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BUCKNILL
ON
ASYLUMS IN AMERICA

BUCKNILL, W. H.
ASYLUMS IN AMERICA
1875



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NOTES

ON

ASYLUMS FOR THE INSANE

IN

AMERICA



NOTES

ON

ASYLUMS FOR THE INSANE

IN

AMERICA

BY

JOHN CHARLES BUCKNILL, M.D. LOND.

F.R.S., F.R.C.P.

LATE LORD CHANCELLOR'S VISITOR OF LUNATICS



LONDON

J. & A. CHURCHILL, NEW BURLINGTON STREET

1876

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TO

CHARLES LOCKHART ROBERTSON, M.D.

THE FRIEND AND FELLOW-WORKER OF MANY YEARS,

THE FOLLOWING PAGES

Are Dedicated

IN AFFECTIONATE ESTEEM

BY

THE AUTHOR.

M374248



PREFACE.

THE following Notes, which appeared in the pages of the *Lancet* during the present year, formed part of a controversy on the treatment of the Insane in the United States, which has now been happily ended by the Editor of the *Lancet* making the statement in his issue of September 16th, that he has "neither said nor implied that there were no good and well-managed asylums in the United States;" nor has he "stigmatised the alienists of America as 'mad-doctors' in reproach, and condemned the whole body of psychologists across the Atlantic for faults in which they do not all participate." The Editor of the *Lancet* has, moreover, done an act of justice to Dr. Nichols, the President of the Association of Superintendents of American Asylums, by publishing the verdict which was unanimously agreed to by the Committee of Inquiry of Congress, whereby Dr. Nichols was acquitted of the grievous but unfounded charges made against him.

With regard to the manner in which this controversy has been conducted, the Author of these

pages is the last man to object to the sharp criticism which he has provoked, and, indeed, when he finds that the greatest fault which his opponent can detect is that he has expressed regret for an omission which, upon inquiry, appears not to be regrettable, he feels that he need not be careful to excuse himself. He is fully aware of the great imperfections of his work and its utter inadequacy to the grand scope of interest which it might have taken—namely, to the consideration of the causes, conditions, and treatment of unsound mind in a vast continent under a newly-developing civilisation. Had he foreseen the necessity of publishing his observations he would certainly have made them more extensive, for to judge of American institutions of any kind from those of the north-eastern States alone is not indeed divining Hercules from his foot, but from his head. This, however, he must say, that so far as his observations did extend he was honestly afforded every facility for making them. His American brethren did not show him the best parts of their institutions, carefully hiding the blots; but they exhibited to him the unsorted good and bad of their asylums, reserving no dark places or bad cases from his inspection; frankness of conduct which is not to be met with at all times or everywhere.

Greatly to his surprise, the Author has been

accused of writing with the intention of upholding the use of mechanical restraint in America, an error which could only have been due to his having assumed perhaps too readily that his opinions on the subject of mechanical restraint were so well known that their explicit re-statement was not necessary. He feels bound therefore to avow that his opinions on the subject, published in the eighth Report of the Commissioners in Lunacy in 1854, and republished in the "Manual of Psychological Medicine," p. 685 et seq., 3rd ed., remain quite unchanged, and that in all he has subsequently written on the subject he has intended to uphold the unqualified opinion that mechanical restraint is an evil and an abuse. His American brethren, indeed, have not fallen into the above mistake, but have strongly felt that these Notes contain no indirect attack upon their employment of mechanical restraint, and he anticipates that his controversy with them on this subject is not yet quite concluded. One of the most eminent of them, Dr. Isaac Ray, has claimed that this question should be argued on scientific grounds alone, but the Author thinks that this claim is not altogether admissible, unless the term scientific be accepted in a wider than its usual sense ; seeing that the coercion of an insane man by means of bonds, although mainly a scientific question, is also in great part a moral and social

one, mixed up as it is with the rights of society over the individual, and with questions of benevolence and humanity. It is a matter upon which persons who are not scientific will eventually insist upon having much to say unless it be definitely settled beforehand.

An important and difficult question has been mooted by the *Lancet*, in the controversy of which these Notes formed a part, to which the Author confesses that he does not clearly see the whole answer. It arose from the Author writing in strong terms of condemnation of certain asylums, and yet in terms of apology for the medical officers of those asylums. The *Lancet*, commenting upon this seeming inconsistency, says:—
“To hold office under a system which does not give a responsible man fair play, is to commit a crime against common sense. Such an offender must take the consequences.” But surely this is rather to cut the knot than to untie it, and the question remains unsolved whether an honourable man may not sometimes better devote his energies to the services of an institution which is bad through no fault of his own, rather than desert his ship prematurely. To determine this question aright, times and circumstances, of which it is difficult for a stranger to judge, must be taken into careful consideration. The facts actually observed by the Author in the City Asylums of New York and

Philadelphia were, firstly, institutions lamentably deficient of resources through the most reprehensible default of the governing bodies; and, secondly, medical officers manfully at work in their vocation under these adverse circumstances. Whether or no these officials were bound to throw up their appointments, he cannot venture to say. The probability that self-sacrifice would bring amelioration ought, perhaps, to be the pivot of resolve, and it is with deep satisfaction that the Author sees that since his visit such a resolution has been come to by one of the gentlemen implicated, Dr. Macdonald, of the New York Men's Asylum, and that it has happily resulted, not in his resignation, but in a reform of the institution, the remarkable details of which will be found in a foot-note to the account of the Author's visit. In this case the main reform was easily attained by the abolition of lay management and by the addition of ten thousand dollars a year to the allowances for food; while reform at the still worse asylum at Philadelphia implies nothing less than the erection of new buildings on a new site, which Dr. Richardson may indeed have advocated with the utmost earnestness and persistency and yet not be blameworthy for continuing his work under the miserable disadvantages which are imposed upon him.

In conclusion, the Author begs to state that

although he has spoken of these Notes as part of a controversy, they have been written in no controversial spirit, but with the simple desire of telling the whole truth as he saw it; and the proof of this statement seems to him to be afforded by the fact that the arguments of his opponent have been founded almost entirely upon the statements made in these Notes themselves. The Author may have been drawn into some apparent inconsistencies from the feeling which abides with him, that the Superintendents of American asylums are far better men than their present work would indicate; but this is a ground for hope rather than regret, for inconsistencies of this kind are quite consistent with reality, and the best hope for improvement in all social and scientific work rests in the character and qualities of the men who are engaged in it.

39, WIMPOLE STREET, LONDON.

November, 1876.

NOTES
ON
ASYLUMS FOR THE INSANE
IN AMERICA.

HAVING been compelled by failing health, in the spring of last year, to rest from official work, and being recommended by medical advisers to seek change of air and scene with as little fatigue as possible, and to prefer travelling by water, I formed the design of sailing to the United States, going up the Hudson to the great lakes, and returning by the St. Lawrence. This design I carried out, with only such deviations as the frank and generous friendliness which I met with from my professional brethren in the States, and their great desire to show me their institutions, rendered me unable to avoid. I had not intended to make anything like a tour for the inspection of American asylums, but it will be readily understood that the above-named influence, united to the deep interest which a man must ever take in a matter which has been to him the subject of life-long study, led me to visit and

narrowly to observe the management of many of these institutions and the treatment of their inmates ; so that I find I visited altogether thirteen lunatic asylums (ten being in the United States and three in Lower Canada), and two schools for idiot children, besides six institutions for habitual drunkards, on which my remarks must be reserved for a future occasion.

Of the asylums which I visited in the States two were State asylums, corresponding to our county lunatic asylums ; four were asylums supported out of the municipal funds of large cities, corresponding to our borough asylums ; three were hospitals for the insane, closely corresponding with institutions of the same name in our own country, supported by private benefactions and payments made on behalf of patients, and under the control of boards of managers elected by benefactors ; and one was the Criminal Lunatic Asylum for the State of New York. I did not in the States visit any private asylums corresponding to our licensed houses for the insane, and I was informed that the system of private asylums was developed only to a small extent in that country, and that probably there were not more than some 150 lunatics in the whole of the States confined in houses of that type. I was kindly invited by the proprietor, Dr. Barstow, to visit a private asylum in the neighbourhood of New York, which was said to

be a very good one, but I was unable to make the effort. All three of the asylums which I visited in Lower Canada were, strictly speaking, private asylums—that is to say, they were proprietary institutions, although two of them were occupied almost entirely by poor lunatics supported by the public funds of the province. The only private asylum, really so in form and substance, which I visited I found by accident, as it were, forming one part of an inebriate institution near Quebec.

I shall commence with the class of asylums, and, indeed, with the particular institution, of which I saw most—viz., the Pennsylvania Hospital for the Insane, on the outskirts of Philadelphia, which seems, in its constitution, management, and objects, closely to resemble the Friends' Retreat at York. Indeed, it has a yet more striking resemblance, from its intimate connexion with the Society of Friends. I resided six days in the house of Dr. Thomas Kirkbride, the medical superintendent, and enjoyed the largest opportunities of observing the management of the institution. Of course, Dr. Kirkbride is a Friend, though I did not know it until he told me; but when he took me to the annual meeting of the governors, which was held in the library of the hospital founded by William Penn, I saw some of the brown square-cut coats and broad-brimmed

hats which there still form the distinctive costume of this simple, sensible, and humane sect.

The Pennsylvania Hospital for the Insane is situated about two miles from Philadelphia, and occupies a very fine, extensive, and valuable site. The buildings for the men are nearly half a mile from those of the women, and are separated from them by a broad and deep vale with a meadow in it, which is rented by some outside dairyman, and forms a sort of no-man's-land to partition off the two sexes. The buildings are architecturally unpretentious, but internally they are exceedingly well-arranged and commodious. I cannot say that I saw anything remarkable in the treatment of the inmates, or anything which our Commissioners in Lunacy would have been surprised to find in the management of one of our best English hospitals for the insane. I observed a daily persistent effort to interest and amuse the inmates, a *réunion* every evening for readings or calisthenic dances, or oxyhydrogen transparencies, or something of that kind, an abundant supply of carriages for driving, mostly within the large grounds, and a general system of watchful care and kindness which I am fain to believe is the rule in our own institutions of this class. A matter which was remarkable to me was to find, in conversation with my most kind-hearted and enlightened friend Dr. Kirkbride, that he was not a non-restraint

man. In common with the great majority of his psychologist brethren in the States, perhaps it would be more correct to say with the whole of them with very few exceptions, he had made up his mind that the total abolition of mechanical restraint was not advisable in the treatment of the insane. But in the wards of his asylum—and I believe I saw every one of his patients—I did not observe any kind of mechanical restraint actually employed, and I did observe some cases of lunacy there, and one case in particular, in which I should have expected him to carry his theory into practice, if, indeed, it were not a mere theory. I observed a lady, recently admitted, who was suffering from the most acute and restless form of mania following childbirth, and presenting just a case for the imposition of a strait-waistcoat under the old system ; but she was treated by Dr. Kirkbride just as our best men would treat her. She was placed in a low and narrow but comfortable bed, in an airy and cheerful room, a kindly and patient nurse was seated on each side of her, and she was kept in the recumbent position as much as possible, mostly by persuasion and a little by gentle force ; and herein she was submitted to active, anxious, and skilful medical treatment. And if I saw no cases of mechanical restraint in this asylum, neither did I see any of seclusion. If I may without irreverence make a scriptural allusion, I thought that

my friend somewhat resembled that man who said he would not go into the vineyard, but went.

Another hospital for the insane which I visited, and in which I spent a long day, and in which I again had the pleasure of meeting the Board of Management, was the Bloomingdale Asylum, within six miles of New York. It is under the careful and skilful superintendence of Dr. Browne, and my remarks, for the same cause, must be as meagre as those I have made on the Pennsylvania Hospital. I saw no restraint here also, and only one patient in seclusion—a case in which, to my mind, it was obviously needful. The situation of Bloomingdale is very beautiful, very near the top of the only hill in the immediate neighbourhood of New York. This city, which has such wonderful water privileges, and which on a map gives you the ideal of perfection of a maritime city, has the disadvantage that it possesses no near hills nor coignes of vantage from which you may look down upon its beauties. There are Bunker's Hill and the Dorchester Heights, from which you can see Boston city and harbour. You can survey Baltimore and Chesapeake Bay from the Washington Monument, and Washington from the Capitol; but there is no place but the Bloomingdale Hill from which you can look down upon the harbours and the grand river of New York, and any stranger not interested in the welfare of insane Americans

might derive great pleasure on this account from a visit to Dr. Browne. If he were so interested he would also see a very well managed asylum, which it was to me very pleasant and satisfactory to inspect. I really forget the exact amount of the vast sum which I was told that Bloomingdale was worth from its proximity to the best end of this increasing city, but it was several hundred thousand pounds ; I am afraid to say how many, lest my memory should be treacherous. However, it was something enormous, and there is no intention of selling it, and removing the institution further into the country. The proximity to the great city, for the advantage it offers to the friends of the patients and to other visitors to the institution, seems to be thought worth the sacrifice. As the asylum, in common with others of the same class in America, is financially prosperous, this opinion is probably right. Moreover, it may be good policy to keep an institution of this kind, which is to a great extent dependent upon the donations and bequests of wealthy citizens, within the range of constant public observation.

The McLean Hospital for the Insane at Boston possesses a site almost as valuable as that of Bloomingdale, but it is so near to the ever-growing city, and so cut up with railways either *in esse* or *in posse*, that it has to be sold, and the governors have already purchased an estate some twenty

miles in the country, whereunto they intend shrotly to remove their institution. The présent asylum is an old country-house, bequeathed by the man whose name it bears, and, like many of the older buildings in the States, is constructed in great part of bricks which were made in the old country. It was opened in 1818, or two years before the Lincoln Asylum in England, and has always been conducted in what was thought at the time and place the least repressive manner possible. In 1839 the distinguished Dr. Bell reported: "It is the successful use of the means put into our hands by the extensive architectural arrangements here provided that has enabled us to dispense almost entirely with restraining measures, or even confinement, as evinced by the fact that our 'lodge' or strong-rooms are not called into use more than three or four hours during the year; that not one per cent. of our whole number is on an average under any constraint." I was taken to the McLean Asylum by my friend Dr. Tyler, who was the resident superintendent of it for a great number of years, and who is now the consulting physician. I did not see all the patients, and therefore I shall abstain from observations on the custom of using restraint or not. One feature of construction which I first observed here, and which I think is objectionable, is the plan of placing noisy and excitable patients in what are called "lodge-wards,"

apart from the main building. The number of patients whose noise is incessant and annoying is very small, even in a large asylum containing many hundreds of inmates. There might, perhaps, be some reason for providing a small ward out of ear-shot of other patients, since I have known the inmates of a large asylum made miserable by one howling lunatic ; but it seems to me that excitable lunatics, being those who most need frequent medical observation, ought, in the arrangements of a hospital for the insane, to be brought as near to the medical staff as convenient architectural arrangements will permit.

Another feature of the McLean Hospital which I shall venture to criticise because the institution is about to be removed and rebuilt, is the separate buildings called pavilions, for wealthy and tranquil inmates. These are fine structures, with spacious, lofty rooms and corridors. Each one accommodates eight patients, four in the first and four on the second floor, and each patient has a sitting-room and a bedroom to himself, both of them large and lofty. It struck me, however, that these patients lived too much by themselves in their own rooms for their therapeutic welfare, and that smaller structures with smaller rooms, and with common rooms for meals and social intercourse, would have been better suited to promote the cheerfulness and happiness of the patients.

With us a detached residence in connexion with a hospital for the insane is more like a private house in which one or more lunatics are placed to reside with suitable companions and servants ; and for certain cases this is an excellent variation of plan. A separate ward with solitary chambers, however large and luxurious, is quite a different and, I venture to think, an inferior arrangement.

Notwithstanding my criticisms on these points of structural arrangement, I was greatly pleased with my visit to the McLean Hospital, which is evidently under very careful and skilful management ; and, on the whole, I may say that, avoiding the restraint question, so far as my observation goes, the management of the hospitals for the insane in the United States is most creditable, both to the liberality of the public and of those who are deputed by the public to manage them, and to the skill, humanity, and devotion of the medical officers upon whom the care and treatment of the insane inmates immediately devolve.

Before I pass on to another class of institutions for the insane—namely, those supported by public funds—I shall venture to make a few remarks upon a matter which struck me very forcibly in every asylum which I visited in the States, which is that I nowhere saw any number of patients enjoying out-of-door exercise. At Boston the excuse might be made that the weather was cold, but at

New York, Philadelphia, and Washington, the days of May were bright, sunny, and delicious, and such days with us would have turned out the population of our asylums into the gardens and the grounds, overflowing into the country beyond. I saw nothing of this in the States. At Bloomingdale, on a glorious genial day, I did see some male patients in one of the airing courts, but as a rule the asylum population was persistently within doors, and there were unmistakable signs that this was the habit and custom of the land. The airing courts were untrodden, and the pathways in the fine grounds but little used, like those of some absentee nobleman in our own country. Of course I mean all this as comparative only, for I did see a solitary patient now and then out of doors, but such a sight as one sees on any fine day from the Great Western Railway passing by Hanwell was totally and conspicuously absent in the States.

Moreover, in no asylum I visited did I see any adequate provision of sunshades and out-of-door seats, and the result of my observation and inquiries was the conviction that in the United States the patients in the asylums do not enjoy anything like the amount of out-of-door exercise and recreation which it is the common custom to provide for them in this country. I think this remarkable difference is to a great degree due to the habits of the people

in the two countries, the Americans, notwithstanding their splendid climate, being far less out-of-door folk than we are. In-doors they coddle themselves with cooked air, and out they do not care to budge, at least for pleasure. When duty or business withdraws them from the stove atmosphere of the house, they encase themselves in great coats in bright, blessed weather, when an average Englishman would revel in the fresh, delicious air.

And if the inmates of American asylums do not get an adequate supply of that best and most powerful of tonics, fresh air, out of doors, they certainly do not get it within doors; for there the universal system of artificial heating and ventilation is skilfully carried out, to a pitch which to our sensations is a great discomfort. Everywhere in America the houses and hotels are heated by hot-water or steam pipes to an extent which makes them exceedingly uncomfortable to the average Englishman, who will often sleep with his window open while all the rooms and passages of his temporary domicile are filled with the hot, dry, well-fried emanations of the furnace-room in the basement, combined sometimes with a slight smack of sulphur or of oil, or of some other substance respecting which there can scarcely be differences of opinion as to whether it is agreeable or not. In the entrance hall of the Boston Asylum I observed

the thermometer marking 85° F. In the best asylums the furnace system of warming is carried out very thoroughly. Generally a powerful steam-engine drives a great fan which propels furnace-heated air through passages in the basement, whence it is distributed throughout the building. There can be no doubt that the system is thoroughly efficient, and the only question which arises in my mind is whether it can be good for the patients. I ventured to express my opinion to the contrary at the Congress of the Medical Superintendents of American Asylums at which I had the privilege of attending, and I was asked the temperature at which the wards of English asylums were usually kept. I replied that I thought during winter or spring the temperature of our asylums would certainly not be above 62° F., on which Dr. Kirkbride, the authority of whose opinion in that large meeting was undisputed on all matters, said that 72° F. was the lowest temperature at which he should venture to keep his wards, and that he thought his patients would be uncomfortable in feeling and would suffer in health from any temperature below this ; and his opinion certainly seemed to meet with the ready concurrence of his American brethren. Since I have returned I have found by inquiry that in all probability I considerably overstated the average temperature in our asylums, and that 52° F. would have been

much nearer the mark. I thought that the inmates of American asylums did not, as a rule, bear the aspect of good physical health, certainly not as compared with the inmates of our own asylums, and I came to the conclusion that want of out-of-door life, and the habit of breathing an over-dried and over-heated atmosphere by day and by night had much to do with this appearance. I should expect that the effect of this lower range of physical health, if it exists, would be seen rather in a diminished number of cures than in an augmented mortality. The difference of habit in this respect may well be counteracted by other habits in regard to mortality—as, for instance, by the immensely greater temperance of the American people than of our own ; but the existence and cure of insanity hang so frequently upon slight modifications of the bodily health that I should not be afraid of staking my professional judgment on the accuracy of the opinion that cures would be more numerous in an asylum whose inmates had the general appearance of robust health, than in another asylum whose inmates, from whatever cause, looked sallow and sickly.

I may mention “in this connexion,” as Americans say, that the patients in American asylums are not allowed beer or any other fermented or intoxicating beverage as a diet. In judging of this abstention we must bear in mind the won-

derfully temperate habits of the people in the Eastern States, and the fact, of which all observing men, whether they be medical men or not, assure you, that the moderate use of intoxicants cannot be borne with the same impunity in the dry air of America, as to a great extent we enjoy in our moister climate. In this country I think it might be hazardous to abolish the moderate use of beer or wine in the diet of the insane.

The first asylum supported by public funds which I visited was the asylum for the city of Boston. It is an old and inconvenient structure in a small and cramped site, adjoining, however, the magnificent harbour of Boston, upon which, in summer time, selected parties of the patients make excursions in a steamboat provided for the purpose. The inmates were tranquil, cheerful, and many of them were engaged in various occupations and amusements ; but two of them were in strait-waistcoats. It will be convenient to reserve what I have to say on this important subject of mechanical restraint until I have to make some concluding remarks. Meanwhile I may observe that this asylum was obviously under careful and skilful management, and restraint was imposed because, in the opinion, erroneous I think, of the superintendent, Dr. Walker, one of the kindest of men, it was considered best for the interests of all his patients that it should be employed. The old

building is to be replaced at an early date by an adequate one on a good site in the country. The Mayor of Boston favoured me with a view of the plans, which were those of a handsome structure of long extended frontage, and architecturally very imposing ; and this leads me to add a few remarks upon the plans of new asylums, or those under contemplation in the States. The Americans think much, perhaps too much, of the architectural appearance of their new asylums. The new Boston Asylum is to be one long, straight, and, it must be admitted, imposing structure. The new asylum for New Jersey is a five-storied building, with the mansard roof now in so much favour. The basement and the mansard stories are, it is said, not to be used for patients. Perhaps not at first, but we know by dire experience in our own country what this intention comes to in the long run, when the increase of population presses upon supply of asylum accommodation ; and at New York I saw a great number of lunatics crowded under the influence of such pressure into very miserable attics. The new asylum for New Jersey is indeed a magnificent building, and very creditable to the liberality of the State authorities, but I should have liked it better if its altitude had been decreased by two stories, and no space had been provided for the possible overcrowding of inmates into parts of the building not

originally intended for occupation. Our idea of the liberality of the authorities in providing such handsome buildings will be enhanced when we reflect that the cost of building in the United States is more than one-third greater than it is England, a fact which I state upon the authority of the architect of the New Jersey asylum, by whom it has been carefully investigated. At Buffalo a third asylum for the State of New York is being erected on plans which pleased me extremely. The building is of three, two, and one stories, and the different wards fall back rapidly *en échelon*, leaving the central offices prominently in advance. The wards are connected with each other by semicircular glass-covered passages only fit for use as passages, and not for occupation. The plans, which have been devised by Dr. John Gray, of Utica, seem to me to combine the advantages of an asylum constructed in separate blocks with a fine frontage, better than any others which I have seen. The plans of a new asylum for female patients in the district of Columbia have been prepared by Dr. Nichols, which resemble in general idea the plan of the new asylum at Buffalo, but the buildings connecting the blocks are intended to contain a number of single rooms, and I think in this respect they are not quite so good, because the different blocks will not be so completely isolated from each other. However, this system of separate

blocks, of which I believe myself to be the originator, has been for many years a particular hobby of mine, and perhaps the plans of Dr. Nichols provide for as much separation as would content most other alienists.

The Willard Asylum for chronic lunatics chargeable to the State of New York is a pavilion asylum with a large central block for such patients as need to be kept under the immediate observation of the medical officers. I am sorry to say that I did not go over this asylum, but I heard from many of my professional brethren the highest encomiums on its management, and I am informed that the block system gives entire satisfaction. As a receptacle for chronic lunatics it seems to me to be a mistake on account of its remoteness from the great centres of population. It is quite in the west of the immense State of New York, and 300 miles from the city, and a considerable distance, 125 miles, from the great State Asylum at Utica. A case of puerperal mania, or other acute mental disease, arising at Seneca, would have to be taken past the asylum on a long journey to Utica to be treated. Moreover, the distance from the populous parts of the State must, and, as I learnt on inquiry, actually does prevent the friends and relations of the patients from visiting them. Difference of opinion has existed among ourselves as to whether it is advisable to separate chronic and

incurable lunatics from others, but I think we should all agree that it was not desirable to place the Caterham institution at Penzance.

To return to the subject of asylum plans. The governors of the McLean Asylum at Boston have determined to rebuild their excellent institution, crowded out from the environs of the city, on the separate block or pavilion system, and they have recently sent their accomplished architect, Mr. Folsom, to this country to gather information by the inspection of our institutions. I am afraid that in the matter of this particular form of architecture his opportunities of inspection were but meagre. With the exception of Caterham, Leavesden, and the new asylum for Lancashire at Wigan, I do not know that we possess any institutions constructed on this plan, which, however much it may be advocated by medical men who have most experience in the management of establishments for the insane, does not seem to conform with the ideas of display which are native to the minds of architects and their employers. Then something has to be allowed for the appropriateness of climate and locality for special forms of building. The most concentrated asylum I ever visited was that at Genoa, where a mass of lunatics sweltered in a building constructed in the shape of a wheel with many spokes; and the most perfect specimen of a pavilion asylum I

have ever seen was the one at Christiania, where the deep snows of a long and severe winter make the separate blocks cold, dreary, and difficult of access. The plan had, without sufficient forethought and allowance, been adopted on foreign recommendation, as the non-restraint system also had been adopted, with the singular modification that the refractory wards were provided with galleries for the safety of the attendants. This was seen by me in 1869, and I trust that since that time further experience has suggested important ameliorations.

The Americans have no central authority of large and general experience, like our Commissioners in Lunacy, to guide them in the formation and management of their asylums ; but, in default thereof, they make large use of the special knowledge of their medical officers, and in this manner they attain a high degree of success, as in the plans before mentioned of Dr. Gray and Dr. Nichols.

Each State acting on its own laws and judging of its own requirements in the matter of provision for the treatment of the insane, it can be no occasion for surprise that great divergence of practice exists. Thus the State of New Jersey, having already an asylum at Trenton accommodating 500 insane patients, is now completing the new asylum at Morristown calculated to accommodate 800

lunatics, "the policy of the State being to make ample provision for every insane person in it." In Missouri they have asylum accommodation for 1300 inmates, "leaving 700 or 800 without the instrumentalities enlightened humanity has devised." In Virginia "we have been unable to keep the gaols clear of ail males : we hope to have the gaols clear of females soon. . . . Some 350 or 400 chronic cases are scattered throughout the State at home or in the gaols." In Maryland "the insane population is 750." The State has provided the accommodation for 250, and "90 or 100 are scattered between almshouses and county gaols." In North Carolina "we have nearly 1000 insane of both sexes and all colours, with accommodation for about 250 of them, if we can call our crowded condition accommodation;" and so on. I quote from the reports made by the superintendents of the different State asylums to the meeting of American superintendents of the insane at Auburn, the sufficiency of asylum accommodation varying, as it would appear, to a great degree with the wealth and prosperity of the different States. In Ohio, Dr. Gundry stated, 75 per cent. of the general taxation of the State "has been spent in building and supporting the benevolent institutions, in which are included the insane, blind, deaf and dumb, and idiotic." It is abundantly evident, from the reports of these gentlemen, that the

people of the country at large, whether they belong to States which are prosperous and wealthy, like New Jersey, or are depressed and impoverished by war and its results, like North Carolina, are alive to the duty of providing sufficient accommodation for their insane, however much in the latter instances performance may lag behind desire.

There is, however, one painful reflection when one hears of the large sums appropriated to this purpose, and the discouraging *remnants* which exist, that the public money is not expended wisely, nor always even honestly. The President of the Association, Dr. Nichols, remarked on this point that one of the conditions which are necessary to secure State provision for the insane was "confidence on the part of the people and their representatives that the money appropriated to establish and maintain institutions for the insane will be economically and honestly expended. The *politicians*, it appears to me, bring such enterprises into disrepute by the drafts they make upon the appropriations for the establishment of institutions for the insane, in the shape of advantageous contracts and sinecure places for their political supporters, by which the cost of such institutions has been greatly enhanced." This I have myself found to be the public feeling. Speaking to an eminent banker in New York of the state in which

I had found the city asylums, he replied: "I don't know how it is. They have cost enough, but we never know how the money goes. *There is always a tap leaking somewhere.*"

The law relating to the admission of lunatics into asylums differs somewhat widely in the various States. In New York, formerly, the insane were committed by any judge upon the recommendation of any two physicians, *or persons calling themselves physicians*. The new statutes provide that no physician shall certify for committal to an asylum unless he be a permanent resident of the State, has practised his profession for at least three years, and possesses a diploma from an incorporated medical college. He must also obtain a certificate of qualification from a judge of a Court of Record to whom he is personally known. This law, so much more stringent than our own, will tend to form a class of medical men duly qualified to exercise with knowledge and judgment an important and often difficult social duty. In Mississippi, a law, passed last session, provides that "in the admission of patients the sworn certificate of two physicians, containing a full description and history of the case, shall first be sent to the superintendent, who grants admission to the most deserving." In Illinois also there have been some changes in the laws for admitting patients. All patients are now admitted *on the verdict of six*

men, one of whom must be a physician. These are all new laws on the subject passed in the last session of State Legislatures.

In the immediate neighbourhood of the Borough Asylum at Boston I visited what we should call the Idiot Asylum, but which there enjoys the more descriptive and accurate appellation of the School for Children of Weak Mind. It is under the control of Dr. Howe, of world-wide reputation, who visits it at all hours of the day and almost of the night, and takes a lively interest in it. The building is a wooden one of one story with a basement, but the rooms are light, airy, and cheerful, and I was forcibly struck by the space, comfort, and convenience of an institution which had paid a very small tax to architects and builders. It is under the immediate superintendence of a matron, with a staff of female teachers. I only saw one male teacher, who instructed and led the boys in their gymnastics, commencing from lessons in simple walking on a plane surface and walking upon a ladder placed horizontally on the floor, and ending in audacious pranks which made me giddy to look at. The children were well fed, well clothed, and in fine health, and they were evidently under the most kind and encouraging treatment. Their mental and physical education appeared to me to be excellent, and the staff of female teachers manifested that enthusiasm in the cultivation of

this thin and poor human soil without which it is impossible that it can be made to bear even the smallest fruit.

Another institution of the same kind which I subsequently visited was the Asylum for Imbecile and Idiot Children belonging to the State of New York, situated at Syracuse, and under the superintendence of Dr. Wilbur. This is a good substantial building, with a farm attached, in which the robust boys do a considerable amount of work, which is not only of financial service to the asylum, but affords a most valuable means of training the children to useful work. The painstaking management of the institution and the skilful treatment and education of the inmates appear to be very similar to those practised at Boston and in our own best asylums.

They have an admirable institution for the blind at Boston, also under Dr. Howe's superintendence, which I visited for the sake of seeing, in Laura Bridgeman, the greatest triumph of patient skill that has ever been attained, in the education, or rather the development, of a human mind which nature has left in default of its instruments. The history of this most interesting woman, and the system of culture by which, with inexhaustible patience, she was rescued from the dark night of sensationless life, has been written by Dr. Howe himself in his last report, and may be found by

English readers in the number for January last of the *Journal of Mental Science*. When two years old she lost her senses by scarlet fever ; and when found by Dr. Howe at six years of age she was totally blind and deaf, and had only a very indistinct sense of smell. She is now an amiable and cheerful woman, with a bright expression of varying intelligence in her pleasing features, and capable of enjoying life by ready intercourse with all who know her language, and with others through them as interpreters. She even speaks a few words vocally and plainly, as "doctor," "money," &c. ; but the rapidity of her finger talk (which is not that visible sign language in common use with deaf mutes, but the contact of finger-points on the palms and fingers, which is felt, not seen), and the amount of her knowledge, not only of realities, but even of generalised and notional knowledge, are truly astonishing. She started conversation with me by asking questions about Victoria, avoiding the word Queen. Was she a good woman ? Was she not very extravagant ? Was it really true that she kept forty horses ? That must be extravagant ; &c. &c. She was greatly interested about the "woman" Victoria, and what I told her about the Queen's simple mode of life outside State requirements. I was told that Dr. Howe had purposely abstained from any attempt to impart to her religious notions until he thought her mind

had become mature enough to accept them ; but that, during his absence in Europe, she began, of her own accord, to make inquiries on the subject, and that she rapidly acquired not only general religious notions, but even possessed herself of the knowledge of the shades of belief which serve to divide and distinguish the different sects of Christians at Boston, and decided for herself which of them was most acceptable to her own mind, and has stuck to her choice. It would seem that in the brain of a New England Puritan the tendency to form religious ideas was an hereditary function which could not be suppressed, though, in early infancy—to widen Milton's words—"Knowledge at two entrances was quite shut out." Laura can read rapidly and write well. She wrote on a slip of paper for me, in quaint plain characters, "Grace be with you. Laura Bridgeman." Also she can sew, knit, and braid ; occupy herself in simple housework—sweeping floors, dusting furniture, making beds ; and in Dr. Howe's words, "in all these things she succeeded so well that she is now capable of earning a livelihood as assistant to any kind and intelligent housekeeper who would accommodate herself to Laura's ways." Altogether, this poor blind and deaf mute is one of the most cultivated of human beings.

Another individual, interesting to the psychologist, whom I saw at Boston, was the boy mur-

derer Jesse Pomeroy. Alas, that science should have to couple in one common interest beings so unlike as this personification of cruelty—whether he be sane or insane—with the gentle, affectionate, and suffering woman whom I have just described! the depraved with the deprived. The Governor of the State asked me to see and examine the boy, although I told him that I should not like, as a foreigner, to express an opinion which might influence the course of justice. Therefore, in company with Dr. E. H. Clarke, one of those cultivated and sound-thinking men who in America give so high a tone to the profession which they adorn and lead, I went to the gaol, and there thoroughly examined the condemned criminal for nearly an hour. Dr. Clarke and I quite agreed in the opinion we formed as the result of this examination, which opinion it may well be that he, as a citizen of the State, has been called upon to communicate to the Governor, with whom rests the duty of execution or the prerogative of mercy. A curious law exists in Massachusetts, that no criminal shall suffer execution until a year has passed after his condemnation; and the Chief Justice assured me that the principal reason of this law was to provide against the possibility of new evidence turning up which might tell in the condemned man's favour. That, no doubt, would be the reason which would tell most forcibly on the

mind of a lawyer ; but I think there may be other reasons which might lead our legislators to consider whether an extension of time between condemnation and execution would not be logical and useful in our own country. The first of these is, that it would provide an opportunity for real preparation by change of disposition ; but on this I shall not dwell, as it belongs to religious and moral elements of thought. Another reason, which will seem weighty to psychologists, is, that the Massachusetts law gives time for the thorough investigation of the criminal's state of mind, and would render it impossible for a man to be hanged who was really of unsound mind, unless, indeed, he were hanged as a man of unsound mind, which was avowedly done by Baron Bramwell in the case of Dove. I do not know whether immediate or deferred execution would be the greater punishment to the sufferer. This would probably vary with different temperaments and states of mind. An imaginative coward would suffer immensely by the prolonged expectancy of his doom, while to many another condemned man the prorogation of his final penalty would be esteemed a precious privilege, as affording sufficient opportunity to make real peace between his guilty and affrighted soul and his offended God. As an example to the great majority of evil-doers, it would seem probable that to defer execution would increase its

efficacy, for nothing strikes the mind of the criminal classes more forcibly than the slow, cold, impassive authority of the law, and nothing excites their imagination so much as the state of the living man condemned to death. A sudden death has few terrors, or we should have no wars, and dangerous employments would have to be more highly remunerated than they are. Jesse Pomeroy's crime or crimes was the murder of two children by torture, inflicted by numerous stabs with a pocket knife. The first murder was only discovered on the commission of the second after the interval of a year. The effect of these crimes on the public mind was such that the women of Boston in very great numbers signed a petition that the criminal might be executed. This strange public act of the women of perhaps the most highly educated and civilised city in the world was no doubt due to the offended feeling of maternity, the victims having been children.

I cannot quit Boston and its kindly and cultivated folk, who made my visit there so happy and interesting, without bidding it and them a word of affectionate farewell. They love the old country, though they are proud of having taken the first step to break away from it. I was with them when they celebrated the centenary of Lexington, and the remembrance had no bitterness. And if they are proud of the past they may

well be so of the present, for on that day I mixed with the great crowd of 150,000 New Englanders, the outpouring of the city and the gathering of the country into the villages of Lexington and Concord, and I sought for, but did not discover, one man the worse for drink. In all that vast crowd, which I may even fairly call a mob, for it was a most disorderly assembly, there were no drunkards nor roughs, and the only policemen to be seen were a few fat, slouching fellows round the President, who could not, however, prevent the mob from stealing his train, so that he had to wait for another. If there had been the average English element of roughs and drunkards such a crowd must have ended in a riot, for the people did just what they pleased without interference. They climbed on and jumped off the roofs of railway trains, clambered in at the car windows, rode on the cow-catchers, surged over the roads and through the processions, and yet all in good temper, and stopping short of any positive mischief. All the day long I saw no quarrel or fight, heard no angry words even; there were no breaches of the people's peace, and the behaviour of this curious crowd was to me the strongest revelation of what sobriety, culture, and self-respect may attain to in the deepest and thickest layers of the population.

As for Boston itself, I wish we could steal the beautiful old city, and float it over to our shores

with its cow-path streets, with its schools where every child is compelled to receive a good education whether the priest likes it or not, with its population so greedy of knowledge that they work the free libraries as eagerly as ours would be likely to work free gin-shops ; and, above all, with its rich cornice of poets, scholars, and philosophers. Before we unmoored the old place, we should have to drive in from the suburbs Emerson, Longfellow, Eliot, Jarvis, and others ; but Dr. Wendell Holmes, who is poet, philosopher, and scholar, lives in the heart of the city, literally and metaphorically ; he is the raciest of humourists and most genial of citizens.

The National Asylum for the Insane, under the superintendence of Dr. Charles Nichols, crowns the heights to the eastward of the Anacosta branch of the Potomac, some mile and a half from the Capitol at Washington. It is a fine building, in the castellated style, of red sandstone, with beautiful grounds, which, however, like those of all American institutions, of whatever kind, are not in that trim condition to which English eyes are accustomed. Not much labour is thrown away in America on such unremunerative employments as mowing grass-plots and weeding walks. The gardens, however, are excellent and extensive, and there is a very fine farm, and the best dairy of Alderney and Guernsey cows I ever saw.

The asylum was originally intended to provide accommodation only for the insane of the army and navy and of the district of Columbia, but the insane of the preventive service and of the merchant marine have subsequently been admitted. There is proper accommodation for 575 lunatics, but the actual number under treatment was 750 ; yet the wards did not appear to me to be much overcrowded, probably owing to parts of the building not originally intended for occupation having been taken into use. The proportion of men to women patients was seven to two. New buildings for 250 female patients are about to be erected on a site about the third of a mile from the present buildings, the estimated cost, with furniture, being 350,000 dollars, or 280¢ per patient, which does not include ground, or ground work, which in America is called grading.

Dr. Nichols is assisted by three assistant-physicians, and is under the control of a small committee, including the Surgeon-General of the Army and the medical head of the Navy. The wards were light, cheerful, and cleanly, and were well furnished. Those for the women were especially cheerful and prettily decorated. Among the men just a little military discipline had been preserved, so that they formed in double line and stood at attention when called upon to do so. They were

certainly very orderly and tranquil, and, as a connoisseur in such matters, I liked the look of them. They were, I should say, cheerful and fairly comfortable, kept in order, but not oppressed. They were well-clad and looked well-fed, and the commissariat department appeared to me to be very liberally and skilfully administered. Throughout the asylum there was no patient in seclusion, but I counted no less than eight in strait-waistcoats, not one of whom appeared to be suffering from excitement. They were probably patients from whose freedom of motion danger was apprehended. They were sitting quietly enough on the ordinary settles, though I observed that in two or three instances the strait-waistcoat was attached to the back of the bench. I must confess that I did not ask for any explanation as to the employment of this restraint, nor shall I make any remarks upon it in this place beyond the observation that it must have been imposed because it was *thought* the best mode of treatment. The whole condition of the asylum would at once refute the idea that it was in any degree attributable either to negligence or disregard of suffering. Everything in the asylum bespoke minute and skilful care in the treatment of the patients; and here were eight out of 750 patients under mechanical restraint at the same time. No one in the States enjoys a higher reputation than Dr.

Nichols both as a skilful psychologist and as a humane and thoughtful physician, and therefore I trust he will forgive me if I say that he seems to be the best person I know to ask for explanations why his practice in the use of restraint differs so much from what we consider right in this country.

Separate from the main building is a smaller one, occupied by insane patients of the coloured race. There was some amount of boisterous and noisy talk, which was mostly merriment, in these wards, distinguishing them, as might be expected, from those occupied by the sedate Americans. The coloured man in the States is very rarely a negro : he is a man with negro blood in him, that is all. I asked in vain of my friends at Washington, where the coloured element in the population is very large, to point out to me a full-blooded negro. When I pointed out some individual, either in the asylum or the streets, who appeared to me very black and prognathous, I was always told that he was not full-blooded. To see the real negro one must go quite south, and even there he is by no means common. The dark element, however, seems to be readily recognised where, to one ignorant of the marks of race, there is no sign of it. I spent a very pleasant forenoon in examining the school for coloured girls, 700 of them, many of whom were quite fair, and I was astonished when the head mistress assured me

that, with one exception—viz., the French teacher,—every one in the building, both pupils and teachers, including herself, were coloured people.

After Washington I visited the Asylum for Criminal Lunatics for the State of New York at Auburn—a very well-conducted institution, having only one defect, but that a very great one. It is a prison rather than an asylum, with high walls and small courtyards, adjacent to the great Auburn Penitentiary. The governors are increasing its size by the addition of some excellent new wards ; but why they did not remove it from the town into the country, where excellent sites and abundance of land are so easily procurable, it would be difficult to surmise. The inmates of an asylum of this kind are, with very few exceptions, incarcerated for life, and many of them have enough intelligence to enable them to enjoy life if the conditions of life in which they are placed are not made too painful by monotony or repression ; and if they are really innocent of crime on account of insanity, it is quite due to them that their life-long imprisonment should be made as little punitive as it is possible to make it, and to do so an institution in the country, with garden, free air, and space, is absolutely indispensable.

The Lunatic Asylum for the State of New York at Utica, which I visited after leaving Auburn, and where I spent some instructive and

most agreeable days, is better known to the outside world than any other similar institution in the country. This no doubt is due to some extent to its being the asylum of the Empire State, established in a part of the country long ago settled, and, in comparison to many other parts of the States, of almost ancient civilisation. But to a far greater degree its reputation is due to the genius and enterprise of Dr. John Gray, its well-known superintendent, who has for many years made it a brilliant school of psychology and of mental pathology. Dr. Gray and his assistant-physicians edit and publish the *American Journal of Insanity*—an enterprise which has been of the highest value in extending the knowledge of our science. One of his assistants, Dr Theodore Deecke, devotes his time exclusively to pathological investigations; and is engaged at the present time in producing photographs of cerebral and spinal sections of wonderful size and accuracy. The positive and relative nature of drugs in the treatment of insanity is another subject which is systematically investigated at Utica; and, altogether, the utilisation of the material for scientific inquiry which the institution affords presents a remarkable similarity to the great school of mental science which has been founded in Yorkshire by Dr. Crichton Browne.

The wards were large, cheerful, and well-furnished and decorated. The asylum has been built piecemeal ; but the original building, with its imposing Doric portico of granite, is a lasting testimony to the liberal ideas of its earliest constructors. A very pleasant feature of the newer wards are the glass rooms in which they terminate. They are the exaggeration of bay-windows, and they not only add greatly to the light and cheerfulness of the whole ward, but form most comfortable and agreeable lounging or working rooms. I assisted by my presence at some capital amateur theatricals, in which the actors were patients and attendants, and the audience of lunatics were neither dull nor disorderly. The recreation-room, however, is not worthy of the asylum, and the governors would do well to provide a better one. However, the accommodations all round are excellent ; and if it were possible for us to send our best sample of a large asylum, which has done good work for many years, to the Centenary Exhibition, I doubt whether we could very much crow over the one which the Americans might bring to compete with us from Utica.

The asylum contains 650 patients, more or less (for I forget the exact number), and I was pleased to find that not one patient was either in restraint or in seclusion. I observed one young man in a

state of great excitement, suffering, indeed, under the restlessness of the most acute mania. He was under the sole charge of two attendants, who were carefully walking about with him, holding him on each side, and I could not refrain from asking Dr. Gray why he did not order him into mechanical restraint, as it appeared to me just the case in which it would be justifiable if in any. Dr. Gray replied that he did not use restraint,* but I found him indisposed to talk on the subject, as he admitted that his practice was not in conformity with the opinions of his professional brethren, and he evidently preferred to treat his own patients as he thought best without opening a blazing question. As no one was in restraint in this asylum, neither was there anyone in seclusion, and Dr. Gray informed me that for the last eighteen or twenty years the institution had not possessed a shower-bath.

On a visit to another institution, which I shall not indicate, I was introduced to a young man who was described to me as the supreme authority, his colleagues engaged in business leaving almost all the power in his hands. He was a *politician* in the American sense of the word, which is not

* Dr. Gray says, "This is a mistake. We do use restraint. I said we do not use seclusion, and in this differ from some of my medical brethren."—*American Journal of Insanity*.

complimentary, and had begun his official career as night watch in a hospital, and the management of the institution over which he held sway presented a remarkable contrast to that of Utica. We have had, and indeed still have, experience of the same kind in England, but in America there is no central authority like that of the Secretary of State, advised by the Commissioners of Lunacy, to overrule the ignorance or parsimony which may prevail in certain localities.

The asylums and hospitals which I have hitherto mentioned are obviously conducted with enlightened liberality ; but it will now be my task to describe visits to other large asylums, the condition of which is thoroughly discreditable to the communities which are answerable for their great and glaring defects. I say to the communities, for in America no man can wholly shunt the blame of public evil on to his neighbour's track ; and if these things are as I shall describe them in the great cities of Philadelphia and New York, why do not the men and women of those cities cry aloud against such cruel shortcomings in the administration of their charities until the evil is abated and finally removed ? The numerous and excellent chartered hospitals for the insane in the States afford evidence—nay, full proof—of the worthy feeling of a large portion of the wealthy members of the community towards the mentally afflicted ;

and the costly and commodious State asylums, conducted in a spirit of generous wisdom, testify to a keen appreciation of duty on the part of the population of the country at large. How is it, then, that the insane poor of these most important cities are left in a condition which no American true to his country's honour and to the instincts of his race can think of, if he knows it, without regret and dissatisfaction? The explanation which I have heard is that the politics of the cities are more corrupt than those of the States, and tend to the selection of coarser instruments of the popular will; and if this be so, the most helpless and heavily afflicted of their citizens have more to fear from the degradation of authority to its lowest level than any other class, for they have no power in the social scramble. The state of things which I shall now describe will no doubt be thought to justify the severest censures of the medical press, and if I have claimed exemption from some of these censures in the pages of a journal honoured for its long and able advocacy of the rights of the insane to humane and skilful care and treatment, I have only intended to do so on behalf of the skilful and the humane. That I have no wish to shield the evil results of incompetence or of ill-judged parsimony from their merited exposure and reproof, the following narrative will abundantly testify.

The insane poor of the city of Philadelphia are maintained in one department of a huge collection of buildings called the Blockley Almshouses, containing altogether about four thousand inmates, and consisting of the lunatic asylum, a general hospital, and a poorhouse proper. I was taken over the asylum by Dr. Isaac Ray, who had been one of the governors until, at the last election, he was ejected from office. This asylum, I was informed, was constructed to contain five hundred insane inmates, but at the date of my visit last spring it did actually contain eleven hundred and thirty patients, and the overcrowding was consequently frightful. One result of this overcrowding was that, on attempting to make some estimate of the sleeping accommodation, I was informed that at night beds were strewn on the floor in the corridors and on every available space of flooring, so that there was no place without beds, some upon bedsteads, and some upon the floors. I asked Dr. Richardson, the medical superintendent, what the state of the air might be when they opened the doors in the morning. The degree to which it must be hot, fetid, and morbid, is somewhat sickening to think of. I saw many patients in strait-waistcoats, I cannot tell how many, but on the men's side a considerable number; and the patients there were very noisy and turbulent. I saw no occupation and no means of occupation,

except a few women engaged in needlework. There were no grounds for exercise, nor any airing-court fit to be called such, but only two or three small high-walled spaces bare of all convenience and comfort. But the separate ward provided for excited female patients, and called, according to American custom, the lodge ward, was the most remarkable feature of this asylum. I was informed that it was constructed to contain nineteen excited patients in single rooms, but that at the time of my visit sixty-five patients were actually "accommodated," as they said, in it. It was intended that each patient should have the use of a single room or cell, the dimensions of which, I learn from the subjoined statement by Dr. Ray, are six feet by ten ; and "these lodging-rooms are occupied at night generally by two and frequently by three persons," and all of them, as I was informed, were regularly put into strait-jackets to prevent mischief during the night.

The counterpart of the above statement was made by me to the American Association of Superintendents of Asylums, and has been published in America without contradiction or extenuation ; but yet it seems to me so incredible that I must ask to confirm its accuracy by the remarks made by Dr. Ray himself, in a paper read by him before the Social Science Association of Philadelphia in 1873, in which, speaking of this

asylum, he remarks:—"How far the first two requisites—air and room—have been provided in the buildings occupied by the insane at the almshouse, a few facts will show. The space occupied by these patients and their attendants, while within doors, is not, I may safely say, more than half of what is declared by competent authorities to be the lowest limit compatible with the hygienic conditions of a hospital. An accurate calculation, for which I have not the requisite figures at present, would probably show that one-third of the proper space would come nearer the truth than one-half. Most of the lodging-rooms are six feet by ten, and are occupied at night generally by two, and frequently by three, persons. The rest of the patients are disposed of in large dormitories containing about thirty beds, with a few more placed directly on the floor. Of course these patients disturb one another, as persons less excitable would, and for many sound, regular sleep is out of the question. With those in the single rooms the case is still worse, for they not only breathe a highly vitiated air, but they are in danger from the destructive propensities of one another. If homicide is not committed every night in the year, it certainly is not for lack of fitting occasion and opportunity. Twice within the last few months it was prevented by the merest accident. Now, it is well understood by

medical men that if there is one bodily condition more restorative in mental diseases than another, it is sleep, and here we see how it is provided for at the Blockley Almshouses? In regard to means of occupation, the deficiency could scarcely be greater, while its ordinary consequences are rendered all the more deplorable by the crowded state of the house. There can be few more pitiable spectacles than that witnessed there every day, of hundreds of men overcharged with nervous excitement, whose restless movements are confined to the limits of a narrow hall, and of as many more, silent and depressed, crouching down in corners and by-places—all of them worrying one another, and speedily losing from sheer inaction whatever of mind their disease may have left.”*

* From the October number, 1876, of the *American Journal of Insanity* containing a Report of the Proceedings of the Association of Superintendents of American Asylums, it appears that no improvement has taken place in the condition of this wretched and disgraceful receptacle for the insane since my visit last year. Dr. Isaac Ray, indeed, says that, “Now under a storm of agitation raised by the public press, councils put up a series of shanties, totally unsuitable for the purpose, to take in about two hundred more. What we ought to have is strictly a State institution. *The insane poor are the wards not of the city but of the Commonwealth.* This is the relation which must be assumed before we can expect for the insane the kind of care that they need. As long as the institution is under the charge of our municipal government, just so long will it be a field for jobbery and the meanest parsimony.”

“One dollar and eighty cents per week is the rate at which

The asylums for the insane poor of the city of New York are situated upon islands in the harbour; the old asylum, now occupied exclusively

the city of Philadelphia discharges its duty to the insane poor—a city which is spending millions of dollars for parks, public buildings, and other things not called for by actual necessity.”

By the Commonwealth I apprehend that Dr. Ray means the State, but, in my opinion, he ought to extend his dictum, and avow that the insane poor ought to be the wards of the United States, that is to say, of the nation at large, so far, at least, as the provision of some central controlling authority. Dr. Ensor, the Superintendent of the State Asylum for South Carolina, said at this very meeting that financial embarrassments of the institution under his charge had resulted “from the reckless extravagance and shameful frauds and peculations on the part of our State administrations. Appropriations have never been promptly paid. As a usual thing they have been diverted into other channels, to gratify the greed of unprincipled and unfeeling politicians, thus compelling the asylum to subsist entirely upon credit for more than two-thirds of every year. Our employés go unpaid from year to year, and the merchants who have fed and clothed our inmates have had to wait in some instances for years for their money. Often during these years of embarrassment our inmates have been upon the verge of starvation.”

In other States great extravagance in the erection of asylum buildings has been the result of corrupt State management. There is no reason but a theoretical one why a national Commission of Lunacy should not have the same supervising and regulating power over the separate States in America as the English Lunacy Commission has over the English counties, which are in some instances more populous and wealthy than States, and which have to find the money and the executive administration of asylums for their insane poor.

by female patients, upon Blackwell's Island, and the new asylum for men upon Ward's Island. I visited the men's asylum first, by invitation and in company with some eight or ten superintendents of other lunatic asylums, who had been attending the annual meeting of their specialty. This institution was erected four years ago, at a cost of 200,000*l.*, and was designed to accommodate 434 patients, but at the date of my visit, and without any increase of accommodation, 673 patients were crowded into it. Dr. Macdonald is the chief resident physician having the medical charge of the patients, but the main executive duties of the institution are entrusted to a Warden, who is not a medical man, but who is virtually the chief officer. Medical responsibility is therefore at its lowest ebb. Architecturally the asylum, of variegated brick, is very handsome, but a comparison of its interior with its outward show reminded me of some pretentious structures in which ostentation has exhausted the means of the builders, and which are significantly called Follies. The corridors were uncleanly, ill-furnished, and gloomy, all the windows being thickly protected with prison-like lattice. There were no enclosed grounds or courtyards of any description. Those patients who were strong and orderly enough to perambulate the island under the charge of attendants got occasional exercise in the open air; but the other

inmates were confined to the dismal interior of the building, and I saw no provision of means for occupation or amusement. The patients appeared to me to be ill-cared for, badly clad, and poorly nourished. They lounged listlessly about the unswept, barely furnished corridors, and were almost as frequently crouching on the floor as seated on a bench. Their clothing was dirty, worn, and of the commonest material, and seemed to me insufficient for the purposes of mere warmth and comfort. I observed that many of the patients had no stockings or socks between the skin and the shoe-leather. The idea that the patients were poorly nourished was, I own, a mere impression arising from their pallid and emaciated appearance. I know nothing of their dietary, which, indeed, I have found to be a rather mysterious subject in all American asylums. I do not know that I ever met with a printed dietary in any American asylum or asylum report. However, in this instance, when asked, in the presence of the many professional brethren who were with me, what I thought of the asylum, I was bold enough to express the opinion that the patients appeared to me to be badly clad and insufficiently fed, and to ask what the weekly cost might be; and the answer seemed to justify my boldness, for we were informed that the weekly cost was one dollar and thirty cents, or 4s. 4½d., or, if calculated in currency, still less. Now the

weekly cost in the asylum for the State of New York is four dollars and a half ; and, on inquiry, I found that the average weekly cost in the State asylums was not under four dollars, or 16s., which contrasts liberally with the average cost of maintenance in this country of 10s. a week for the county and 11s. 8d. for the borough asylums ; the reason thereof being that the high price of clothing and comforts and the high rate of wages more than counterbalance the low price of food in the States as compared with the like expenses in this country. It may well be that some explanation can be given of the difference in the weekly cost of maintenance between four dollars and fifty cents at the asylum for the State of New York, and of one dollar and thirty cents at this asylum for the City of New York ; for I cannot believe that, however accurate my general impression as to the condition of the patients in the latter institution might have been, the whole of this difference could be so accounted for.*

* At the recent meeting of the Association of Superintendents of American Asylums before referred to, Dr. A. E. Macdonald, of the New York City Asylum for men, made the following remarkable statement when called upon by the Chair to give an account of the institution under his charge :—

“ Mr. President and Gentlemen, with regard to the institution under my care, I am happy to say that I can report very considerable progress since the last meeting of the Association. You will remember, possibly, that my statement of its

After leaving Ward's Island we visited and thoroughly inspected the Asylum for Female Lunatics on Blackwell's Island, under the guidance of Dr. Parsons, the active and devoted superintendent, who informed us that the buildings, which

condition at that time was not a very flattering one. Having come to the conclusion that this condition was largely due to the fact that the medical officers of the institution had unfortunately acquiesced, perhaps too readily, in the method of management that had been in vogue there for some time, I determined for myself to try the experiment of telling the plain truth about the condition of affairs, knowing that it would result in one of two ways, either in the improvement of the institution, or its remaining in its then condition under the management of somebody else than myself. I am happy to say that the response on the part of the commissioners to my representations of the condition of affairs was very prompt and very ample. Dr. Ordonaux, the efficient Commissioner in Lunacy of the State, was called in consultation, and a number of changes were made. The one upon which, as we thought, all others hinged, was an alteration in the management of the institution. Under the old arrangement the office of Warden existed, and to its incumbent were assigned all the executive duties, leaving to the physician simply the medical treatment of patients. This condition of affairs was altered by placing the institution upon the same footing as the State asylums, and giving the medical Superintendent the sole executive authority. Following this, the most important change was perhaps that in the diet of the patients. The dietary scale was very much increased, both in the number of articles allowed and in the quality of the several articles. It was anticipated that this improvement would entail an increased expenditure of ten thousand dollars a-year, and, in fact, the expenditure upon that account was so increased, but a corresponding reduction was rendered possible

would suffice for the accommodation of 750 patients, were actually made to contain 1200. The patients were better clad and seemed better nourished than the male lunatics. Many of them were occupied with needlework, and their general

in other branches of the expenditure which more than counterbalanced this increase. The change was indeed an actual saving to the institution, from the fact that the physicians were not obliged, as before, to have recourse to the drug store and the liquor closet for what they ought to have found in the larder and kitchen. The patients, being better fed, were less destructive, and required less medicine and stimulants, and hence resulted a saving in the cost of clothing and different articles of furniture, and for supplies of medicine and liquors, more than equal to the increased expenditure for provisions. During the three months following the adoption of this plan, there was a very marked increase in the comfort of the patients, and in their well-being generally, and their letters to their friends were full of praise of the new order of things. Following the change there was a marked increase in the number of recoveries, and what was more decisive, *a decrease in the death-rate of the institution of fifty per cent.* In the short time that has elapsed since the change was made, the good results have been so conspicuous that I have very little doubt that at the next meeting of the Association I shall be able to make a report more favourable still.

“While the patients were not starved with the diet they had formerly they were far from being well fed. The best meal they had was their dinner, that was perhaps pretty good at all times, but for breakfast and supper they simply had dry bread and oatmeal, or something of that kind. We now give them hashed meat and such things for breakfast, and fish and dried beef and other relishes for supper, and tea and good butter at both meals. We have also increased the amount of meat and vegetables.”

state and aspect was far more satisfactory than that of the inmates of what may perhaps be called the brother institution. The asylum, however, was miserably overcrowded; even attics immediately under the roof, and quite unfit for habitation, being densely occupied. The refractory ward was, as usual, at some distance from the main building, and here I found myself in a bewildering tumult of noisy and excited women, many of whom were restrained in strait-waistcoats. I observed, however, that this free use of restraint had not been altogether efficacious in preventing such conflict as leaves behind the tell-tale marks of black eyes and bruised faces. I regret* that it did not occur to me to ask in this or in any other American asylum to be permitted to inspect the register of injuries and accidents; but if such a record be kept, I think it more than probable that a faithful comparison of it with that which the law imposes on our own institutions would clearly prove that non-restraint does not encourage, nor restraint diminish or prevent, the occurrence of injuries from violence. In this refractory ward there was a peculiar arrangement which I have not seen else-

* At the Annual Meeting of the Medico-Psychological Association, I ascertained that not one of the members present had ever made such a request in visiting an asylum, and I am therefore bound to believe that this expression of regret on my part was not called for.

where. I found the patients in two parallel galleries placed back to back, and glazed the whole length of the outer sides. I think that the width of these galleries did not exceed twelve feet, but a slice of about three feet of the whole length of them was cut off from the use of the patients by a substantial rampart of iron bars, strong enough to confine lions and tigers in a menagerie. This formidable construction, I was informed, was intended to prevent the breakage of window-glass.*

Miss Dix, whom I had the great pleasure of meeting at Washington, on hearing that I intended to return home by way of Canada, earnestly requested me to examine the asylums at Montreal and Québec, and especially the one at the last-

* Since the date of my visit Dr. Parsons reports to the Association, "Important improvements have been made in the clothing and dietary of this institution. Clothing has been furnished more abundantly and of better quality than heretofore. The dietary has been greatly improved, both in substance and in modes of preparation. The advantages of the new dietary have been proved by the fact that since its adoption the general health of the patients has been improved, and that there have been no diseases among them depending upon imperfect alimentation, whereas previously this has uniformly been the case, especially during the spring and early summer months. An estimate was made that the increase in expenditure would be about thirty per cent., but there has been a very large decrease in the cost of supplies such as in great degree to counterbalance the cost of improvement. Twenty-one and a quarter cents a day, *per capita*, includes the expenditure for everything except new buildings."

named city. I made it a point of duty to comply, and it certainly is with a feeling of duty, and not of pleasure, that I now record some observations made at my visit.

Although Upper Canada and New Brunswick have provided themselves with public asylums at Halifax, Toronto, and London, which enjoy a very high reputation, the great province of Lower Canada possesses no public lunatic asylum, the authorities having been satisfied to contract for the care and treatment of the insane supported from public funds, with the proprietors of private asylums at Montreal and Quebec.* The proprietors of the asylum, or rather asylums, at Montreal are the Roman Catholic Sisters of Charity, who appear to have a central point for their organization in America in that city ; at least, I was told so by the sisters whom I found in charge of an inebriate institution at Old Mount Hope, near Baltimore, to which they were adding a kind of private hospital or sanatorium for general patients who could afford to pay 4*l.* a week.

* Mr. Langmuir, Inspector of Asylums for the Province of Ontario (Upper Canada) says :—"The Province has already spent two millions of dollars in providing structural accommodation for her insane, and before we will have completed our additions that amount will have been increased to three million of dollars." The Province of Quebec (Lower Canada) has spent nothing for this purpose.

I found the asylum for male patients at Montreal in the old cavalry barracks. It was established in the building which was formerly the gaol of the barracks, for which the good sisters paid a rental of 50*l.* a-year. No buiding could well be more gloomy and unfit for the purposes of an asylum than this soldiers' gaol. There was, however, in addition to this old cage, a more recent and less obnoxious building, occupied by idiot and imbecile children. I was informed by the sister who conducted me over the institution that it contained 160 insane inmates, and that the asylum for female patients under the same management was about four miles further in the country, and that the asylum for men also was in a short time to be removed to a new house which the sisterhood had built for the purpose, and which was described to me by the sister as being very costly, and a great financial enterprize for them. At the time of my visit numerous wet beds were being refilled with straw in the gloomy and dirty corridors, or rather passages—a cause of great offensiveness ; but the interior, if clean as a model prison, must ever be dark and dismal. The courtyard was truly a prison-yard ; yet there was a large shed in it for exercise, a provision which is rare in the States. All the material of care and treatment was bad or absent, and there was actually no medical attendance whatever. The

patients were solely under the charge of the sisters, aided by attendants who were their servants, and I was told that they had never been visited by any medical officer. This great defect was about to be remedied to some extent, and, indeed, a medical officer had already been appointed who was to visit the patients once a week, but his first had not yet been paid. It is true that I did not observe any sick folk among the patients, with the exception of an idiot child, whose hand was inflamed, and evidently painful. I asked the sister what was the matter, and she replied, "Ah, indeed, it is red. I do not know." On examination, it was evident that the metacarpal joints were in a state of scrofulous disease. And yet, notwithstanding all these sad defects, there was something about the place which appealed strongly to my sympathies after all I had seen in the States. There was no patient either in restraint or seclusion, although there were several to whom I think that my friends in the States would have deemed it dangerous to allow the free use of their limbs; but these were soothed and tranquillized with gentle words and petting gestures by the sister in charge, in a manner which showed that she was quite accomplished in the art of winning the good-will and calming the excitability of those over whom she was placed in such a singular position of feminine authority. Altogether I thought

that these good women were doing good work, although the circumstances and conditions of it were exceedingly disadvantageous.

The next asylum I visited was a small private asylum in the neighbourhood of Quebec, kept by Mr. Wickham, and which requires no further notice than the remark that it is combined under the same roof with a home for habitual drunkards, who, however, occupy a different part of the building ; which is a better arrangement than that which obtains in some of the hospitals for the insane in the States, where habitual drunkards are to be found in some number intermixed among ordinary lunatics, to whom their association is often irritating and mischievous.

The last asylum I visited in America was the large proprietary institution called the Beaufort Asylum at Quebec. It belongs to two or more physicians residing in Quebec, and contains 814 lunatics, supported from public and charitable funds. There being no Poor Law in Canada, it would not be strictly correct to call the inmates pauper lunatics, but they correspond with that class of patients in our country. As an unofficial and unauthorized visitor I feel restrained from expressing opinions upon the management of this institution ; but as these patients are public patients, I do feel myself quite at liberty to state

facts which I myself observed at my visit to this place on the 16th of July last.

The asylum is situated about four miles from the citadel on the Beaufort Road, and consists of two separate buildings for men and women at a short distance from each other. The women's building has been recently to a great extent rebuilt. I found numerous workmen busily engaged in completing the roof of the central or entrance pavilion. The officer in charge was the steward, who told me that there was no medical man on the premises at the time of my visit, but that his son, who was a medical student, though not officially connected with the institution, would show me round. The steward or manager apologised for the disorder in which I should find the institution in consequence of the recent reconstruction of a great part of the women's building. He told me that in the preceding January a fire had broken out in the women's wards, and that after that fire seventeen or twenty-seven (I forget which) of the female patients were missing. The remains of eleven of these missing patients were found, but the others were not found or could not be distinguished. At all events, none of them had been heard of since, so that it was supposed that all of them had lost their lives in the fire.

The women's wards I found crowded and disorderly, but the disarrangement caused by the

process of reconstruction might be some excuse for this, and perhaps also for the larger number of patients who were in seclusion. But the seclusion cells, of which there was a large supply, were not newly built, and they bore in their offensive atmosphere evident signs of frequent use. I hope that I was either misinformed or that I misunderstood the nurses, as to the length of time that some of these patients had been in seclusion in these dark and offensive cells.

A shallow brook runs through the small courtyards at the back of the asylum, and in this brook I saw female patients wading ankle deep to cool and amuse themselves; and two of them had pulled up their clothes above the waist, and the attendants did not interfere with an exposure which was the reverse of decent.

The building for the male inmates had not been implicated in the fire, and its condition, therefore, may be accepted as nothing unusual. The wards were spacious enough, though bare and cheerless. It was a hot, sultry afternoon, and almost all the inmates were out of doors. I found them all congregated in one small courtyard in a *tout ensemble* of lunacy not easily to be described. I cannot state with accuracy the size of the courtyard, but it did not appear to me to exceed one hundred yards in breadth by eighty in depth. Whatever its size might be, it was divided into

two pretty equal parts by the above-mentioned brook, traversed by a bridge, and the half of the yard furthest from the building and beyond the brook was occupied by a crowd of, as near as I could estimate, about 300 lunatics. The bridge was kept and the crowd was watched by a man lying on the ground in his shirt-sleeves, in whom it was not difficult to recognise an attendant. I was invited by my companion to observe the lunatics from the safe end of the bridge, and for some time I did so, and I must say that I never in my life before saw anything like it. The lunatics appeared to be quarrelling and fighting, without the least control, and there seemed to be no attendants with them whatever. This, however, was a mistake, for after awhile I crossed the bridge, and on inquiry discovered three boyish persons, who announced themselves to be attendants. Skirmishes were still proceeding among the patients, and on my asking the attendants why they did not prevent them they gave no reply. Not only were the patients permitted to quarrel and struggle without interference, but I observed several of them lying on the ground with the most indecent exposure of the person. Considering the amount of excitement in this sweltering crowd, there was not much mechanical restraint. I observed two or three men with their wrists in iron rings attached to leathern belts, which is

certainly a mild form of restraint, since it leaves the muscles of the arms and chest some freedom of movement. I saw no strait-waistcoats. In front of the men's building there are grounds large enough to make fairly good airing courts, and why they are not so utilised could not be explained.

Escaping from this mad medley, I asked to be shown the refractory ward, and was conducted to the top story of the building, where I found the ward empty, with the exception of two patients in seclusion. The doors of the cells were fastened with three or four massive iron bolts. On opening the first cell I found it occupied by a poor sickly-looking young man, in a dripping wet shirt ; the floor of the cell also was covered with water. I was told that the patient had recently been brought up from the yard, where he had thrown himself into the brook. It would have added to his comfort and the safety of his health, if they had given him a dry shirt when they shut him up. Hearing shouts proceeding from another cell, I asked that the door of that also might be opened ; but I was told that it could not be done, as the cell contained a very dangerous madman indeed. Assuring the attendant that I was no more afraid of such a man than he was, and perhaps not so much, and that to refuse my request would have a bad look, he at last consented to draw the bolts,

and beheld a little, shrivelled old man in a state of chronic mania, noisy and troublesome enough no doubt, but no more dangerous than a monkey, as far as I could judge. Mischievous, with his restless loquacity he well might be among the dense crowd of lunatics below, and perhaps this was the reason why he occupied his seclusion-cell.

Surely it is the duty of the Government of Lower Canada to provide public asylums for public lunatics, and not to farm them out either to nuns or physicians. I am told that the responsibility of not doing so lies entirely with the Provincial Government, and is in no way shared with the Government of the Dominion, and that the Governments of the Queen of England and of Canada have no power or authority whatever, and no position even from which advice may be tendered, on such matters. One cannot but wonder under such circumstances what the state of the insane may be in other colonies and dependencies of our great and scattered empire.

In publishing Notes upon Asylums for the Insane in the United States, it will be expected that I should make some remarks upon the extraordinary state of medical opinion which permits and defends the use of mechanical restraint in institutions otherwise excellent. In doing so I shall endeavour to leave out of the count the condition of the insane in those institutions where political

corruption or stupidity renders it impossible to apply a complex system of treatment which can only be efficacious under an enlightened and liberal management. The pages of *The Lancet* are not likely to influence the politicians of New York, who think their insane sufficiently well cared for in the asylums I have described ; neither will they have much weight with the gentlemen at Philadelphia who are in the habit of placing three violent lunatics to sleep (?) in the same cell, prudently enough protecting them in some degree by strait-waistcoats. But it is to be hoped that a fair and frank challenge to the medical superintendents of the State asylums and the hospitals for the insane will be accepted in the friendly spirit in which it is given, and that they will not refuse to show reasons why they adhere to a mode of treatment which in this country is condemned by the almost unanimous voice of the profession and of the public.

A considerable proportion of poor lunatics in nearly all the States are still detained in the county almshouses, and even in the gaols. In Missouri Dr. Compton states that "a stream of acute and violent cases passes from the gaols to the asylum," as room is made for them in the latter by the discharge of chronic cases to the care of their friends ; and the medical superintendents at the Auburn meeting last year passed a series of

resolutions on the detention of lunatics in almshouses, of which the following words are the preamble :—“The condition of the insane in the county almshouses in the different counties of this Commonwealth is such as to excite our most profound sympathy, and to arouse in us a determined effort for their comfort and relief.” And we learn incidentally from a statement made in the *Boston Medical and Surgical Journal* for November last that the insane inmates of the almshouse in the vicinity of Chicago are still habitually secured by chains.

The insufficiency of asylum accommodation, especially in the southern and western States, is no doubt at the present moment rather a social and financial than a medical question. Debt and the increase of population have outrun the development of the resources of the country, and the incidence of taxation, general and local, is extremely oppressive. With the continuance of peace and the return of prosperity, the provision of suitable and sufficient accommodation for the care and treatment of all the insane will become an imperative duty with the instructed and humane Americans; but there can be no doubt that medical opinion will be able greatly to expedite and complete this great and good work, if it is founded upon reasons and facts which will obtain the approval, and command the sympathy, of that

public opinion which is the ultimate and supreme power in the Republic. Nothing is so likely to bring speedy "comfort and relief" to the insane confined in county almshouses as a full recognition of the wide contrast between their miserable condition and what might be their comparative happiness in well-ordered asylums ; and the best direction of the "determined effort" promised by the medical superintendents will certainly be towards the realisation of this contrast in the knowledge and opinion of the general public.

But, unless I am much mistaken, the superintendents of asylums in America have a heavy task before them, which will indeed require a determined effort before they can say that they possess the confidence of the public in the same degree to which of late years it has been extended in England to the management of our county asylums and hospitals for the insane. With us, the management of our asylums is open and patent. Abuses occur, as they will occur everywhere ; but they are remedied, and, if need be, punished, in the most public manner, and the records of them are displayed to the eyes of the world. It is thus that the American journals, in replying to *The Lancet's* leading article on the American Asylums, have been able to cite so many instances of disaster in our asylum work. But where shall we look for any record of wrong-

doing or misfortune which, in the nature of things, must take place in American asylums also? So far as I know, it does not exist. There is in America no central authority to prosecute and punish such wrong, and no public record of circumstances to lament and avoid.

Putting altogether out of consideration opinions and sentiments which were expressed to me privately, few things struck me more forcibly in America than the painful sensibility to public opinion which was manifested both at the conclave of medical superintendents, which I had the great pleasure to attend, and in the published transactions of that held last year. I think I may truly say that nothing of the kind exists with us, and few things would surprise me more than to hear a debate at one of the annual meetings of our Medico-Psychological Association upon the necessity of preventing or curtailing the transmission of the letters of patients in asylums either to their friends or to public authorities, or a discussion in which it was maintained that the absence on leave or the discharge of uncured patients was undesirable on account of the accusations and complaints which such persons were liable to make about their treatment; and as a final instance of this difference of feeling I may mention that *The Lancet* Commission, which will be generally welcome to English asylums in proportion to its ability

and thorough faithfulness, has been deprecated in the *American Journal of Insanity* as "an insult to the Commissioners in Lunacy, and the medical staff of every English hospital."

Pondering these things, and many others with which I should not be justified in occupying space, I have been able to come to no other conclusion than that the great stumbling-block of the American superintendents is their most unfortunate and unhappy resistance to the abolition of mechanical restraint. I was told everywhere, except at Utica, that this question was settled in America, and that it would be useless and futile to reopen it. I was informed that, after many minor discussions, a great and final discussion of the whole question had taken place in 1874 at Nashville, and that the superintendents had there unanimously decided that the abolition of mechanical restraint was utterly impracticable; and that the statements of the English on the subject were not to be relied upon. I was again and again informed that the system of non-restraint had proved quite a failure in England, and that we were rapidly returning to the old practices. As such statements were not very agreeable to me, and especially as I found that my contradiction could be met by the published opinions of some two or three English superintendents who, although no prophets in their own country, are eagerly quoted abroad, I resorted

to the somewhat vulgar expedient of offering a bet as an expression, or, if you will, a *meter*, of my belief. Faraday tells us (Lecture on Mental Education), that Dr. Wollaston once did the same thing to him, on which "I rather impertinently quoted Butler's well-known lines about the kind of persons who use wagers for argument, and he gently explained to me that he considered such a wager not as a thoughtless thing, but as an expression of the amount of belief in the mind of the person offering it."

With such an illustrious example, I may be permitted to think that my offer of a wager also was not "a thoughtless thing," and it certainly was not considered a rash one, for, although I repeated it both privately and before many superintendents at Auburn, it was not accepted, and it certainly stopped the talk about our relapse. My offer was a wager of one hundred pounds that any American superintendent should go to England and should have free access to all public asylums there, and that in a search of one month he would not be able to find one patient therein in any form of mechanical restraint.

I have before me a full report of the great discussion above referred to, but the subject is so threadbare in the pages of *The Lancet*, wherein the great battle was fought in ancient times, that I shall only venture upon a few brief extracts and

remarks. The termination, however, of the discussion is so astounding and instructive, that I really must entreat *The Lancet* to find space for it.

“Dr. Walker, of the Boston Asylum, Vice-President of the Association, acting as President in the absence of Dr. Nichols, said :—I was gratified when visiting the institutions in England—the few I did visit—to find that almost universally (certainly in four-fifths of the cases) the superintendents expressed themselves in favour of mechanical restraint, and, singularly enough, the superintendents lay the blame of non-restraint upon the Commissioners in Lunacy, and the Commissioners in Lunacy throw it back upon the superintendents. They say the superintendents are emulous one of another to report the smallest number of restraints during the year. Certainly in my presence and that of an American medical friend accompanying me, almost without exception, they expressed their preference for mechanical restraint, and hoped they would have it established there. From an experience of over twenty years, and from a careful and, I hope, by no means superficial study of this question, I firmly believe that in the future the practice of our best American asylums now *will become the governing rule of Christendom*. — Dr. Rodman: Did you visit Conolly’s asylum?—The President: I did.—Dr.

Rodman : What is the practice now ?—The President : That was the only hospital that I visited where I found any difference at all as to mechanical restraint. There they were using, so far as I observed, the attendants' hands and the closed room.—Dr. Rodman : If the change begins there, and ends there, it certainly must be apparent to every member of this Association that the days of non-restraint have died out.—The President : They told me that the adoption of non-restraint was not due to Dr. Conolly at all, but through the superintendent of the female department, a modest and retiring man, who attempted to abolish mechanical restraint, and succeeded. Seeing the result in his hands, Dr. Conolly adopted it and became its champion and high priest.—Dr. Rodman : Dr. Conolly has the credit as the apostle of non-restraint.—The President : Not only the apostle of non-restraint, but the apostle of humanity too."

I must resist the strong temptation to treat the above in the manner it invites, but how to treat it seriously I scarcely know. Yet it is a most serious matter, and reveals the true foundation of the American prejudice—namely, profound ignorance of what has really been done, and is yet doing, in this country.

Among all the medical men connected with asylums and the treatment of insanity whom I

met with in the States, amounting to nearly a hundred, I only met two who mentioned to me that they had visited our asylums, and had really studied our system, and both of them were ardent admirers of it.* The first of these was Dr. Edward Jarvis, the well-recognised head of his profession, but, alas, now a head enfeebled by age and infirmity. This most able man urged me to travel the States on a mission of reform, which, unfortunately, my own health rendered me quite incapable of doing. The other person was the senior assistant-physician to the McLean Hospital for the Insane, whose name I forget, but who, while earnestly studying the treatment of the insane in England, lost his promotion in America. He also had become a thorough convert to our opinions and practice, which I truly hope will not prejudice him in the eyes of his professional brethren.

And here I may very fairly ask why the leaders of medical opinion in America do not come to this country, and really study this most important question fully and conscientiously? The result would not be doubtful. The leading men of mental medicine in France and Germany did so, and were convinced. The illustrious Griesinger

* Dr. Isaac Ray's visit to this country, which he refers to in *The Lancet* of May 27th, was I believe, thirty years ago.

has told us in noble words how his adverse opinions were changed to joyful astonishment by personal observation of the working of the non-restraint system from one end of England to the other, and that objections to the system proceed entirely from those who have not either practised it or seen it in practice.* Westphal, the eminent successor of this greatest of modern alienists, perhaps never stood in the position to be converted; no more staunch upholder of the system, however, exists. Morel, of Rouen, also one of the very ablest of the Frenchmen in our speciality, was an enthusiastic convert, and the Americans will do well to peruse his book on the subject, and to compare the faithful observations and earnest thought of a great mind with the above facile remarks of their President, with which they can scarcely be satisfied.

But I must not further delay to endeavour to make it apparent whereabouts the Americans are in their opinions and practice.

The discussion at Nashville was mooted upon an able paper by Dr. Ramsey, and it was concluded by the President declaring that the members of the Association were "essentially a *unit* upon the question as presented by Dr. Ramsey." This, however, was not quite correct, for an Abdiel was found in Dr. Lett, of Canada, who boldly de-

* Pathologie und Therapie, pp. 506-8; Zweite Auflage.

clared, "So far as my experience goes, I think this is simply a question between good attendants and restraint." Dr. Worthington also came very near to rebellion against the law of the majority when he asserted that in his asylum, the Friends' Asylum at Philadelphia, "since the use of mechanical restraints has been almost entirely discontinued there has been far less trouble in the management of the patients." The unanimous opinion of the remaining members of the Association seems to be expressed in the following words of Dr. Smith, superintendent of the State Asylum, Missouri. "This question has been freely discussed at previous meetings of this Association, and the result was almost entire uniformity of sentiment in all well-conducted American institutions for the insane. No restraint is the general rule, and restraint the exception; while for many years past the tendency in this country has evidently been to reach the point of least possible restraint, *there have been very few, if any, converts to the non-restraint system in the true sense of the term.*"

This being the position taken, I shall endeavour to show by their own declarations what the superintendents of the State Asylums consider the least possible amount of restraint, and the description of cases in which they think themselves justified in employing it.

Dr. Orpheus Evarts, of the Indiana Hospital for

the Insane, said:—"I think we are all agreed; but the question seems to be how much and what kind of restraint is required? I know of no other object in sending these persons to an insane hospital than that of proper restraint. When I assumed charge of the Indiana Hospital I found perhaps *fifteen per cent.* of the patients wearing some kind of mechanical restraint. I have reduced the ratio to not far from *two per cent.* *Below that I find it impracticable to go.*" Dr. Green, of the Georgia State Asylum, said:—"I do not think that all the restraints we employ amount to two per cent. per annum with our 560 patients. I certainly concur in the positive and absolute necessity of personal restraint." Dr. Green said that he applies mechanical restraint to four different classes of patients—namely, (1) to suicidal patients, (2) to "persons who will not remain in bed," (3) to "persons who persistently denude themselves of all clothing," and lastly (4) "to the inveterate masturbator."—Dr. Ramsey, after mentioning that Dr. Bell had reduced restraints in the McLean Asylum to less than one per cent. so long ago as 1839, said:—"Have we not sometimes fallen below it on a plea of economy, or through a willingness to shirk the unceasing, patient, and thoughtful attention a large number of patients in hospital need, and thus brought upon ourselves and the institutions

under our care the odium and pernicious legislation that seem to have sprung out of, or at least to have closely followed, some sharp criticisms in recent publications, and the acrimonious utterances of intense humanitarians, or persons whose mental integrity is at least questionable? And to just such results shall we be ever in danger so long as restraint may be deemed necessary, unless with unceasing vigilance we guard against the abuses which with its use are exceedingly liable to creep in." A very remarkable passage this, as reasonable as it is forcible and eloquent. Dr. Ramsey thinks that mechanical restraint is "a valuable, if not indispensable, auxiliary in the treatment"—(1) of "cases of acute mania characterised by violent destructive and mischievous propensities;" (2) in patients "who wound themselves, creating ulcers that would never heal themselves, unless their hands were confined;" (3) "it is the only safe course in guarding against the dangerous violence to which the epileptic insane are often liable;" (4) "persons whose feelings are greatly perverted—exceedingly irascible—prone to see insults, or evidence of conspiracy—are sometimes little less ferocious than wild beasts, and feel little or no regard for human life. . . . for them seclusion or restraint, for varying periods, seems to be necessary, and, for a small portion of this class, *almost continuous*;" (5) "how shall we

treat that so frequently fatal disease, acute delirious mania, if we do not apply restraint to secure recumbency?" It will be observed that none of the five classes enumerated by Dr. Ramsey as requiring restraint tally with those of Dr. Evarts, so that already we have nine classes of lunatics who need mechanical restraint in America. Dr. Slusser, of the Ohio Hospital for the Insane, adds to the number. "I have met with a class requiring restraint not alluded to by the writer, Dr. Ramsey. I refer to those who persistently walk or stand until their extremities become swollen, and they give evident signs of physical prostration. I have no way of controlling such but by tying them down on a seat. If there is any less objectionable mode, I should like to know it. Then we have a class of noisy patients, harmless in every respect, but so loquacious and boisterous that they disturb the whole ward." With this climax we might well conclude this astounding classification, did not other superintendents in their remarks afford us the means of adding to it: for instance, patients needing forced alimentation (Dr. Curwen), patients who butt their heads against the wall (Dr. Forbes and Dr. Kilbourne), and delusional cases, who are very quiet, then suddenly rise up and make a violent attack upon somebody (Dr. Carriel)—*fourteen classes of the insane altogether who absolutely need mechanical restraint in*

the State asylums of America, according to the opinions and practice of their medical superintendents. It would be interesting to know how many classes of the insane our American brethren can reckon who do not require this indispensable means of treatment.

It would be tedious and useless to discuss the need in all these classes with the intention of showing by what means in England patients included in them would be treated without the use of strait-waistcoats, muffs, camisoles, or locked chairs : are they not written in the pages of *The Lancet* in the days of the last generation ? I shall, however, as an example, take the remarks made upon one class—namely, those patients who denude themselves or destroy their clothing—to indicate the lack of resource, which is one cause of all this employment of restraint. We know, by long and large experience, how easy it is to allow a lunatic perfect freedom of all muscular movement and yet to prevent him from stripping himself, or from destroying his clothing, by the employment of outer clothes so fashioned that he cannot remove them, and so strong that he cannot easily destroy them. This, with some care on the part of the attendants, is a perfect and facile remedy. Yet, Dr. Curwen says :—“When patients are obstinately bent on destroying their own clothing or that of others, it is

safest and best to confine their hands." Dr. Eastman says :—" At the Worcester Hospital there are a large number of chronic cases, who are very destructive and prone to denude themselves, and I am obliged to use a good deal of restraint on these accounts." Dr. Shaw says :—" I think we have all these cases—a persistent desire to destroy clothing particularly. No harm can come from restraint in either of these cases, if properly used, but, on the contrary, much good may be done." Dr. Carriell says :—" Then there is a class that denude themselves and tear their clothing, when restraint or seclusion becomes necessary." Dr. Green says :—" In the case of persons who persistently denude themselves of all clothing, I think it better to put them under restraint than to keep them in their rooms, and accordingly I restrain also that class of patients."

May we not ask, where is the wonderful ingenuity and inventive resource of the country if its skilled physicians allow themselves to be so easily defeated by the caprice of madmen who are so readily managed elsewhere? And so we might go through all the classes, were it worth while to repeat a thrice-told tale, and were not the great book of practical exposition worth infinitely more than all which language can convey—a book held open in this country from end to end, with men of large experience and skill, eagerly desirous to

turn its pages to every earnest student, and in no spirit of arrogance or self-sufficiency, but in the truest desire to show a straighter path and a higher aim in a great department of the great art and science of healing.

Is it surprising that, at the present time, the management of asylums for the insane in America is the subject of mistrust with the people? The Americans, who are about the best informed, most inquisitive, and widely travelled people in the world, are not likely to be ignorant of the treatment of the insane in other countries, nor to be satisfied with the assurances of an official class that the most enlightened and advanced system of treatment is inapplicable in their own country. The result is a state of public feeling which is well expressed in the quotation which I have already made from the paper of Dr. Ramsey, and which was repeatedly recognised by many speakers in the debate. Flowery words break no bonds; and such high-faluting assertions as that "in any comparison of the treatment of the insane in different countries we can but look with pride upon the advanced humanity of our own," must have been felt by Dr. Ramsey somewhat insincere when he uttered it just after the avowal that "the use of mechanical restraint has divided professional opinion in this country, and has deeply stirred public sentiment from time to time, and perhaps

has been the cause of much of the popular odium that has been cast upon hospitals for the insane and their directors in some quarters." Sooner or later he and Dr. Curwen will find that the public demand for the abolition of mechanical restraint is no "hue-and-cry of a sensational character," nor "a strong public opinion based more upon feeling than upon knowledge." The Americans are not a people to whom this taunt is likely to apply justly for any length of time, even if it be partially true at the present time, which the successful resistance of the superintendents would seem to make probable. When full knowledge comes either to the latter or to the public, they will have to vacate this untenable position.

At the meeting of superintendents held in 1875 the discontent and distrust of the public with the management of the American asylums were still more emphatically expressed. The debate was upon a project of law, proposed by a Mrs. Packard, that locked letter-boxes, under the control of the Post Office, should be placed in each asylum ward. This law, going so far beyond our own (25 and 26 Vict., cap. iii. sec. 40), which works perfectly well, would no doubt be most objectionable; but the reasons given by the superintendents for opposing it manifest the deep mistrust of which they are conscious. One asserted:—"It seems to me an unquestionable fact that during the last few years

American institutions for the insane have been, and perhaps still are, on trial before an alarmed and prejudiced public." Another, and no less an authority than Dr. Isaac Ray, forgetful of the difference between a sane and free man suffering from sickness in his own house and a lunatic incarcerated in an asylum, lays down the following proposition against the establishment of a central authority:—"If the time shall ever come when the Legislature, in its zeal for the public good, shall establish a board of officers to supervise the medical practice of the State, with power to enter every sick man's chamber, to inquire respecting the medicine and diet prescribed and any other matter connected with his welfare, and report the results of their examination to the constituted authorities, then it may be proper to consider the propriety of extending the same kind of paternal visitation to the hospitals for the insane." Dr. Ray thinks that the free and independent action now possessed by the officers of asylums ought not to be disturbed by the intrusive element of official visitation. We do not find in England that the free and independent action of our superintendents of asylums is much disturbed by the visitation of the Commissioners in Lunacy, but we do enjoy the advantage thereby that no one shall greatly lag behind the knowledge and science of his time in the treatment of his patients with-

out his shortcomings being investigated and published, and the great additional advantage that the general management of our asylums possesses the full confidence of the public.

With regard to the constantly repeated proposition of American superintendents, that they maintain and defend the use, but not the abuse, of mechanical restraints, I have only to remark that the use of such restraint must always be an abuse whenever and wherever it may be avoided or substituted by a more skilful mode of treatment, inflicting less suffering upon the patients ; and that, at the present day, the extent to which this can be effected is not a matter which the Americans must be left to discover for the first time from their own experience, since a very moderate amount of honest investigation in this country and on the Continent must convince any candid mind that the proportion of lunatics on whom restraint cannot be so avoided is extremely small.

Our American brethren tell us, indeed, that there is some wonderful peculiarity in the American character which distinguishes it from that of the parent race in the old country in preferring the restraint of instrumental bonds to that of moral influence. President Dr. Walker assured his hearers that this was so. He said :—“ I suppose if anything has been settled to the satisfaction of the members of this Association it is that, in this

country, our patients, by *original temperament*, or by some inherent quality in the *universal Yankee*, will not submit to the control of any person they consider their equal or inferior as readily as to that of mechanical appliances." Dr. Compton also said :—" I think an asylum cannot be found in this country, where the first thing a boy learns to read is the Declaration of Independence, and where every youngster learns that he is 'in the land of the free and the home of the brave,' in which restraint will not be found necessary." I shall only remark that the same argument was in the early days of this debate used by the physicians of Germany, as Griesinger states with unsuppressed contempt. And even in Scotland it was said that the *perfervidum ingenium* of its people made many of the insane there only capable of being treated like wild animals.

With regard to the English, I may observe that the non-restraint system has been practically found to be well adapted to the treatment of the insane of the upper classes, who are as free from the imputation of servility and submission to beadleism as the glorified citizens of America can themselves be.

It can, however, scarcely be doubted by those who know even a little of America that the "inherent quality" attributed to the "universal Yankee" of peculiar resistance to moral influences and rebellion against kindly and sympathising treatment is an

unjust and unfounded libel upon him. The north-eastern American of the agricultural artisan and labouring classes, may possibly hold himself somewhat more stily on his manhood and citizenship than the subjects of Queen Victoria of equivalent estate, though I somewhat doubt the fact ; but without doubt he is, as a rule, more instructed, intelligent, and self-respecting. Any Englishman who has mixed in American mobs, as I have done, will have been astonished and somewhat humiliated at the absence of the "rough" element in them, at the self-respect, regard for the rights of others, and, above all, at the sobriety which he has witnessed. And if he has taken the trouble to inquire, he will find that the dirtiest and poorest-looking man he has encountered has received what we should consider almost a liberal education. If he looks through the police reports he will be struck with the absence of those brutal assaults upon women and children and feeble persons which are the present reproach of our most imperfect civilisation. If he has had the privilege of knowing many Americans at their own hearths, or perhaps I should say stoves, he will have become convinced that the influences of politics, *societetics*, and climate, have resulted in the production of a most kindly, friendly, and orderly variety of the Anglo-Saxon race, full of domestic affections and social sympathies, peculiarly liable to be led by moral and reasonable

guidance. And these are the men for whom the American physicians declare that bonds of hemp and iron are absolutely indispensable in the treatment of their mental maladies, while for the rough Englishman, the *dour* Scot, and the *hartnackig* German, they have been proved to be both superfluous and mischievous !

I should hesitate to declare that all races were equally fit for the non-restraint system, and perhaps a house full of maniacal Malays or Kaffirs would be troublesome to manage by moral and reasonable methods. The essence of the non-restraint system is to lead the lunatic by such remains of mental power and coherence as the physician can lay hold upon, and where there has been least mind there will be the slightest means of moral guidance ; but to make the men of the United States an exception because they, more than others, have learned how to rule themselves, is a blundering censure upon their culture and their virtues.

Moreover, if American patients are independent, ingenious, and bold, and therefore not easily guided and controlled, are not the physicians Americans also, and being possessed of the qualities of their race, do they not stand in the same relation to their patients as the physicians of other countries to their insane countrymen ? Do they not possess the same advantages of courage, culture, and experience, and, above all, that of a sound mind in a

• sound body, which qualifies them to undertake the care and treatment of their compatriots who are bowed down by mental infirmity and frequent physical disease? Verily, we believe that this spread-eagle apology for the bonds of freemen is the most feeble, futile, and fallacious which could possibly be imagined. Another, however, which is worse, I shall leave unanswered, because it does not seem worthy of an answer. It is this, that because in the treatment of insanity certain medicines are useful, and are, so to say, a restraint upon abnormal changes in the organism, therefore the restraint of locked chairs and strait-waistcoats is justified. When such an argument is used, as it was by Dr. Hughes, of St. Louis, the quiver of the logician must be about empty.

Finally, I must make an apology myself for the uncompromising manner in which I have criticised the utterances and opinions of my professional brethren in this matter. I am seriously afraid that it will cost me some goodwill in quarters where I most earnestly desire to retain it, and if this were not a question of the highest principle with me, on which I should not hesitate to sacrifice, if need be, the most cherished friendships, I would most willingly have been silent, or have spoken with bated breath. But that the American nation, whom I have learnt to know only to respect and to love, should remain under the incubus of this professional

prejudice ; that the American superintendents ; among whom I count some of my dearest friends, should lag lamentably behind the science of their age ; that the greatest reform in the treatment of mental disease, inaugurated by and among Anglo-Saxons, should be bounded by national barriers, and denied to the largest community of the Anglo-Saxon race—this I could not sit down with a quiet conscience silently to think upon. Far be it from me to dogmatise my psychiatric colleagues in the United States ; but I may be permitted earnestly to entreat them to take a wide and general view of their position in their own social surroundings, and in the wide world of science. My fervent hope for them is that by doing so they will decide to cast behind them a narrow prejudice, and thus be able to reinstate themselves in the front ranks of practical philanthropy, and in the confidence of their compatriots. They are men, as I most willingly testify, animated by the highest motives of humanity, but ignorant and mistaken in their application of means to the furtherance of that great end to which we all press forward—namely, to the care and cure of the insane with the least amount of suffering. That they will learn this without much delay I very confidently predict ; that they will sink five fathoms deep their bonds of hemp and iron ; and bring “ medicine to a mind diseased ” only in the shape of medical and mental influence ;

that they will jealously guard the enjoyment of all innocent freedom for their patients, and all possible publicity in the management of their institutions, I feel as sure as that they and their countrymen are destined in the ages to be our own great rivals in the race of social and scientific progress in this and in all other matters. In a few years they will look back upon their utterances in defence of mechanical restraint with the same wonderment with which they may now regard all that has been said in defence of domestic slavery, but with no wounding recollections of war and conflict, and then they will forgive me or my memory for that I have written the above words, which may perchance have hastened this happy change.





