reform ; but all, as I fear, will amount to nothing, because there are a few fanatics who raise the hue and cry over an imaginary bugbear."

Dr. Parsons himself objects to the jury-trial of the insane on the grounds that as the removal from home to an asylum necessitates publicity, to an odious extent, hospital treatment must be delayed in many cases until prospects of recovery have been seriously lessened ; that the transfer to a Court and the incidents of the trial often endanger the life of a patient ; and that in not a few instances, patients become dangerously excited by having to appear in Court as defendants.

Dr. Jewell, of Chicago, highly disapproves of the practice ; as also does Mr. F. H. Wines, the Secretary of the Illinois Board of Health. Mr. Wines writes : "A delicate woman, for example a case of puerperal insanity, is dragged from her bed in winter across the country to the county court, and carried into the Court-room, more dead than alive, before she can be taken to the hospital. . . . The effect of the trial on the patient is often terrible. He is impressed with the conviction that he has committed some crime, he knows not what ; he believes himself to be consigned to a prison ; possibly he has a sense of having

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been dealt with unjustly and foully wronged; he looks upon the officers of the hospital as conspirators in a plot; it is long before a suspicion of them can be removed."

Dr. Dewey, of Kankakee, also objects to this law. He says that the unfortunate influence exerted by the patient having been treated as a criminal "is consequently apparent among the patients in our hospitals, an undue proportion of whom are impressed with the idea that they are unjustly accused of some crime and tyranically held in confinement. . . . The best feelings of all right-minded persons are outraged by seeing presented in Court the depraved and unnatural acts and speech of otherwise reputable men and women."

From the description now given of these well-intentioned, if mistaken, enactments in force in the United States, it will be seen how much care has been taken in some of them to guard the liberty of the subject. There is certainly a good opportunity afforded of trying and observing various experiments in lunacy legislation, differing in their degrees of stringency, but having for their object the protection of those who are not able to protect themselves, and whom we all wish to see guarded from anything like unjustifiable interference, so long as this can be done without disadvantage to themselves, disaster to their friends, or danger to society. England would do well to profit by these experiments. She would hardly be induced, I should think, to copy the law of Illinois, and demand trial by jury for every alleged lunatic, private or public. I am not aware that in Massachusetts any considerable evil has attended the carrying out of the law requiring the examination of the patient, whether private or public, by a judge, guarded as this law is by an emergency certificate. Little, if any, objection applies to the simple guarantee on the part of the judge of the respectability of the signers of certificates, so long as this is accompanied by an emergency clause, by which the danger of delay in the admission of acute cases is obviated. It is worthy of consideration whether that part of the Pennsylvania law requiring the physicians who sign the certificates to have been five years in practice, is not worthy of adoption. Whether this, or the guarantee of the judge in regard to his respectability, would meet the demand now being made in this country for greater checks upon the admission of patients into asylums, is another question; for the public, or a certain section of it, might feel very suspicious in regard to mental physicians whom no judge or magistrate would for a moment hesitate to guarantee.

B. *Inspection.*—I now turn to the other point of Lunacy Legislation to which I have referred, namely, the vastly important subject of inspection.

(*a.*) At the present time the inspection of asylums is usually performed by State Boards of Charities, which have been constituted in a considerable number of the States, and are likely to increase. They had not been established in two of the States I visited, New Hampshire and Maryland. In Massachusetts there is an active and effective

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Board. The first one was formed under a statute of 1863. About ten years later another Act authorised the appointment of two Commissioners in Lunacy, the first, I believe, ever appointed in the United States. In 1879, however, both these Boards were abolished, and the existing State Board of Health, Lunacy, and Charities, was appointed with enlarged powers. The members of the Board, with the exception of the secretary and clerks, receive no compensation whatever for their services, the expenses incurred in travelling being, of course, re-imbursed. Whatever may be the reforms which it is desirable to introduce from America into England, I suppose this is hardly one which will find favour; at any rate, it is not likely to receive support from the Board in Whitehall Place. The Secretary visits the asylums frequently. I was fortunate in meeting with the present Secretary, Hon. F. B. Sanborn, a highly-intelligent man, interested in all questions connected with lunacy, and liked by the superintendents whose asylums he inspects.

The Board consists of nine persons, who are appointed by the Governor of the State with the advice and consent of the Council. It has the general supervision of the State Lunatic Hospitals and the State Almshouses as well as Schools. It must visit at least once a year all places where State paupers are supported, and must inspect every private asylum or receptacle for the insane at least once in every six months. It is expressly enacted that the Board shall act as "Commissioners of Lunacy," with power to investigate the question of the insanity and condition of any person committed to any public or private asylum, or restrained of his liberty by reason of alleged insanity in any place within the Commonwealth, power being given to the Commissioners to discharge any person not insane, or who can be cared for, if discharged, without danger to others or injury to himself (Act of 1882, chapter 87, section 1).

Dr. Pliny Earle (Northampton, Massachusetts) spoke favourably of the working of the Board. Dr. Draper, the Superintendent of the Brattleboro Asylum, Vt, did the same in regard to his State. Others felt evidently averse to a Board composed chiefly of laymen and laywomen, and were inclined to resent interference. That this feeling is natural must be admitted. Some irritation and annoyance will almost inevitably arise at times, in regard to advice tendered on points upon which doctors ought to be, if they are not, better judges than their advisers. But it appears to me that officious and harassing as individual members may sometimes be, such a Board is of use, and must certainly be continued until medical Lunacy Boards are introduced; and even then I should regard it as very desirable to secure the unpaid services of the same class of men and women as visitors, though no longer Commissioners. They would make any suggestions which might occur to them to the Trustees and to the Commissioners in Lunacy. Ladies may prove invaluable in this way, for they often see the necessity of certain comforts and changes which may escape

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the attention of officials, and which, although seemingly very small, add greatly to the comfort of the patients.

(*b.*) In Pennsylvania a Committee of the State Board of Charities has been established as a Lunacy Board, whose business it is to attend to the lunacy department of the Board only. Formerly there was a mixed Committee, but it has been found best to separate the duties of asylum visitation from those of other charities. Only the Secretary, Dr. Ouart, is paid, and his time is occupied in the inspection of the asylums of the State, the condition of which he reports to the Committee, whose members visit according as the necessity arises. One able member, Dr. Morton, is the son-in-law of the late Dr. Kirkbride, and son of the author of "Crania Americana." With him I visited Norristown, the excellent asylum near Philadelphia, under Dr. Chase and Dr. Alice Bennett, which has contributed largely to the practical solution of the question of providing accommodation for the chronic insane in Pennsylvania.

(*c.*) In the State of New York there exists, in addition to the State Board of Charities, a Lunacy Commissioner, Dr. Stephen Smith, to whom, as well as to Dr. Gray, I am under obligations for help rendered in forwarding the objects I had in view. I have reason to believe that his visitations and reports have done good service. I regret that the salary of this office is not such as would allow of any physician renouncing private practice. It is no doubt considered that his whole time could not be occupied in inspecting the institutions in the State in which the insane are confined.

This is one of the difficulties connected with the appointment of Lunacy Boards, on our model, in each State—a proposal which has been much discussed by asylum-superintendents in America.

I found from Dr. Stearns, the Medical Superintendent of the Hartford Retreat, Connecticut (so long associated with the name of Dr. Butler), which I visited with great satisfaction, that he was disposed to regard the appointment of a Lunacy Board with favour, if it could be administered under the same conditions as in Britain. He fears it is impracticable in his own country, because there is no central appointing power or authority. Each State must make its own appointment; but the number of asylums, unless it be in the State of New York, is too few to make it worth while or possible to set apart one Board for such a purpose. Dr. Stearns is well acquainted with Britain, and fully concedes the benefit which has accrued from the appointment of our Lunacy Boards. A stranger may well hesitate to suggest a plan which a man so impartial and well able to judge as Dr. Stearns regards as not feasible in America. It seems a pity some States cannot join together, and so make it possible to have men with ample knowledge of the insane constituting a Board of Inspection without other duties to perform. But I am informed that such a scheme is not in accordance with precedent, and would never be adopted.

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Again, Dr. Shew, the Medical Superintendent of the Connecticut State Asylum, at Middletown, has united with Dr. Stearns in obtaining information about Lunacy Boards, which has resulted in a report upon this subject. While the general sentiment expressed in this report is in accordance with what I have just stated, they heartily approve of a Supervising Board of some kind in each State of the Union, and they propose that such Board shall consist of at least five members, eminent in psychological or humanitarian work. They wisely do not contend for a name, whether "Commissioners in Lunacy," "Inspectors of Charities," or a "Board of State Charities," provided that the Lunacy Board in England or Scotland be taken as, on the whole, the best model to copy.

### III. *Provision for Chronic Insane. Segregation.*

The subject of the best form of provision that can be made for the chronic insane has greatly occupied and agitated the minds of physicians, philanthropists, and the Legislature in the United States during recent years. It will tend to a clearer view of the claims made upon the States of America in connection with their insane population if I state that at the last census, 1880, the number reported to be insane amounted to 91,959, or 1 in 545 of the general population, and the number of idiots to 76,895, making a total of 168,854. The distribution of the insane was as follows :—

| | | |
|---|---|---|
| In hospitals for the insane and asylums* ... | 40,942 | or 44·42 p.c. |
| Other benevolent institutions ... ... | 235 | or ·26 p.c. |
| In almshouses ... ... ... ... | 9,302 | or 10·12 p.c. |
| In jails, &c.... ... ... ... ... | 397 | or ·43 p.c. |
| At home or in private families ... ... | 41,083 | or 44·68 p.c. |
| Total ... ... ... | 91,959 | |

Thus, no fewer than 50,782, or 55·23 per cent., were not in any institutions. The asylums have been much crowded, and many efforts have been made, and some carried out, to supplement existing asylums by buildings of a less expensive character. Of this we witness one example in an Eastern and another in a Western State, namely, the Asylums of Willard† and Kankakee, which are examples on a large scale of what has been and is being done by other institutions in the same direction. This problem, which has occasioned so much discussion and led to such definite action in England, was discussed at a meeting of the New England Psychological Society in Boston last September, when I listened with much interest to the various opinions expressed by its members elicited by a paper read by Dr. Quimby, the Superintendent of the Asylum for the Chronic Insane at Worcester, Mass. Considerable diversity of sentiment prevailed. Some

* It is said that 90 per cent. of the insane in this category are incurable.
† So called from Dr. Willard. It is at Ovid, N.Y.

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preferred retaining the acute and chronic in the same building, the necessary additions being made as accumulation rendered the original capacity insufficient; others advocated distinct asylums, whether in the same or different localities. All admitted the existing pressure and the necessity for further accommodation. The venerable President, Dr. Pliny Earle, observed that he did not see what disadvantage would result were he, for example, to reside in one building and an assistant medical officer in another, one taking charge of the acute, the other of the chronic cases. On the whole the balance of opinion in this debate was in favour of annexes or cottages on the same estate as the original hospitals.

I must here dilate a little on the Willard institution. Its establishment was the outcome of an attempt made in the State of New York to grapple with this problem of chronic insanity and to rescue lunatics from the neglect and cruelty from which many of them suffered in almshouses. In common with some similar attempts, it was a considerable departure from beaten tracks and the tradition of the elders. Dr. Chapin led the way, and superintended the group of buildings known as the Willard Asylum, from its opening in 1869 to 1884. He informed me that the idea was first suggested to him by the Fitz-James Asylum in France. I met Dr. Chapin in Philadelphia, where he has succeeded the lamented Dr. Kirkbride in the management of the Pennsylvania Hospital for the Insane, and conversed with him very fully in regard to the disposition and arrangement of the detached buildings at the Willard Asylum, and heard from him in what respects the experiment has proved a success. Although I regretted being unable to visit the institution itself, I was made so thoroughly acquainted with it by the descriptions of my informant that, like a certain royal personage who seriously maintained before Wellington that he was present at the Battle of Waterloo, I have for some time entertained the idea of having actually visited the Willard Asylum. Be this as it may, it is always better to behold the *genius loci* than merely the place from which it has departed; that is to say, when one cannot see both.

When "Willard" was opened there were as many as 1,500 lunatics in almshouses in the State of New York, while there were only 500 in the State Asylum at Utica, under the charge of Dr. Gray. Four years before Willard was opened, there were as many as 200 pauper lunatics in chains in the almshouses of the State.

Dr. Chapin claims as important advantages in the Willard Asylum system: first, economy of construction; secondly, economy of maintenance; and, thirdly, greater facility for taking patients out to work on the farm.

Without entering into details, I may state that it provides for about 1,800 patients, and is the largest asylum in the States. The main building contains nearly 600 patients; Dr. Chapin, however, disapproves of so large a number, preferring 300. There are also

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four groups of detached blocks, each group comprising five, making 20. There is another building, formerly an agricultural college, adapted to the requirements of the insane. The cost of three buildings, which are to be erected for 200 patients in all, will be under £50 per bed, exclusive of land and furniture. One of the detached buildings accommodates 250 women, a matron and assisting physician residing there. All patients, when admitted, go in the first instance to the central building, and are subsequently classified and distributed according to their mental condition. Profiting by his experience at Willard, Dr. Chapin would prefer having only 50 patients in a detached building. At present there is a kitchen provided in every house, but if he only had houses with a capacity for 50 patients, Dr. Chapin would plan to have a kitchen and large dining-room for common use in a separate building.

I will now ask you to accompany me to the other locality, Kankakee, Illinois, some 50 miles from Chicago, where a similar, though in some respects, a different experiment has been made. Some years ago, a gentleman was deputed by this State to visit the asylums of Britain before a decision was arrived at as to the best mode of construction to adopt in the erection of a new State Asylum. Those who, like myself, met Mr. Wines in England, will remember the careful and intelligent study which he made of our institutions. On his return he recommended the erection of a main building and several others entirely detached from it, with the view of avoiding one huge high-storeyed building, and facilitating classification, by providing dwellings as much as possible resembling those to which the patients had been accustomed at home. Segregation is here carried out to its fullest extent, and, as some think, to an objectionable extreme. Apart from any errors of detail which may have been committed, it is a pleasant thing to see this breaking up of buildings on so extensive a scale. It must do good. The air blows more freely and freshly through this group of houses, which will soon form a little village, than it would or can through monster structures filled from top to bottom with the insane. I saw with pleasure, one evening, a number of patients sitting at ease under the verandah of one of these cottages, some of them, if not all, having been engaged in wholesome work on the farm during the day. There was an air of freedom and homeishness which is necessarily more or less lost in an ordinary asylum, especially when of giant proportions. And I may say that, although not a few in the States look with a critical eye at what they regard as segregation run mad, the principle itself, that of providing the requisite number of small buildings in place of one, is rapidly advancing in the United States. In fact, there has always been a strong feeling against the aggregation of a large number of patients under one roof; but until comparatively recent times it did not become necessary, (or perhaps it would be more correct to say the necessity was not recognised), to provide

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asylum accommodation for a large number of acute and chronic cases in every State of the Union.

The asylum of Kankakee was built in 1878 and '81. When I visited it I found some of the detached buildings in course of erection, and more will eventually be built. There are 1480 acres. Dr. Dewey is the superintendent, and speaks warmly of the success of the experiment. The number of patients at the present time is 615 (370 men, 245 women). Eventually there will be accommodation for 1500 patients. One large unfurnished building contains a dining hall for 500 patients, 85ft. by 67ft., and is very light and well proportioned. Below this room is the kitchen. The patients will come here to dine from the detached buildings for males.

At the present time dinners are conveyed by hand cars from the main building to the cottages, and, as the distance is considerable, there has been a good deal of criticism on this part of the arrangement, but I was assured that the food was not more chilled in the transit from the central kitchen to the detached buildings than it is to the extreme ends of the main building itself. It is intended, however, to make use of a special apparatus invented by the New York Catering Company, for keeping meat warm when carried from one spot to another.

I may add that one of the buildings is an infirmary; the rooms are well adapted for the wards of a general hospital. I regret to say that this building, which was only just occupied at the time of my visit, has been recently burnt, the lives of a number of the patients being lost. One of the houses is called the "Convalescent Home;" another is the "Relief Building," which provides for 50 epileptic patients and 21 criminal lunatics. They appeared to be under very good care (one attendant was from an English asylum), and no patients were under mechanical restraint. There is also a recreation hall, used as a chapel as well, which accommodates 350. As is usual in American asylums, ministers of various denominations from the neighbouring town conduct the services in rotation. While I was at Kankakee there was an entertainment in the evening in this hall, at which there was music and dancing. In harmony with the ruling idea of making as little difference as possible between home and asylum life, the recreation hall is not connected by any covered passage with the main building, for it is thought that while, on very cold evenings, some patients may be deprived of the pleasure of the entertainment, something is gained from the freshness and change consequent upon having to dress and go to a distinct building.

I should mention that at Washington, also, Dr. Nichols, and his successor Dr. Godding, have favoured the erection of small additional buildings at Saint Elizabeth, the Government Hospital for the Insane. There was, in the first instance, a cottage for the patients of colour, and subsequently have been erected detached buildings for (1) feeble-minded children; (2) quiet, working patients,

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"The Home;" and (3) the "Relief House," for tranquil patients; and lastly, "The Rest," the name given to the pathological room and mortuary. Here the body is placed in a refrigerator, which is situated between these two rooms, and can be conveyed to either when required.

Dr. Shew has carried out the plan of separate buildings at the Middletown Asylum, Connecticut, where there are 900 patients. Here is one annexe for 325 men and women patients, the cooking being done in the building. An assistant medical officer and his wife reside here.

An unfinished building, which will be three storeys in height, is designed for chronic cases and epileptics.

In addition to these annexes are no less than 5 cottages for 25, 20, 33, 16, and 26 patients respectively.

At Norristown, near Philadelphia, segregation has also been carried out to a considerable extent.

Again, at the Concord Asylum, New Hampshire, a very attractive cottage has been erected at the suggestion of Dr. Bancroft, for a select number of female patients, whose mental condition allows of their living in an ordinary residence. The provision here is on a small scale, and does not profess to provide for the chronic insane.

At Brattleboro, also, in the State of Vermont, Dr. Draper has what is called the "Summer Retreat," built like a Swiss chalet, and accommodating 20 patients. With its land of 20 acres and the furniture, this house cost £300 per bed. At this Asylum there is also a separate building for criminal lunatics.

I will next describe the course pursued in another State, Wisconsin, with a view of providing accommodation for chronic lunatics at a moderate cost. There are already three State asylums receiving both acute and chronic cases, but they are much crowded, and there is constant pressure upon the authorities for more room. When we consider the vast sums which have been spent upon the construction of the proverbial palatial asylums, amounting, in some instances, to £600 per bed, and this without any extraordinary curative results, we cannot be surprised that guardians of the poor and boards of charities should make a desperate effort to escape such expenditure, and should set themselves to work to provide humbler domiciles for at least the more harmless and chronic class of patients—those who are, for the most part, regarded beyond the reach of cure. Thanks to the Wisconsin State Board of Charities, I had every facility afforded me for examining these Institutions, and from this body collectively, as well as from its Chairman, Mr. Elmore, and its Secretary, Professor Wright, individually, I received the most kind and considerate attention during the time I was inquiring into the operation of the system which they have adopted. This may be described in brief as County care under State supervision. In accordance with a law passed several years ago:—

Whenever the total number of insane persons in this State shall exceed the total number of such persons who can be conveniently and properly cared for

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in the State Institutions for the Insane already existing under the laws of this State, the Board of Supervisors of any county in this State, upon the conditions hereinafter named, may purchase or otherwise provide a proper site, within said county, for the erection of a county asylum for the care of the insane and inebriate persons, said site to contain not less than 40 acres; and when said site shall have been approved by the Governor, such Board of Supervisors may proceed, as hereinafter provided, to erect thereon suitable buildings for the proper care of the number of insane and inebriate persons, not less than 30 nor more than 50 per centum greater than the entire number of insane persons then belonging to such county, as such Board of Supervisors may determine.

But the County Board of Supervisors does not possess the power to decide whether the counties care properly or not for their insane, upon which depends the all-important matter of an appropriation from State. This power rests with the State Board of Charities, and was conferred by the law of 1881, chap. 233, and runs thus:—

"Whenever it shall appear to the State Board of Charities and Reform that insufficient provision has been made for the care and support of the insane in the State Hospitals and County Asylums previously established, &c., the said Board may file with the Secretary of State a list of counties in which no County Asylum exists, and which counties, in the opinion of the Board, possesses accommodation for the proper care of the chronic insane; and thereafter each of the said counties so-named, which shall care for its chronic insane under such rules as the said Board shall prescribe, &c., shall receive 1 dollar 50 cents (6s. 3d.) per week for each person so cared for."

It is obviously important that the State should exercise this supervision over counties in regard to their asylums, but in no other State having them, is this check provided except in New York, and there the Board, although it inspects, does not possess the State appropriation at command to support its action.

Thus, the counties which take care of their insane under the authortiy of the Board, receive 6s. 3d. a week for each person so cared for.* I may state that, during last year, £9,845 was paid by the State of Wisconsin for this object. Existing almshouses are adapted to their purpose by the Board, or small asylums are built in their neighbourhood. In the Consolidated Monthly Report of Chronic Insane under County Care in this State, under the provisions of the above-mentioned Act, it is stated that there are 11 counties with asylums varying in capacity from 39 to 89 beds, and containing in all 618 patients. It may be added that 386, or 62·4 per cent., of these patients were employed, and that 3 have been discharged recovered during the month out of this chronic class. One patient had been in continuous, and 3 in temporary restraint.

I found these small county asylums on the whole in a satisfactory condition. The superintendents or masters of the house are laymen of a respectable farmer class, and a medical man in the neighbour-

* Last year it cost the counties 11d. more a week per head than they received from the State, without allowing for the investment in buildings and land. It is stated that the salaries of attendants are much the same in County and in State asylums. The total cost of chronic insane per head per week in the latter is exactly 3·89½ dollars, while in the County asylums it is only 1·72.

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hood is engaged to visit periodically and oftener if necessary. There is a considerable amount of land attached to these houses, and on visiting one of them (Dane,) where there were 97 patients, I found 16 with an attendant engaged in husking corn. Ordinarily a larger number work on the land. One of them had, previously to admission, been confined in a small pen in an almshouse, while others had been rescued from neglect or cruel treatment. The patients chop up a great deal of wood in the winter, and slight rewards are given to workers by way of encouragement. As I approached this house I observed that the door and several of the windows were wide open, and that no bars of any kind were to be seen. In the dietary of that day the patients had coffee for breakfast, with eggs, pork, and potatoes; while for dinner they had beef, potatoes, and parsnips. For supper they had tea or milk, with mush (corn meal), bread and syrup, and some had pie. This Institution cost about £6,800, or £68 a bed. In regard to restraint, I found, on referring to the record, that three patients had been restrained in the course of the year. Seclusion had been rarely resorted to. The master, Mr. Myers, evidently felt a warm interest in the patients, and took great pains to induce them to employ themselves. He has a salary of £200 a year. The visiting medical officer has £40.

In another of these asylums (Juneau), built at a cost of £60 a bed, and having a capacity for 90 patients, I found a considerable number employed in the potato field, in digging, and in husking corn. Some of the latter were formerly immured in the cells of a wretched "crazy-house," for long used in connection with the almshouse. Maize, potatoes, barley, oats, hay, tomatoes, peas, beet, beans, turnips, parsnips, cabbage and celery, are raised on the farm. Some patients take the entire charge of the cowhouse, and two are employed to milk the cows. Twenty women were employed in the Institution, and four in the adjoining poor-house. The mistress of the house, who was formerly at the old poor-house, gave a graphic description of the condition of the patients at that time in the crazy-houses hard by, which I visited. They are interesting in their present empty state, as relics of the past. The patients used to lie on the straw either naked or in "slips," generally without any underclothing. The food used to be given to them on a tin plate thrust through a hole in the door. No knives or forks were used, and a patient would often throw the food on the straw and eat it like an animal. The straw was removed from these pens with a pitchfork. When the present treatment was introduced, the patients had to be taught cleanly habits like children, and made to dress, come to table, and go to bed. I saw an epileptic woman, a German, who had been confined in one of these pens. When they dressed her in blue calico she was mightily pleased, and exclaimed, "Schön!" There are 10 men and 10 women in this asylum who formerly were in the crazy-houses. One day the mistress took an old woman who had been immured there to revisit them. "She was that

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uneasy and wild, and said, 'Are you going to put me into that crazy-house again? Why don't you burn it up?'" The cost per week, including clothing, is 8s. 9d. for each patient. I was curious to examine the record of restraint and seclusion in this somewhat out-of-the-way Institution, and I thought it worthy of transcription:—

June 15th, 1884.—A. B., shut up in room 8 hours for quarrelling. Result good.
July 5th.—Ditto, 9 hours for quarrelling. Result, good.
July 29th.—Ditto, 16 hours for disobeying and using indecent language. Result, promised to behave in future.
Nov. 8th.—J. L., shut up in room 9 hours, for raising a chair on an attendant. Result, promised good behaviour in future.
Dec. 3rd.—C. D., shut up in his room for 10 hours, for assault on attendant. Result, don't seem to have much, if any, effect.
Sept. 8th.—C. D., shut up in his room half a day, for striking an inmate. Result, don't seem to mind restraint much.

No women had been in restraint or seclusion.

At another similar Institution (Johnstown), where there were 75 patients, the master and his wife appeared to be thoroughly interested in their work. Active and successful efforts were made to employ the patients. The first three patients I saw were busy in the yard with a cart and potatoes just brought from the field. One patient who had been admitted from a State asylum, in regard to whom the master was warned that he must only allow him the use of a tin plate at meals, was put to work the day after admission, and the result has been very satisfactory. One patient was out with the team six miles off. I saw sixteen patients working in a potato field without an attendant, a competent patient acting as overseer. They work five hours a day, and I was glad to hear the master observe that it was not wise to let them work until they are sick of it. On examining the record of restraint for the year ending October, 1884, I did not find more than one case of restraint, viz., by mittens half a day in June, for violence and striking an attendant. Seclusion had been employed five times for four different cases. Wristlets, mittens, and the camisole had been used during the previous year, but to a very slight extent. Two crib beds were in use, one for an idiot, and another for a restless, elderly man, constantly getting out of bed. I should be glad to think that they are never used less considerately in any of the State asylums on the American Continent. A physician, Dr. Rockwell, resides half a mile off, and visits the house nearly every day. The estimated annual value of the labour done by the 75 inmates is upwards of £200. It was estimated that the labour of 16 of the patients was equal to that of the same number of sane persons; that of 20 equal to half (or rather more) of ordinary work people, 15 below this mark, and there were 24 who could not work at all.

Many fear that the system thus pursued in Wisconsin in providing for chronic cases will end in grief as it has done before, and that these institutions in the course of time will become as great a scandal as the old almshouses. However excellent the present Board of Charities

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may be (and in my judgment is), it is urged that its constitution will change ere long, and that inferior men will very probably be appointed. In reply to these objections it is said that the management of the State asylums themselves may fluctuate according to the composition of their Boards, and that in regard to mechanical restraint it is at least as great in these institutions, as in the county houses. Further, it is alleged that the County Boards of Supervisors, which are assumed to be composed of an inferior class of men, are by no means insusceptible to influence in the right direction from the State Board of Charities, who meet with them and explain the objects in view and the means by which it considers it necessary to obtain them. Political motives, it is admitted, are a source of weakness and danger.

It is very clear that the success of the system requires constant care in the selection of cases, and the appointment of similar able and well intentioned men on the Board of Charities, as well as thoroughly reliable masters. Otherwise there will inevitably be a return of the evils from which the insane have escaped in the old almshouses. It is a noteworthy fact that at the present moment in England, the Lunacy Commissioners are encouraging the increased use of workhouses for the chronic insane by the recent action they have taken in regard to county asylums sending a number of this class to workhouses.

Nothing has been done in America in imitation of Gheel, and there does not appear to be any tendency in that direction.

### IV. *Relative Merits of English and American Asylums.*

I wish that I could now convey in a few words by way of summary a just idea of the respective merits and demerits of American and English asylums, but this is not altogether an easy, and is certainly rather an invidious task.

Instead of directly giving the palm to either (though what may be regarded as insular prejudice would scarcely allow of my being discontented with our own), I would say that I believe each has something to learn from the other.

I think, first, that English asylum-superintendents will, in passing through the wards of American asylums, pick up not a few hints in regard to practical details which they would find very useful indeed. The Americans are so ingenious and inventive a people that it would have been strange had their asylums not borne some evidence of it, and there are many little, but important matters in which this inventive faculty is applied to the good working of the institution.

Again, I think the Americans have been wiser than ourselves in avoiding the construction of so many very large asylums.

A third advantage on their side, and partly due to this circumstance, is the greater proportion of medical men in most asylums in the States than obtains in England, and consequently the possibility, to say the least, of more individual interest in the patients and their treatment. The proportion varies considerably in different States, but

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on taking the average of a number of American asylums I found it to be 1 in 150 ; while on making a similar calculation for those in England I found it 1 in 300. At the New York City Asylum for about 1,500 male patients, there were 15 assistants, several of these being clinical clerks.

Further, I like the more frequent practice of having married assistant medical officers. It is thought to introduce or retain a better class of men, and to give greater confidence to the friends of patients, especially in the absence of the superintendent.

They are better paid than with us. Some receive £300 and £380 a year. Attendants are also very liberally paid; male supervisors receiving from £70 to £100 a year, and ordinary attendants reaching from £50 to £60 ; female attendants receive £30 to £50 ; matrons and stewards are handsomely paid. The Superintendents themselves are, strange to say, rather under-paid, and have no pension.

I may mention here, in passing, that a good plan is adopted among the American superintendents of New England of keeping a "black list" of attendants. Thus Dr. Pliny Earle recently warned the Superintendent of the Middletown Asylum (Dr. Shew) in the words, "Beware of Brown." Another superintendent wrote opposite the name of Smith, a discharged attendant, "very bad fellow," and another wrote, "discharged Jones for rough usage of an excited patient; " while in a fourth the attendant was labelled "intemperate."

I am not sure whether or not I should set down to the credit of the State asylums in America that there are usually some paying patients mixed with the others who are supported by the State or County. It is strongly urged that this helps to raise the tone of the institution, and that the non-paying class are the gainers by this admixture of classes. It may be so. I have my doubts, however; and rather incline to the restriction of State asylums in America or County asylums in England to the pauper class.

The idea that the State should provide accommodation for the insane of all social classes has long prevailed in America,. Dr. Kirkbride maintained very strongly that "there is no justification for a State providing accommodation for one portion of its insane, and leaving the rest uncared for." English opinion, on the other hand, has travelled in just the opposite direction, and the State has not seen its way to provide asylums for private patients. Whether we are coming to this, and are about to Americanize our institutions, remains to be seen. There may have been a tendency in the United States to allow a disproportionate number of paying patients to occupy the State asylums. Until recently many patients of the pauper class were crowded out of these institutions, and suffered from the gross neglect which befell them in almshouses. Now that this evil is to a considerable extent rectified, the friends of the higher class patients require more provision for their relatives, and the consequence is that private asylums are on the increase.

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It has been said that the classification of the insane in asylums is more perfect in America than in England, but I cannot say that I was struck with this difference myself, although the arrangements for dividing the corridors at will by folding doors are especially good in some asylums. Dr. Kirkbride had eight separate wards in his asylum, but I do not think that these divisions resulted in much, if any, more practical differentiation of cases than obtains in our asylums; and, indeed, the rule which he laid down for the basis of classification—the bringing into the same ward patients who would consort well together, and the separation of those who would not—had too much common-sense and simplicity in it to allow of much complexity of arrangement.

I think I ought to mention the development of the system of the segregation of patients, to which I have referred, as at the present time a feature in American practice, for although detached buildings for different classes have been long advocated and practised in British asylums,* and were at one period discountenanced by the alienists in the United States, the separation of cases differing in their mental character, and therefore requirements, has now been carried to such an extent, and as some hold to such an extreme, that it really forms a marked feature of recent and present movements among the promoters and organizers of asylum provision in the States. I think, therefore, that this strong tendency to segregation which has manifested itself, must be regarded as possessing greater momentum in America at the present moment than even in this country, and that we shall be able to learn something, or be confirmed in what we have already learned, by the plans now being carried out in some of the States.

I am, on the whole, disposed to reckon among the advantageous courses pursued by the Americans, the appointment of lady-physicians in some of their asylums—a practice which is certainly growing. I regard it as an experiment, and I think we ought to be grateful to our friends across the water for making it. I would go further, and say that if the lady-doctors of the future should be equal in ability and high moral character to those who have hitherto held office, and, if their position is so clearly marked out as to prevent all clashing with other members of the medical staff, they will prove a decided blessing to the female patients in asylums and a real help to the medical superintendents.

Before leaving the congenial task of pointing out the merits of the institutions of our Transatlantic brethren, I must not omit to mention the favourable impression I received as to the diet allowed the patients. I consider it more liberal and as having more variety than in our own asylums.

As to the comparative demerits of the American asylums, I would

* It was originally intended to build the new Worcester Asylum (Mass.) in detached buildings, to the same extent as at Whittingham (Lancashire), but the intention was abandoned.



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repeat that in some, especially the old American institutions, there is not so much employment of the patients as there might be, and as, for the most part, is carried out in those of our own country.

On another point I think that British asylums show to better advantage than those on the other side the Atlantic. I was struck with the generally bare, unfurnished condition of the galleries occupied by the excited patients in the latter. I never saw, for instance, such comfortable looking quarters for this class as those provided in the asylum in which we meet to-day, or, to take a pauper asylum, in that at Prestwich; in both instances old asylums made to look homeish and comfortable by the pains taken to furnish them in the way English people like to have their own houses furnished and decorated. There are, no doubt, some rooms in some American Asylums which would not only equal, but surpass, those in our asylums, whether Registered Hospitals or for the County, and this must account for two of my American friends having been struck in exactly the opposite way to what I have been, for they specified the bareness of English Asylums as one chief point in which they are inferior to their own.

Then, of course, in regard to mechanical restraints, you will infer, from what I have already said, that I regard the lesser amount of restraint in British Asylums as preferable to the greater amount of restraint in those in the United States. Still, notwithstanding this criticism, there is a growing tendency on the part of superintendents of American asylums to trust the patients with more liberty, and to remove unnecessary signs of forcible detention and unsightly means taken to protect glass, &c., from injury. Thus, in some instances, they have removed from the corridors, iron frameworks which were formerly used to protect the windows, a few feet from (and within) which they were placed. The panes themselves have been made larger and the bars less frequent, while small glazed apertures high up in single rooms have been lowered and enlarged. I am now speaking of the main buildings. In the annexes and cottages, anything partaking of the character of a prison is for the most part altogether absent. All this indicates a healthy feeling and breadth. It shows, along with the breaking up of one monotonous building into several, that whatever faults there may have been in past times in regard to the sameness of asylum wards, there is at the present time a vigorous effort to adapt the construction of the buildings tenanted by the insane to the very various mental conditions which they present.

In conclusion I would say that the outlook with regard to the future of the insane in the United States is very encouraging.

To say that the asylum physicians of America have not utilized to the extent they ought to have done the materials at their command; that their annual reports are defective in scientific results; that they have made no great reliable discoveries in the treatment of insanity, is, alas, only to bring a charge against them which is frequently brought against the superintendents of asylums in our own country.

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In both countries those who are thus charged will sorrowfully admit that there is only too much truth in the criticism; but they will, while pleading guilty to their shortcomings, ask for an indulgent judgment on the ground of the mass of routine work which falls to their lot. With regard to American asylums, there is a special pathologist, Dr. Deecke, at Dr. Gray's Asylum, Utica, whose micro-photographic sections of the whole area of the brain and cord are well known. There is a pathologist at the Washington Asylum also. At the Middletown Asylum, Connecticut, under Dr. Shew's care, much attention is paid to microscopic work; while I may mention that at the Norristown Asylum, near Philadelphia, a lady physician performs the pathological duties of the institution. Outside asylums, cerebral morbid anatomy has been pursued by neurologists and alienists, but I must restrict myself on this occasion to hospitals for the insane.

The American authorities have had enormous difficulties to contend with from the fact of society in America being in a state of continual fusion, including the mixture of races consequent upon immigration. When we are disposed to condemn the long-continued lamentable neglect of lunatics in almshouses, and the slow progress made in improving the condition of even some of the large asylums, especially the institutions in the Western States, and their absence or insufficiency in the Southern States, we ought to remember that a very large mass of insanity has been thrown upon the American Townships, Counties and States, very much against their will. We can well understand how this must have been the case when we know that between 1820 and 1850, 2,250,000 emigrants landed in the United States, leaving one-tenth of the population foreign. The number of insane in 1850 was 15,610 and of these, 2,049, or no less than one-seventh, were foreigners. During the succeeding ten years, immigration increased so much that there were, in 1860, 4,136,000 foreigners, or about one-eighth of the population, while the insane foreign element amounted to 5,768, or one-quarter of the number of insane in the States (24,000). Again, travelling over the ten years between 1860 and 1870, we find that at the latter date the foreigners amounted to 5,567,000, or one-seventh of the total population, while of the insane (37,432), no less than one-third were returned as foreigners. Lastly, taking the period from 1870 to 1880, during which praiseworthy efforts have been made to alleviate the condition of the insane in almshouses, we find that at the latter date there remained about one-seventh of the population foreigners. As we have already stated the census of 1880 showed the number of insane to be 91,959. Well, no fewer than 26,346, or between one-fourth and one-third, were not American born. In other words, 13·33 per cent. of the general population—that is to say, the imported element—produced 28·75 per cent. of so-called American lunacy. Stated in another form, if the native Americans*

* Including the coloured population, among whom the ratio of insane is as 1 to 1,097. As is well known, idiocy rather than insanity occurs among the negroes.

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alone are considered, there is 1 insane person to every 662 of the population; while the proportion among the foreigners alone is as high as 1 in 250. To show that the liability to insanity of foreigners in the States is greater than that of the native population, and that therefore the Americans are disproportionately weighted with this terrible burden, it may be added that if the average native white proportion of insanity were the rule, the number of insane in the United States in 1880 would have been 81,158 instead of 91,959.*

The force of the present contention would be much strengthened, were we to include the hereditary influence exerted by the foreign class—one which does not appear in any statistical tables, for the insanity which occurs among the children of mixed marriages will be merged in that of the native population: It is hardly necessary to say that the Americans, while they are becoming alive to the heavy burdens inflicted upon them by immigration in the form of insanity, pauperism and crime, are not blinded by these facts to the great balance of gain which is theirs. They feel that they must arouse themselves to keep out the scum and dregs of European populations, and that the check must be made in the first instance at the port of departure; also, that unsuitable immigrants should be forbidden to land by the control of quarantine in charge of medical experts. A bureau of health and immigration should, it is proposed, have agents abroad attached to consular offices, and agents in the ports of the States to carry out the powers granted them by Congress. Dr. Foster Pratt, who in his excellent paper makes these and other proposals, writes in no bitter spirit in regard to immigration, and would by no means wish to tax the immigrants to pay the expense involved.†

I will only add to my already long communication that if I have not hesitated to speak freely of any shortcomings, as they seem to me, in the arrangements or administration of the American asylums, I entertain the hope that their virtues rather than their failings will attract our notice, and that we shall strive to emulate their example in everything in which they have succeeded in adding to the convenient appliances of asylums, or in increasing the comfort or happiness of the patients confined therein. Fresh from the unstinted hospitality and attention received from American physicians and others, I would express the desire that they may always receive a hearty welcome from the medical superintendents of English asylums, when they visit our shores.

* These figures are given by Dr. Foster Pratt in a Paper read before the American Public Health Association in 1883, and are based on the last Census. Of the 91,959 insane, no less than 88,665 are paupers, of whom 22,961 are foreign-born.

† At the present time all aliens arriving at any port in the United States must pay a tax of 50 cents, which goes towards the expenses incurred on the arrival of distressed immigrants, but does not help the interior States to care for them when they become insane.

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