



on a VISIT in 1913 to some
HOSPITALS and CLINICS in the
UNITED STATES of AMERICA and CANADA

BY

CHARLES CROMHALL EASTERBROOK

M.A., M.D., F.R.C.P.E.

Physician Superintendent

CRICHTON ROYAL, DUMFRIES

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**NOTES on a VISIT in 1913 to some
MENTAL HOSPITALS and CLINICS in the
UNITED STATES of AMERICA and CANADA**

BY

CHARLES CROMHALL EASTERBROOK

M.A., M.D., F.R.C.P.E.

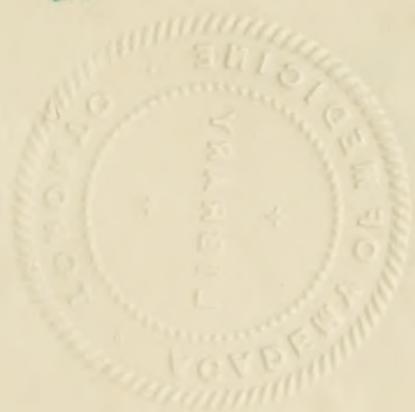
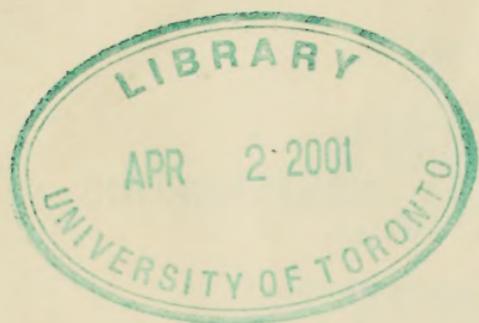
Physician Superintendent

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Prefatory Note

By the kind commission of the Board of Direction of Crichton Royal I visited in the autumn of 1913 various Mental Hospitals and Clinics in the United States of America and Canada with the object of studying their leading features and recent developments, and particularly with a view to obtaining information which might prove useful in connection with the final building of the present Scheme of Extension of the Institution as proposed in my Special Reports to the Board of 7th August 1908 and 16th June 1911, namely, a Central Recreational and Therapeutical Building to comprise such features as (a) a main recreation hall with stage for theatricals and concerts, equipment for moving pictures, orchestrion or similar instrument for provision of dance and other music, supper room, and winter-garden; (b) a gymnasium, squash rackets court, bowling and skittle alleys; (c) a central library and reading room; and (d) a balnearium, with swimming bath and suites of rooms for hydrotherapy, electrotherapy, mechanotherapy, and massage.

I left Dumfries and Liverpool on the 21st of August, reaching New York and Washington on the 30th of that month, and returned from Montreal on the 27th of September, arriving at Liverpool on the 4th and at Dumfries on the 5th of October. With the four weeks at my disposal in North America, I found it necessary, firstly, to restrict my movements to the main eastern centres of population, at or near which are located most, though not all, of the better known mental institutions of that vast country; and secondly, to make a selection of typical institutions and convenient centres of approach thereto, omitting those which from consideration of time and distance could not be included in the itinerary. Twelve cities and twenty-four mental

(published by Charles Potter, Government Printer, Sydney, N.S.W., Australia, 1887), and from Dr D. Hack Tuke's *The Insane in the United States and Canada* (published by H. K. Lewis, London, 1885). In the account of the State Hospitals of New York State, I have made full use of the information contained in the *Handbook of the State Hospital Commission* (published by the State Hospitals Press, Utica, N.Y., 1913). To all of the foregoing I would express my grateful acknowledgments.

An Appendix to these Notes contains information regarding (A) Cost of providing accommodation and maintenance of public patients in the District Mental Hospitals of Scotland, and (B) Salaries at Crichton Royal as representative of those in the larger mental hospitals of Scotland, as such information for purposes of comparison and reference is most conveniently contained in an Appendix.

Lastly, it is almost needless to say that at each of the hospitals I visited in the United States and Canada I received a most cordial and hospitable welcome, for which words are inadequate to express my deep feelings of gratitude.

C. C. EASTERBROOK.

Contents

	<i>Page</i>
Prefatory Note	3
Government Hospital for the Insane, St. Elizabeth, Washington, D.C.	9
Mental Wards, Washington Asylum Hospital, Wash- ington, D.C.	20
Crownsville State Hospital (for Negro Insane), Crownsville, Md.	22
Sheppard and Enoch Pratt Hospital, Baltimore, Md.	27
Henry Phipps Psychiatric Clinic, John Hopkins Hos- pital, Baltimore, Md.	34
Pennsylvania Hospital, and Pennsylvania Hospital for the Insane, Philadelphia, Pa.	44
Butler Hospital, Providence, R.I.	59
Boston State Hospital, Forest Hills, Boston, Mass. . .	70
Psychopathic Hospital, Boston, Mass.	76
M'Lean Hospital, Waverley, Boston, Mass.	86
Massachusetts School for the Feeble-Minded, Wal- tham, Boston, Mass.	95
Pavilion F for Mental Diseases, Albany Hospital, Albany, N.Y.	107
Bloomington Hospital, White Plains, N.Y., and New York Hospital, N.Y.C.	111
State Hospitals of New York State	120
Manhattan State Hospital, Ward's Island, N.Y.C. . .	155
Utica State Hospital, Utica, N.Y.	161
Binghamton State Hospital, Binghamton, N.Y. . .	164
Buffalo State Hospital, Buffalo, N.Y.	167
Hudson River State Hospital, Poughkeepsie, N.Y.	170
Matteawan State Hospital (for Criminal Insane), Fishkill-on-Hudson, N.Y.	173
Hospitals for Insane, Province of Ontario, Canada . . .	176
Hospital for Insane, Toronto, On., and Whitby, On.	180
Hospital for the Insane, Mimico, Toronto, Ont. . .	185
Toronto General Hospital	188
Hospitals for Insane, Province of Quebec, Canada . . .	187
Roman Catholic Asylums	190
Protestant Hospital for the Insane, Verdun, Montreal, Que.	196
Some General Impressions	203
Appendix	208
Index	211



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Government Hospital for the Insane, Washington, D.C.

This Hospital lies just beyond the south-east boundary of the City of Washington, and is pleasantly situated on a wooded elevation on the opposite or south bank of the Anacostia River, close to its confluence with the tidal Potomac, and is about a mile north of the town of St. Elizabeths. On entering the grounds at the main lodge the first object that arrests the eye is a flagstaff with the "Stars and Stripes," indicating, as indeed its name implies, that the Hospital is a Government Institution. I had the pleasure of meeting Dr William A. White, the superintendent, and his deputy, Dr Schwinn, who kindly showed me over the Hospital. As regards its constitution and management and the character of its population it differs from the other public asylums of the country, or State Hospitals as they are more happily termed. A brief historical reference to the origin of Washington and the District of Columbia will help to explain these distinctive features. Mainly through the efforts of the national hero the present site of the Capital of the United States was chosen in 1790, and the original 100 square miles of the Federal District of Columbia was selected for this national purpose by cession of territory from the States of Virginia and Maryland on opposite sides of the Potomac, the part on the Virginia side, however, being retroceded to that State in 1846. The present District of Columbia is governed by the President and Congress through a Board of Commissioners established under an Act of 1874, and the inhabitants are in the curious position of belonging to no state and having no say in the government of the district or country.

The Government Hospital for the Insane—or simply Government Hospital as in accordance with the modern tendency it is now frequently called—owed its foundation, at the middle of the nineteenth century, to the philanthropic efforts of Miss Dorothea L. Dix and her associates, who succeeded in inducing Congress to grant appropriations for the purpose. That wonderful American lady devoted her heart and work to the interests of the insane, and is said to have been directly or indirectly instrumental in the erection during her life-time of some thirty asylums. Her efforts were not confined to her native State of Massachusetts, but

extended to other states and countries, including our own. It is interesting to recall that her "invasion" of Scotland in 1855 led to the appointment in that year of a Royal Commission, whose Report two years later eventuated in the passing of the first modern Scottish Lunacy Act, the Act of 1857, under the provisions of which were established the General Board of Commissioners in Lunacy, the District Lunacy Boards, and the District Asylums of Scotland.

The Government Hospital is managed by a Board of Visitors who are appointed by the President, are ten in number, and comprise several Surgeon-Generals of the United States Army, Navy, and Public Health and Marine Hospital Services, and other members, including two ladies, with the Superintendent of the Hospital as Secretary of the Board *ex officio*. The Board meet and visit the Hospital monthly, and report annually to the Secretary of the Interior, who transmits the report to President and Congress. The Board thus combines the functions of both a local and a central authority in lunacy administration.

The Government Hospital was opened in 1855, in which year it had a daily average population of 40. It now has a resident population of approximately 3000 patients, and fully 700 annual admissions, the total number under treatment per annum being thus roughly 3700, and the annual discharges number approximately 365, and the deaths 300.

On the day of my visit there were 3032 patients resident, consisting of 2236 males (1855 white, 381 coloured), and 796 females (501 white, 295 coloured). The disparity in the numbers of the sexes is explained by the sources of origin of the patients, who fall into two main groups of equal size:—

(1) *The Government Patients* forming one half, almost entirely men and white, comprise insane soldiers from the Army (these form more than half of the Government Patients), and insane sailors from the Navy, seamen from the marine corps and revenue-cutter service, civilian employees from the government commissariat service, civil war veterans from the national homes for soldiers and sailors, and insane government criminals, that is, insane persons charged with or convicted of crime against the Federal Government, e.g., counterfeiting, post office robbery, etc.,

included amongst these being a few women, and also insane soldiers and sailors who have committed such crimes as fraudulent enlistment or desertion. The Government Patients are committed under an order of the Secretary of the departmental service concerned, e.g., Army, Navy, Interior, etc.

(2) *The District of Columbia Patients* forming the other half, and consisting of men and women in about equal proportions—the coloured patients being nearly as numerous as the white—comprise the insane inhabitants from the district. They are locally known as the “D.C. Indigents,” and correspond to our insane poor; but if their relatives can pay for their board at the Hospital, at the rate of 4 dollars (16 6) a week, they become “Independents,” though they are not called private patients and do not occupy separate accommodation. The D.C. Patients in some cases are admitted direct from their homes to the Government Hospital, but as a rule they are first received into the Mental Wards of the Washington Asylum Hospital, which will be referred to later. It will suffice here to say that these wards serve the function of a psychopathic hospital for the preliminary observation and treatment of mental cases from the district, and if the patients do not recover soon or are otherwise unsuitable, they are sent to the Government Hospital. The procedure for the commitment and detention of the D.C. patients at the Government Hospital is cumbrous and antiquated, and legislative reform in this respect, and also as regards the removal of Government Patients to the Hospital from such distant parts of the United States as the far-west, has been strongly urged by Dr White and his colleagues. The commitment papers of a D.C. Patient include (1) Certificate of lunacy, signed by two Physicians or Surgeons, qualified to make such certificate under an Act of 1904; (2) Medical Certificate signed by the examining Physicians or Surgeons, and containing the usual medical particulars as to the patient's present illness, previous history, family history, etc.; (3) Affidavit signed by two relatives or other persons before the Sanitary Officer of the Metropolitan Police Department, and (4) Order by the three Commissioners of the District of Columbia, who are the head officials of the municipal government. The com-

mitment papers authorise the detention of the patient at the Government Hospital for only 30 days, within which period there has to be obtained the final order for detention, by the process of Trial by Jury, before which the patient must appear in person, unless he is medically certified to be unfit to do so owing to his physical or mental condition. Nineteenths of the D.C. admissions are subjected to this trying ordeal, which it can readily be understood is but little appreciated by the patients or their relatives or the hospital staff. But it should be noted that, as might for various reasons be expected, for example, a speedy recovery, patients are occasionally found by the Jury to be "not insane."

The Government Hospital considerably exceeds in size any of the larger institutions for the insane in the British Isles, e.g., the Lancashire and London County Asylums, and with its heavy influx of admissions and huge resident population of such diversified character, it naturally requires and has a strong medical staff, there being ordinarily 25 resident physicians, apart from an equally large staff of consulting physicians and surgeons and other specialists who are called in as required. In addition to the Superintendent and his scientific staff proper—including one Scientific Director (psychological research), one Medical Director (clinical research), one Pathologist and Histologist, and one Clinical Pathologist—there are for the carrying on of the ordinary practical work of the Hospital five Medical Services, to each of which are allocated one Senior Assistant Physician, one Assistant Physician, one Junior Assistant Physician, and one Medical Intern. The five medical services comprise the two receiving services, male and female, the two chronic services, male and female, and the criminal (male) service. The criminal department is kept distinct from the rest of the Hospital, and forms an unpopular and unattractive service owing to its necessarily prison-like features. The comparatively few criminal women are accommodated with the rest of the female patients, all of whom, about 800 in number, are under the charge of the four lady doctors on the medical staff. The coloured patients, male and female, are accommodated separately from the white patients.

The Hospital physicians, attendants, nurses and other

employees are in the government civil service, and have recognised grades and fixed scales of remuneration in the various groups, promotion being subject to training and experience, the passing of examinations, and other tests of fitness. Thus, in the case of the medical staff, the *Medical Interne* has to take a preliminary course of training in psychiatry and to pass a government entrance examination before he can join the service, at a salary of 900 dollars (£180) a year, with the usual allowances (board, quarters, etc.). After a further six months of special training, he has to pass another examination in order to qualify for promotion to the post of *Junior Assistant Physician*, at a salary of £240 with allowances. There are no further examinations, but he must next write a thesis of sufficient merit for publication in the medical or scientific journals in order to qualify for promotion to the post of *Assistant Physician*, in the event of a vacancy arising. But meanwhile, after writing such thesis, his salary increases by annual increments of £20 from £240 to £300 with allowances, the initial rate of remuneration of the *Assistant Physician*. Similarly, the latter must write another thesis in order to qualify for the post of *Senior Assistant Physician*, but in the event of a senior vacancy arising, promotion is subject also to special considerations of personal fitness for such a post, which carries with it the responsible charge of one of the five medical services of the Hospital, and a salary which begins at £360 a year with allowances, and increases by annual rises of £20 to £400, and to £500 a year in the case of the *First Assistant Physician*, who ranks next to the Superintendent. *Senior Assistant Physicians* are allowed to marry, and are provided with quarters, board, attendance, etc., for wife and family, the quarters being located in the central administrative building between the receiving services, but it is hoped that the Government will provide separate houses for the married physicians in the near future. The members of the special *Scientific Staff* are paid salaries varying from £300 to £400 a year, and may marry, and as regards allowances they are on the same footing as the *Senior Assistant Physicians*, the *Scientific Director*, however, already having a house in the grounds, at which the psychological laboratory is meantime

located. The pathological laboratory is a separate building, comprising mortuary, post-mortem room, museum, and rooms for histology, clinical pathology, photography, etc., but the accommodation is insufficient meantime for the satisfactory prosecution of bacteriological and bio-chemical research. A large amount of most valuable and suggestive scientific work is overtaken each year by Dr White and his colleagues, and finds publication in the form of books and monographs, and contributions to the medical and scientific journals, and the original work of the Hospital is also recorded officially in the form of an annual Bulletin issued by the Government. Bulletins 4 and 5 for the past two years show that 100 publications emanated from the Hospital during that period. Dr White, in addition to being the administrative head of this great Hospital—which with its five medical services, high admission rate and large resident population, may be roughly compared to five average-sized Scottish Asylums combined into one institution—is also Professor of Nervous and Mental Diseases in both the Georgetown and George Washington Universities, Washington, and Lecturer on Mental Diseases in the U.S. Army and U.S. Navy Medical School, and Joint-Editor (with Dr Smith Ely Jelliffe of New York) of *The Psychoanalytic Review*, a new journal “devoted to an understanding of human conduct,” along the lines of the teaching of Freud of Vienna and Jung of Zurich, which has aroused so much interest of late in psychiatric circles, and of which Dr White and Dr Jelliffe are two of the leading exponents in America. Only a man of exceptional gifts, indefatigable energy, and “chain-lightning” methods of work could cope with the responsible duties and multifarious activities which Dr White so successfully overtakes. He has established the scientific researches of the Hospital on the solid foundation of careful clinical observation, and the elaborate and voluminous case-records, taken according to Dr White’s thoughtful and comprehensive plan, already form a wealthy accumulation of ascertained facts and findings pertaining to the insane, well-arranged and indexed, and readily accessible for purposes of original work. The medical histories of the patients and the clinical and laboratory findings are dictated in the medical offices to a special staff of

clerks and stenographers, seven in number, who have a busy time transcribing and typewriting the records into permanent form. Dr Schwinn, First Assistant Physician, specially supervises the keeping of the case-records, which already form no mean library. To facilitate and make more valuable the investigations by the physicians of the family and personal histories of the patients and the causation of their maladies, the Hospital is provided with a lady worker who received her special training under Professor Davenport, Director of the Eugenics Field Office, Cold Springs Harbour, N.Y., an institution maintained by the Carnegie Foundation. This eugenics field and social service worker makes a special study of family histories and pedigrees and of the environment of the patients and their families in selected cases belonging to the district. There is also an extensive medical reference library, under the charge of a lady librarian, who likewise supervises the well used circulating library provided for the patients. Medical staff conferences are held regularly, at which are presented for discussion the cases which have been sufficiently investigated for the purpose by the physicians in charge.

As to the nursing staff, probationers, male and female, are called "attendants" until they have undergone the recognised two years' course of training and passed the government examination for the mental nursing certificate, after gaining which they are called "nurses." They also receive special courses of practical instruction in hydrotherapy and massage and sick-room cookery. The pay of male attendants begins at 20 dollars a month (£48 a year), and of female attendants at 18 dollars a month (about £43 a year); and the pay of male nurses attains a maximum of 45 dollars a month (£108 a year), and of female nurses 42½ dollars a month (£102 a year), men and women thus receiving much the same rate of pay. Attendants and nurses are allowed board, lodging and laundry, but not uniform, which has to be provided at personal expense. There are no pensions. Pensions are provided only in the Army and Navy services, not in the civil service.

As regards methods of treatment in the receiving services, rest (indoor) and hydrotherapy are extensively

practised, and to a Briton visiting Washington during a spell of hot weather both methods appealed as being peculiarly appropriate and comforting. Hydrotherapy was a recognised mode of treatment in mental diseases in the British Isles (and on the Continent) before and for a considerable time after the passing of the modern British lunacy acts at the middle of last century; but largely owing to abuses of the shower bath, wet pack and other forms, which consequently became suspect as punitive rather than therapeutic measures and were accordingly placed by the Commissioners under the ban of "restraint," the practice of hydrotherapy in British asylums gradually fell more or less into disuse from about 1870 onwards, although it has been continued in certain forms by individual physicians. Hydrotherapy has had a less chequered career in psychiatric practice on the Continent, and following the teaching more particularly of Kraepelin of Munich, a gradual revival has taken place during the past twenty years, and the Government Hospital was one of the first mental institutions in America to adopt hydriatic measures as a routine method of treatment, a plant being installed in 1897 which has been in constant use since, and is located in a building now occupied by coloured women. Two new plants were added with the opening in 1903 of the present receiving services, male and female. The receiving wards are provided with rooms for the continuous warm water bath treatment, probably the most suitable form for new patients, provided that they are allowed to paddle about in the baths of their own free will and to get out and in as they please, and are not subjected to any kind of mechanical restraint; but obviously this method is of limited application when dealing with large numbers. Consequently the measures most frequently employed are the cold pack, the hot pack, the hot-air bath, the shower and spray bath and needle douche, and in certain cases the Scotch douche and the sitz bath, the shower and spray being commonly used after the other forms, and followed by massage. In applying the packs, compulsion is avoided as far as possible, but is employed if necessary, subject to reasonable limitation. Packs are frequently administered in the receiving wards as the best substitute for the continuous baths, but the main hydro-

therapeutic equipment for carrying out the above measures in the two receiving services is located in the basement of each building, in which also is a gymnasium. The sanatorium or open air rest treatment of those actively insane has not been adopted to any extent in the receiving or other services, although those patients who are able to be up and about spend as much time as possible in the fresh air. The nursing of male patients by women is practised to a limited extent. The Hospital is provided with a well-equipped operating theatre in convenient proximity to the administrative centre and receiving services, and in the latter there are special hospital quarters for the carrying out of any necessary after-treatment. A considerable number of major operations is performed yearly.

The importance of work and occupation as a therapeutic agent is thoroughly realised at the Hospital, but the whole subject of occupation in the insane is being carefully investigated from the scientific side, with a view to determining its exact therapeutic value and mode of operation, and thereby to elucidating the psychological mechanisms which underlie the formation of the beneficial habits of mind that eventuate in recovery, the breakdown of which mechanisms spells mental deterioration and dementia. Occupation and work have been recognised as useful remedies in the treatment of the insane for nearly a hundred years, and in times past they have been prescribed not only for the primary object of their therapeutic benefit to the patient, but also for the secondary purpose of their economic value to the hospital. Hitherto, it is true, these remedies have been employed largely in an empirical and haphazard though at the same time practical manner, the usual rule being to prescribe for the patient, as soon as he is sufficiently fit physically and mentally, some occupation or light work which is interesting and congenial and if possible already known to him, and which for these reasons he would be the more likely to undertake, the main object being to get him to do something that a normal person does. This commonsense practice of psychiatrists may be said to rest on the psychological conception that, just as normal action and conduct ordinarily proceed from healthy modes of willing, feeling and thinking, so may they be

utilised for the arousal and stimulation of the latter. The easiest way of getting an insane person to employ himself may in many cases be the only practical way, the only avenue of approach and appeal to his interests; but in many cases the question may be legitimately asked—Is the easiest way the best for the individual? Is the congenial and customary and readily performed occupation not apt to become mechanical in time, and so to lose its stimulating effect on the mind? Would not perhaps some entirely different occupation be better for the patient, some occupation to which he is unaccustomed, and to which he would require to direct more conscious attention and effort, which would thus engage his interest more powerfully, and so act as a more effective mental stimulant? May not therefore this *diversional occupation* of the insane, as it is called, prove a more potent remedial and re-educative agent for the prevention and arrest of the mental deteriorations and dementias that are constantly swelling the ranks of the chronic insane? Diversional occupation has already yielded some encouraging practical results at the Government Hospital, and indeed the principle on which it is based is the same as that which underlies the approved system of education and training of the feeble-minded which has given such excellent results. The scientific investigation of the occupation of the insane implies, in the first place, the careful mental analysis of each individual patient, with the object of ascertaining how best he can be approached and interested and thus re-educated, and secondly, the prescription of work in appropriate form and amount, the results being carefully observed and measured by the methods of the psychological laboratory, and controlled by similar experiments on normal subjects. In prescribing the kind of occupation suitable for those who have to work for their living, due consideration should be given if possible to those occupations which, if successfully learned, will enable the patient to earn a livelihood after discharge from hospital. Such then are the lines on which under Dr White's guidance occupation treatment is being developed and studied at the Hospital, the special investigation of the problem being entrusted to Dr Franz, Scientific Director and Psychologist, and his co-workers.

The Hospital has a fine central recreation hall and theatre, with main floor, large gallery, two private boxes for visitors, etc., pit for orchestra in front of stage and sunk below main floor level, extensive stage sufficient to meet the requirements of first-class theatrical companies, big tower for hanging scenery, dressing rooms, and all modern electrical appliances for lighting, etc. In the basement of the building there is a large apartment with low ceiling, in which meetings of the staff are occasionally held. The recreation hall and theatre has sitting accommodation for 1200 persons, and cost £20,000.

The Hospital buildings are mostly constructed of red brick, and with their white pillars and facings, wide overhanging eaves and low-pitched tiled roofs, have a pleasing appearance, set off as they were at the time of my visit by beds of brilliant red and yellow flowering cannas. The grounds extend to 800 acres, including a farm of 400 acres, but both lands and buildings are already insufficient for the ever increasing expansion and requirements of the resident population. The whole question of the needs and future policy of the Hospital is under careful consideration, the main problem being to limit its already excessive size, as by the removal of patients committed from the District of Columbia and of those sent from the Army and Navy from distant points.

The inclusive annual cost per head for accommodation and maintenance of patients at the Hospital is 220 dollars (£44), the Government paying the whole sum in the case of the government patients, and half the cost in the case of the district patients, the other half being paid by the District of Columbia.

From the foregoing it will be realised that the Government Hospital for the Insane is not merely a home for the care of the mentally afflicted, but actively carries out the three essential functions of a mental hospital at a leading University centre, namely, the treatment of the insane, study and research in mental diseases, and the teaching of psychological medicine, the Hospital being the main psychiatric clinic for the medical students of Washington and the surgeons of the U.S. Army and U.S. Navy.

Mental Wards, Washington Asylum Hospital, Washington, D.C.

The term "asylum" in America is frequently employed in a different and more restricted sense than in the home country, implying our workhouse or parochial asylum or lunatic department of a union workhouse, poorhouse or almshouse. The Washington Asylum Hospital combines in its various buildings the uses of temporary gaol, poorhouse, and general hospital with medical and surgical and mental wards, the clinical material being utilised for teaching purposes by the professors of the Universities of the City. Dr D. Percy Hickling, who very kindly showed me over the Hospital, is visiting physician to the mental wards or "Psychopathic Department," and Professor of Clinical Psychiatry at Georgetown University. The Hospital has a resident medical officer, and several house physicians and surgeons and senior students who also reside on the premises and are in immediate charge of the wards, one of them holding the appointment to the mental wards. The latter were formerly in the general hospital block, but about four years ago the original and separate poorhouse building was altered internally and converted into the present Psychopathic Pavilion. This consists of several storeys, and on the various floors the different patients, male and female, white and coloured, are accommodated in bedrooms for one, two, three or four persons, rest in bed with appropriate medicinal, mental and moral treatment being mainly prescribed. In the basement is a useful hydrotherapeutic plant, with bath for continuous warm water treatment, hot air bath, shower and spray bath and needle douche, and two Scotch douches. All the patients have a bath in one or more forms daily. The pavilion has a small enclosed airing court or garden, in which those patients not confined to bed take fresh air and exercise daily, the men in the forenoons, the women in the afternoons. The Psychopathic Department has altogether about 100 beds, and

receives on an average about 1200 admissions a year, half of whom exhibit the more transient effects of alcoholic intoxication and require only a day or two of observation and treatment. The other half are the subjects of more pronounced psychoses, and if they do not recover soon or are otherwise unsuitable for observation and treatment in view of the somewhat limited resources of the mental wards, they are certified and sent to the Government Hospital for the Insane. About 300 patients, men and women, are annually sent in this way from the Psychopathic Pavilion to the Government Hospital. The nursing staff of the Pavilion comprises a superintendent of nurses, 11 male orderlies and 15 female nurses for day duty, and one orderly and two nurses for night duty. The patients are admitted chiefly through the Metropolitan Police Department, and their personal history and clinical symptoms are recorded, in necessarily abbreviated form, on convenient case-taking cards, an additional special psychological examination being made, and the results being recorded on another card of different colour, in the case of defective criminals whose responsibility it is desired to ascertain and estimate. The Psychopathic Department thus serves the functions of a hospital and clearing house for the preliminary observation and treatment of cases of mental illness arising in the district, and of a clinic for the study and teaching of psychiatry.

Crownsville State Hospital, Crownsville, Maryland.

This institution, which is in course of erection, is situated at Crownsville in Anne Arundel County, about 20 miles south of Baltimore, and 6 miles north of Annapolis, the Capital of Maryland. It was founded, under the name of the Hospital for the Negro Insane of Maryland, by an Act of 1910 of the General Assembly, but in accordance with the trend of nomenclature in other states, and to facilitate its location, its name was altered to its present title under a further Act of 1912. Maryland, it will be remembered, was the northernmost of the old slave-holding states, and south of the Mason and Dixon's Line it is customary for the coloured to occupy separate quarters from the white insane in hospitals, asylums and homes, and in a few of the southern states a special state hospital is already provided for the former. Previous to the Act of 1910, about 25 per cent. of the officially known insane of Maryland were accommodated in county asylums, almshouses, and gaols, often under deplorable conditions of neglect, restraint and cruelty, whites and blacks of both sexes in some cases even sharing the same miserable dens. The segregation of the negro insane of Maryland in a special state hospital had long been advocated by the Lunacy Commission as one of the most pressing reforms required, and the Crownsville State Hospital represents one of the first fruits of the above beneficent though belated act of the legislature, and it promises to be more efficient for its purpose than any of the existing institutions for insane negroes in the country. Dr Arthur P. Herring, Secretary of the Commission, who most kindly devoted a day to the purposes of my visit, and supplied me with much instructive and valuable information regarding recent lunacy legislation and the progress of psychiatry in Maryland, has taken a special interest in the amelioration of the lot of the coloured insane of the State, and in the erection of their new home at Crownsville, and he courteously accompanied me thither. Dr R. P. Winterode, the Superintendent, being on vacation at the time. The Hospital is reached by the Washington Baltimore and Annapolis Electric Railroad, which passes close to and has a special depot or station for the institution, with a branch line or

spur for goods traffic from the station to the site of the buildings.

The intention of the Commission is that the establishment at Crownsville should serve not only as a mental hospital in the ordinary sense but also, and as far as is practicable, as an industrial and self-supporting colony for the 500 or more negro insane of the State. Accordingly, shortly after the passing of the Act of 1910 and the appointment of a Board of Managers and the Superintendent, the present site of 566 acres of farmable and forest land was selected, comprising a willow holt of 20 acres, rich meadow land, specially suitable for the growing of osier willows, low and high cleared land, and high uncleared wood land. The willow department is a special industrial feature of the colony, the willows being grown and sold or made into baskets and chairs, etc., for the open market. Patients' labour has been freely utilised from the outset in the preparation of grounds and farm lands and the erection of buildings, thus materially lessening the cost of construction. In the beginning of 1911 an existing frame or wooden building, forming the original willow plant of the farm, was by minor alterations and additions converted into a temporary construction camp. From March 1911 onwards groups of specially selected male patients were gradually drafted to the scene of operations, the first comers being the best workers available, namely, able-bodied quiet and trustworthy negroes of industrious habits, and the later arrivals those who were less suitable or not at all promising for the various works on hand, including many patients from the county asylums and almshouses who had never been occupied therein. The removal of the patients from the various parts of the State was carried out safely and without special incident. Apart from a few patients who were employed at the necessary domestic services of the camp, e.g. helping the cook in the kitchen and scullery, serving the meals and looking after the dining-rooms of patients and staff, and doing the laundry work of the colony, the patients were straightway assigned to and, under the careful supervision of an enthusiastic staff, successfully carried out the following operations, with considerable benefit to their physical

and mental health, and without the occurrence of any mishap or casualty. The willow crop was harvested, 15 acres of willows being cut, bundled and stripped for the market in six weeks. A considerable portion of the farm land, mostly virgin soil and largely covered with brushwood and briars, was brought under cultivation, with the result that, notwithstanding the late start, 187 acres were planted in profitable crops during 1911 and yielded a plentiful supply of vegetables of various kinds, e.g. Indian corn, cabbage, peas, beans, potatoes, onions, tomatoes, radishes, water-melons and cantaloupes, and also some thirty acres of grain, cowpeas, millet and timothy hay. The cultivation of the willow, vegetable, fruit and other farm crops continues as a conspicuous, happy and successful feature of the work of the colony. Many oak and other trees were felled, frequently by patients quite unaccustomed to wield an axe, for the supply of cross-ties or sleepers for the hospital branch line and of poles for the conveyance of electric current for lighting and power. The branch line from the main railroad was laid and graded, thus enabling coals and the heavy materials for construction to be deposited at minimum cost at the site of the buildings, namely, at the back or north aspect; and similarly, the entrance driveway from the county road was constructed, running at first alongside of the branch line, and then diverging to the front or south aspect of the hospital site. The excavations were begun in August 1911; and in these, as in the various other constructional operations still going on, the patients' work has been constantly used to supplement that of the contractors in every practicable way, as in excavating, grading, concreting, helping in the making of roads, culverts and artesian wells, unloading the heavy materials for the buildings, wheeling and carrying bricks, stone, steel, timber, cement, sand, gravel and water, etc., as required by the workmen. Disaster nearly overtook the colony in March 1912, their habitation being destroyed by fire, but fortunately without injury or other mishap to the 71 patients in residence. Some discarded shafts of the contractors were used to house the patients, but a second construction camp was begun at once and was partially in

occupation in a fortnight. This camp was erected as a more or less permanent habitation of the colony; it is one-storeyed, has accommodation for about 150 patients, and was fully occupied by the end of 1912. In 1913 the main building of the hospital was sufficiently advanced to permit of its being partially occupied, females as well as male patients being now in residence, the former overtaking the laundry work, sewing and similar women's industries of the growing colony. And notwithstanding the obvious difficulties and inconveniences attaching to the inhabitation of the colony by the patients during the stage of its erection, the organization of their occupations has reached a high standard, for in addition to their employments as above described on the farm, grounds and buildings, and in the various domestic services, there is already a class of patients busily and happily engaged, under a competent, self-taught, and enthusiastic supervisor of industries, at basketry, chair-making, rug-making, cabinet work, pottery and the like, a wooden outbuilding meantime serving as workshop. The experiment of bringing the patients to the construction camp, so that they should participate in the making of their new home—an earthly paradise it will mean to many of them—is thoroughly characteristic of the pioneer instincts, traditions and methods of our energetic, practical and imaginative brethren across the seas, and has been thoroughly justified by the results, not only on economical but also on therapeutical and ethical grounds. The hospital authorities and staff deserve the highest praise for the efficiency of their work under the exceptional conditions.

The plan of the institution comprises a main building, the hospital proper with accommodation for 250 patients, 125 of each sex, and four villas, or "cottages" as they are termed in America, for a similar number of patients. The latter, which are not yet constructed, will form the colony proper, being intended for the quieter chronic and convalescent patients working on the farm and in the workshops, workrooms, kitchen and laundry. The main building, now approaching completion and partially occupied, consists of a central portion (three-storeyed) and two wings (two-storeyed) running out at right angles from the centre on

either side, with basement extending throughout the whole building, and attics. The wings contain (1) on the first floor or basement, the workshops and workrooms for the male and female patients, rooms for the male and female supervisors of industries, store-rooms, etc.; (2) on the second floor, the patients' dayrooms; (3) on the third floor, the patients' dormitories; and (4) in the attics, extra storage accommodation. The central portion of the building contains (1) on the first floor or basement, the boiler-house, laundry, bakery, special dining-room for disturbed patients, hydrotherapy equipment (shower and prolonged tub baths), and pathological laboratory; (2) on the second floor, from front to back, administrative and medical offices (offices of superintendent and staff, examining room, pharmacy, and clinical laboratory), central dining-room, kitchen, scullery, and refrigerators; (3) on the third floor, in front, the superintendent's and officers' quarters, and a library; and behind, an infirmary for male and female patients; (4) on the fourth floor, nurses' quarters in front, and attendants' quarters behind; and (5) in the attics, extra storage accommodation. The building is constructed of brick, with steel beams and concrete floors, and is lit by electricity.

On the day of my visit the hospital and colony presented a memorable picture of busy and happy activity. Here were insane negro men and women, gathered mainly from the county asylums and almshouses, in which they had been neglected and uncared for, ill fed, ill clad, unoccupied, untreated when sick in body as well as in mind, and frequently locked up in dark and dank cellars, chained in manacles and shackles, and otherwise maltreated. Here were the same human beings—but looking healthy and well fed, properly clothed, usefully employed, smiling and chatting and often singing at their work, as happy negroes often do. Surely the people of Maryland—the profession, the press, the public, the legislature, the lunacy commission, the hospital managers and staff—are to be congratulated on a noble and humane undertaking, perhaps the highest form of humanitarian endeavour and sacrifice, and on the result and reward, the making of their world happier and better than they found it.

The Sheppard and Enoch Pratt Hospital, Baltimore, Maryland.

This institution was opened in 1891, under the name of "The Sheppard Asylum," and was founded through the generosity of the late Moses Sheppard (1772-1857), a merchant of Baltimore, who bequeathed for the purpose his estate of about £120,000, this being up to the time of the opening of the hospital the largest charitable benefaction for the insane by an individual in America. Moses Sheppard was a member of the Society of Friends, whose name has been so honourably associated with the cause of the insane in this country and in America, and was in many ways a remarkable man. In 1853, four years before his death, he obtained from the General Assembly of the State of Maryland an act or charter creating the corporation of "The Trustees of the Sheppard Asylum," to whom on his death he left his fortune, to be applied by them to the purpose of the bequest as expressed in a simple will. The charter, which guards the terms of the bequest, fixes the number of trustees, gives them corporate rights, with power of perpetual succession, and holds them "to a strict and frequent accountability" to the State of Maryland, and provides remedies for "remissness or perverted action." Apart, however, from the provisions of the will and charter, during the remaining years of his life he indicated to the Trustees, in conversations and written memoranda, his views and wishes regarding the main purpose and principles of management of the Sheppard Asylum. These intentions, which the Trustees have regarded as binding obligations, were chiefly to the effect that the institution should "carry forward and improve the ameliorated system of treatment of the insane irrespective of expense"; that it should be of moderate size, and a hospital for the cure of the insane, not an asylum for the care and custody of the incurable; that everything should be done for each patient that was desirable in the way of accommodation and treatment, but "for

use strictly and not for show"; and finally, that the income and not the principal should be used. The founder died in 1857. The Trustees bought the lands of the hospital in 1858, and in 1859 started a plant on the farm for the making of the bricks required for the buildings, and then carefully considered the important question of plans, commissioning the late Dr David Tilden Brown, Superintendent of the Bloomingdale Asylum, New York, to visit and report on the best asylums in Europe, and finally adopting his recommendations, these being embodied in plans prepared by the late Calvert Vaux. In 1862 building operations were commenced, and they occupied nearly thirty years, being restricted by the income available which averaged about £4800 a year. At the time of opening in 1891, the total expenditure amounted to £184,000, roughly £14,000 for purchase of lands (377 acres), and £170,000 for construction of buildings, roads, &c.

Five years after the opening, the late Enoch Pratt (1808-1896), a prominent business man and philanthropist of Baltimore, and founder of the Pratt Library in that city, showed his appreciation of the careful management of the institution by making the corporation his residuary legatee, upon the main condition that its name be changed from "The Trustees of the Sheppard Asylum" to "The Trustees of the Sheppard and Enoch Pratt Hospital," and that its charter be amended accordingly. This was effected by an act of the legislature in 1898. The Pratt bequest amounted to about £225,000, the largest donation hitherto by any individual to the care of the insane, the two gifts of foundation and benefaction standing unsurpassed in the history of charity on behalf of the mentally afflicted. As in the case of the Sheppard foundation, so in the case of the Pratt benefaction, it is provided by the terms of the will that income and not principal should be used.

The Sheppard and Enoch Pratt Hospital is thus a corporate and richly endowed institution, the income from the two endowments, which remain intact, being applied to the development and improvement of the hospital, and to the maintenance of the less affluent patients who are unable to pay the whole or any portion of the cost of their care and

treatment, a considerable amount of charitable work being carried out in this way annually in accordance with the wishes of the testators. Private patients only are received, of all creeds and classes, rich and poor. The movement of population in the hospital is very active, as only early and recoverable cases as a rule are received, a specially favourable feature being the large proportion—60 per cent. in 1912—of voluntary admissions, a policy which has been rightly encouraged from the outset by Dr Edward N. Brush, who has been Physician-in-Chief and Superintendent since the opening. The number of annual admissions has risen steadily year by year, and now approximates 200, the average daily number in residence being about 130, and the total number of beds about 150. It will thus be seen that the hospital is of limited size and has a rapidly changing population. There is a strong medical staff, for purposes of treatment and research. In addition to Dr Brush, who is one of the Editors of the American Journal of Insanity, there are four Assistant Physicians and a Director of the pathological and clinical laboratories. Much valuable original work has emanated from the hospital in the form of publications in the medical journals, and from time to time the contributions of the staff are collected and issued in special volumes of the hospital "Medical Reports." Dr Brush has devoted much attention to the important subject of the case-records of the patients. These are comprehensive in scope, very carefully kept, and include among other features the daily notes of the nurses in charge. Medical staff conferences are held regularly, and a post-graduate course on psychiatry is provided at the hospital once a year.

Among other forms of treatment, rest, baths, massage, occupation, entertainment, recreation, exercise and games are special features, and are carefully regulated from day to day, in many cases by schedule. The hydrotherapeutic equipment is contained in the basement of the two main buildings of the hospital, and comprises (1) a douche room with hot and cold shower and spray, needle, wave, and Scotch douches, and baths for prolonged warm water treatment; (2) a steam cabinet room and (3) a small plunge pool, with lounge and corridor. Prolonged warm baths for dis-

turbed patients are usually prescribed for two, three or four hours, and in exceptional cases for as long as eight hours at a time, but not longer, as the experience at this hospital is that more prolonged soaking of the skin is prejudicial, causing it to become too saturated and boggy and to desquamate afterwards. Occupation therapy is highly developed, and classes are held by a skilled lady teacher, with special artistic and manual training, for the diversion and instruction of the patients in various handicrafts, as weaving, embroidery, basketry, binding, paper-work, woodwork, leather-work, metal-work, etc. Dr W. Rush Dunton, jun., First Assistant Physician, is a well-known exponent of the diversional occupation of the insane, or occupational diversion as he terms it, and has taken a special interest in its practical development at the hospital. For this method of treatment to become effective in a mental hospital, it must obviously be practised in all the wards and not restricted to the classroom. In other words the attendants and nurses must be taught the principles and practice of the method, so that they in turn may apply it as part of their duties in the treatment of those under their charge. Dr Rush Dunton has accordingly established a regular course of instruction on diversional occupation as part of the training of the nursing staff, the course embracing:—(1) Games, e.g., cards, solitaire, dominoes, puzzles, and the like. (2) String work (e.g., making knots, string fobs, guards, dolls, hammocks, etc.), and weaving. (3) Paper work, e.g., folding and cutting. (4) Crêpe-paper work. (5) Binding. (6) Embroidery. (7) Basketry. (8) Leather work, e.g., carving and hammering. (9) Wood work, e.g., carving. (10) Metal work, e.g., hammering, and making ornaments in copper, iron, etc.

In addition to an auditorium or hall for lectures, concerts, lantern exhibitions, etc., in the main building for women, there is a special recreation hall in the grounds, called the "Casino" or "Club." It is in the colonial style, with veranda or piazza on the four sides, from which there are pleasant prospects of the beautiful gardens, croquet and tennis lawns and baseball pitch in the immediate vicinity, and of the extensive and park-like grounds beyond. The

casino contains rooms for cards, billiards, music, gymnastics and calisthenics, and bowling alleys.

The hospital is a recognised training school for attendants and nurses, and grants a certificate which entitles the holder (man or woman) to register at the Maryland Central Directory for Graduate Nurses, as a trained attendant-nurse for nervous and mental cases, and for other cases which do not demand the skilled services of a trained nurse and in which the physician in charge is willing to assume full responsibility. The course of instruction is continuous for 18 months, and includes lectures on anatomy and physiology, bacteriology, materia medica, nervous and mental diseases, and hygiene, with practical work in dietetics, bandaging, massage, hydrotherapy, invalid occupations and amusements, mental nursing, and general nursing. The certificate is granted to those only who have completed the course of instruction and passed the necessary examination, and whose work and conduct have been satisfactory. The scale of pay for attendants and nurses at the hospital varies from £40 to £60 a year in the case of both men and women, with board, lodging and laundry, but not uniform. Certificated graduates may make from £2 to £3 a week in private nursing practice. Female nursing of male patients in suitable cases is carried out at the hospital, in which the number of attendants and nurses, including both day and night staffs, is about 65, or one for every two patients.

The patients are accommodated in two main buildings, standing one hundred feet apart, the East Building for men, and the West Building for women. The two buildings are similar in external design and internal plan, but extend outwards in opposite directions from the central intervening space to their extreme points, east and west. The tallest portions of the two buildings, namely, those next to the central space, are three-storeyed and surmounted each by an ornamental tower, and they contain the administrative and medical offices and quarters and also accommodation for selected convalescent patients. The lowest portions of the men's and women's buildings are respectively their east and west extremities, which each consist of a one-storeyed wing for the disturbed patients of the corresponding sex. The

intervening or main portions of the two buildings are two-storeyed, extending eastwards and westwards with, at their respective centres, the principal entrance for patients on the north aspect and a long wing projecting at right angles on the south aspect. The main portion of each building contains, in addition to private suites of rooms, four wards, namely, reception ward on the first or ground floor and convalescent ward above, and in the south wing, infirmary ward on the ground floor and semi-convalescent ward above. The East and West Buildings are artistically designed, substantially built in brick, of fire-proof construction, well heated and ventilated, and lit by electricity. The wards are bright and attractive and very comfortable and homely in appearance; and an outstanding feature of the internal plan of the wards generally is the provision in each of a sun-room or solarium and the orientation of the parlours in such aspects as will receive the maximum amount of sunshine, the importance of which was obviously appreciated by the designer. Another interesting feature in the parlours is the placing in conspicuous positions of pithy and epigrammatic texts and proverbs, with the object of arresting the patients' attention and making them think and exercise will power, e.g., "the successes in life are the cans, the failures the cants." These texts are circulated from parlour to parlour week by week.

The East and West Buildings also have an upper or attic storey containing quarters for attendants and nurses, a basement containing the hydrotherapeutic plant and store-rooms, and a sub-basement containing the electric cables, water and steam mains, and radiators. The sub-basements join midway between the two buildings at a point where they open into a tunnel leading off at right angles south for four hundred feet to a central block containing boiler house, engines and dynamos, coal vaults, artesian well, pump room, laundry, and garage. Between this block and the two main buildings, and connected to the latter by two bright corridors, is a block which was opened in 1908 and contains (1) on the main floor, a central suite of eight dining-rooms for the patients, with two pantries and linen rooms, central serving room, central kitchen, diet kitchen, room for cold storage of meats and other articles required for immediate use, scullery,

vegetable preparing room, two store-rooms, and house-keeper's office; (2) on the floor above the dining-rooms, a dining-room with pantry for the assistant physicians, and quarters for nurses, and on the floor above the kitchen annexes, quarters for the kitchen and other employees; and (3) in the basement, two dining-rooms for employees, store-rooms, meat cutting room, and a large space below the kitchen equipped for artificial cold storage. The appointments of the dining-rooms, kitchen, etc., are in accordance with the most modern requirements, including a well-paid chef. Amongst other appliances for cooking, a petrol gas plant is installed, and petrol gas is also used as a heating agent in the laboratories.

The Hospital buildings and grounds are pleasantly situated, about 600 feet above the sea, in one of the most picturesque parts of the county of Baltimore, and approximately six miles to the north of the city of that name, the main scene of the lives and labours of Moses Sheppard and Enoch Pratt. The Hospital is a worthy memorial of those capable, charitable and generous men; and in the good and useful work it has already accomplished under wise and kindly guidance and management, it is assuredly "carrying forward and improving the ameliorated system of treatment of the insane," and so is worthily fulfilling the trust and hopes of its revered Founder and Benefactor.

The Henry Phipps Psychiatric Clinic, John Hopkins Hospital, Baltimore, Maryland.

The John Hopkins University (1876) and its famous Medical School and Hospital (1889) owe their foundation to the munificent liberality of the late John Hopkins, a wealthy merchant and philanthropist of Baltimore who died in 1873 and bequeathed £1,300,000 for the purpose. The University lies in the heart of this large seaport city of some 600,000 inhabitants, and the Medical School and Hospital is situated in its eastern quarter, on a hill commanding a fine view of the city and surrounding country and of the broad estuary of the River Patapsco stretching eastwards to join Chesapeake Bay. The latest addition to the Hospital is the Henry Phipps Psychiatric Clinic, which was formally inaugurated in April 1913, and is the handsome gift of Mr Henry Phipps, the well-known benefactor and founder of the Phipps Institute for Tuberculosis Research. As Director of the United States Steel Corporation, he is associated with Dr Andrew Carnegie, one of the world's greatest industrialists and philanthropists. Mr Phipps' endowment for the building, equipment and maintenance of the Clinic represents an outlay on his part of more than £200,000 during the first ten years of the project. The Clinic, which has accommodation for nearly 100 in-patients, has been erected and furnished at a cost of approximately £160,000, or fully £1600 per bed; and the yearly cost of maintenance has been variously estimated at from £15,000 to £25,000, but this will be largely met by the charges made for the patients' accommodation, board and treatment, as only a limited number of cases can be admitted free of charge or at reduced rates. There is an out-patient department, and out-patients are charged the nominal fee of 10 cents (5d) per visit to the hospital, and are taught basketry and other occupations in the waiting room. The ordinary charges or rates of board for in-patients vary, (1) in the case of "public" patients, that is, those occupying the public wards, from 25 dollars (about £5) per week, according to the demands made on the nursing, the accommodation provided, and the means of the patient; and (2) in the case of "private" patients, that is, those occupying special accom-

modation (e.g., bedroom only; or bedroom, bathroom and wardrobe; or sitting-room, bedroom, bathroom and wardrobe), from about £10 10s to £21 a week, with an extra charge of 32 dollars (£6 12s) per week for each special nurse. The preceding charges are exclusive of "all requisite clothing and other things deemed by the Medical Superintendent necessary or proper for the health and comfort of the patient," and of the cost of "furniture or other property that may be broken or injured by the patient." The charges are payable for four weeks in advance, none of the payment for the first four weeks being returnable, and are made to the Trustees of the John Hopkins Hospital, a statutory corporation of the State of Maryland. Two persons of standing require to sign a letter of agreement undertaking responsibility for the financial obligations in the case of each patient, and for his removal if desired by the hospital authorities, who, in the event of such removal not being carried out after reasonable notice (three days for patients from Baltimore or neighbourhood, or seven days for patients from a distance), assume the right to discharge or transfer the patient to some other institution. Admission is obtainable only after the necessary arrangements have been made and notice has been received that the patient will be accepted, and is sanctioned under the definite obligation that the hospital is given three days' notice of leaving or removal. Each application for admission must be accompanied not only by a statement as to who is responsible for the financial and other obligations referred to above and covered by the letter of guarantee, but also by a statement by the family physician or by competent friends of the facts of the patient's illness, his previous health and history, family tendencies, etc. Admissions are preferably voluntary, or on the certificate of two physicians, or with an endorsement by a judge if asked for by the patient. In the case of voluntary admissions, the patient signs the following printed form of application in the presence of a witness (who appends his signature):—"I hereby voluntarily apply for admission to the Henry Phipps Psychiatric Clinic of The John Hopkins Hospital for care and treatment, and I agree to abide by the rules and regulations of the Institution and the detention thereby enforced, and especially to

give, in writing, at least three days' notice of my desire to leave the hospital."

The Phipps' Clinic is intended to serve as an institution for the study of all forms of mental disorder, and for the treatment of those which may be considered suitable for such a type of hospital. It has an out-patient department for the study and treatment more particularly of "all types of nervousness of mental origin or involving mental functions, habit disorders, emotional states, and conditions dependent upon mental defect"; and it is hoped that this department will be specially useful in early or incipient cases who require help and advice, and who, with the aid of the social service workers, can be suitably treated at home. Out-patients who require special study and observation, and are unsuitable for home treatment, are eligible for admission as in-patients, subject to the making of the necessary arrangements with the hospital. The Clinic undertakes to make a thorough study of each in-patient, to furnish such measures of treatment as psychotherapy, occupation, rest, hydrotherapy, massage, gymnastics and other exercises, and in the case of those who are found unsuited to the Clinic, to advise as to the best alternatives. That the Clinic is meeting a distinct public want is obvious from the fact that during the first four months following the date of opening for the reception of patients (1st May 1913), there have been 900 out-patients and 125 in-patients, and that nearly 400 applications from prospective in-patients have had to be refused, mainly owing to the staff of the Clinic being not yet up to the requisite strength. It will naturally take some time before the Clinic is thoroughly organised and in full working order; but a description of the plan of the hospital and of the provision that has been made for the scientific study and treatment of mental disorders, will indicate that as regards equipment the Phipps' Clinic is probably not surpassed by any similar institution in the world. As the latest hospital of the kind to come into being, its American creators, with their high ideals and indefatigable energy, have obviously intended that it should represent the "last word" on the subject.

The architectural design of the Phipps' Clinic, which was

entrusted to Mr Grosvenor Atterbury, is that of a six-storeyed building, consisting of (1) a high basement, which is well above ground and forms almost a square in outline, with the sides facing north, south, east and west; and (2) five floors, which rise one above the other on the north, east and west parts of the basement, forming an edifice which consists of a main transverse portion or body (north), and two wings (east and west) running southwards on either side. It may be stated generally that the east and west wings (with the corresponding portions, and also south part, of the basement) are for the treatment of the patients, women and men respectively; and that the body of the building is for the purposes of psychiatric study, research, and teaching. On the north front, which contains the main entrance, the bay windows of the principal laboratories and teaching rooms form prominent features on either side, from the third floor to the basement. As seen from the south, a pleasing feature is the terrace and cloistered garden contained between the wings and body of the building. The southernmost third of this space, covering the south basement, forms a nice terrace. The remaining two-thirds are arranged as a square cloister or piazza walk on the same level as the terrace and the first floor of building and giving access by short flights of steps to a partially sunk and pretty garden court, with summer houses, ornamental fishponds, etc. In summer garden parties are occasionally held, and the garden also provides opportunities of light outdoor work for the patients.

The Clinic has accommodation for nearly 100 in-patients, about 80 "public" and 20 "private," in equal proportions for the two sexes. Their accommodations for lodging and treatment are chiefly provided in the wings and corresponding parts of the basement, and as these lateral halves of the building are identical in plan, one description will serve for both.

The *fifth* or top floor of each wing is a *roof garden*, from which it is impossible to fall owing to the skilful arrangement of ornamental ironwork, which is covered with creepers, and the similar protection of windows, which are screened by plants behind glass. The windows of the patients' quarters on the various floors are treated similarly, combin

ing artistic effect with safety. The southernmost portion of the roof garden is covered with trellis work supporting creepers, and the inner and larger portion has a flat ceiling, and is provided with a pantry and a toilet (water closets, basin, etc.).

The *fourth* floor of each wing and adjoining south front of the body of the building, contains the *private patients'* accommodation comprising for each sex 10 bedrooms, 6 bathrooms, 2 private sitting-rooms, and 1 general sitting-room or sun parlour at the south end of the wing, dining-room, pantry, utility room (with sinks, etc.), rooms for clothes and linen, and nurse's office for medicine, etc. The private patients' quarters are very comfortable and tastefully furnished, and are arranged in two sections for milder and more serious cases respectively.

The *third* floor of each wing, for *quiet or convalescent* public patients, contains dayroom at south end, ward with 8 beds, 3 bedrooms, toilet and bathroom, clothes and linen rooms, utility room, nurses' office, and pantry; and in the adjacent south front of the body of the building, a bathroom and dining-room, and two rooms for special psychological work.

The *second* floor of each wing, for *semi-quiet or semi-convalescent* public patients, contains dayroom at south end, ward with 8 beds, 2 bedrooms, room with two continuous baths separated by a partition, toilet and cleansing bathroom, clothes and linen rooms, utility room, pantry, and nurses' office; and in the adjacent south front of the body of the building, sitting-room, bedroom, bathroom, examination room, and occupation room. Special provision is made for occupation therapy, under the supervision of a lady Superintendent of Occupations, who has a salary of about £240 a year, with meals. The arrangements for indoor occupations are thus highly organised, and men are taught basketry, weaving, etc., and women receive training in household arts, music, etc.

The *first* floor of each wing is the *admission* ward, and is so arranged that the excited patients, public or private, may be kept apart from the rest. The division for disturbed admissions is towards the south end of the wing, has a sepa-

rate entrance from the garden, and comprises dayroom at south end, bedroom for private patient with adjoining room for one continuous bath, 3 bedrooms for public patients, room with two continuous baths separated by a partition, and toilet and cleansing bathroom. The accommodation for the undisturbed admissions comprises public ward with 8 beds, bedroom, toilet, cleansing bathroom, room for linen and clothing, utility room, pantry or ward kitchen, nurses' office, and examination room.

The *basement* floor of each wing, east and west, is for *hydrotherapy*, apart from the continuous bath treatment provided for in the wards above. The hydrotherapeutic department, one for each sex, comprises from south to north:—(1) Reclining and massage room; (2) dressing-room with ten cubicles; (3) douche room, with two baths (operated from the usual controlling table) for hot and cold shower, and wave, needle, or Scotch douche, also a hip bath and perineal douche; (4) hot room, with cabinets for hot vapour, hot air and electric light baths; and (5) two pack rooms with beds for treatment with hot and cold packs. The hydrotherapeutic equipment and ward baths have been supplied by the J. L. Mott Iron Works, New York. The baths in the wards for continuous warm water treatment are regulated mechanically as regards flow of water (several inlets and three outlets) and temperature (usually 98° F to 100° F, but less in summer).

Between the south portions of the two hydrotherapy plants, and occupying the rest of the *south basement* below the terrace, is the *mechanotherapy* department, which is used by both sexes, but at different hours. It contains a central roomy gymnasium, with south windows and vault lights; and on either side, a toilet and shower bathroom, with access to the dressing and reclining rooms of the corresponding hydrotherapy department. The gymnasium is largely used as a means of providing exercise, and is fitted with Zander apparatus and other machines for practising chest expansion, rowing, bicycling, treading, etc. The hydrotherapy and mechanotherapy departments are under the charge of a trained masseur and masseuse.

Immediately to the north of the two hydrotherapy plants in the basement of the wings are, on each side, a soiled linen

room, and quarters for the orderlies or male nurses, who assist by day and night in the men's wards, which are under the charge of female nurses. Still farther to the north, and occupying also the adjacent parts of the basement of the body of the building, are a serving pantry, one on each side, and a serving room on the west or men's side, and a diet kitchen on the east or women's side. The main cooking for the Clinic is done in the central kitchen for the whole Hospital, the cooked food being conveyed electrically in underground trolleys to the serving pantries in the basement of the Clinic, and thence by small lifts (dumb-waiters) to the ward pantries on the five floors above, there being a separate dumb-waiter for each pantry on each floor, thus avoiding noise and confusion. Special diets are made in the diet kitchen in the basement and in the ward pantries, which are fitted with a small range. Milk can also be warmed by means of an automatic heater provided in the eight-bedded wards for public patients, on the first, second and third floors. Between the diet kitchen and serving room, and occupying the *centre of the basement*, is the plant for *heating* and supplying hot-water throughout the building. The heaters for the wards and rooms are invisible, being concealed behind the walls. The Clinic is lit by electricity; and in the wards the ceiling lights are fitted below with a bowl-shaped shade which reflects the light upwards and so prevents it from striking direct on the patient's eyes, and in addition each bed has a plug for a headlight with reflector, for reading, etc. Each ward also has a fountain tap for convenient supply of fresh drinking water, and also an electric push button which operates a bell and indicator in the main entrance hall of the Clinic, where a telephonist is on duty, day and night.

As regards the nursing arrangements, hospital trained (female) nurses, well-educated and refined, are in charge of the men's as well as the women's wards, and are assisted in the former by the (male) orderlies both by day and night. After the Clinic has become fully organised, nurses coming for training to the John Hopkins Hospital will in all probability have three months of their curriculum in the wards of the Clinic. The proportion of nursing staff to patients is approximately as one to two. The nurses live in the central

nurses' home of the Hospital, and are under the supervision of the Superintendent of Nurses of the Clinic, who has a salary of about £240 a year, with board and lodging, and she has an assistant who acts for her in her absence.

The body or transverse portion of the building facing north contains the following accommodation:—

On the *basement floor* is the *out-patient* department, forming the north front of the basement, and comprising, on the east side the out-patients' waiting room, with toilets for both sexes; on the west side, the students' class demonstration room with social service worker's office, apparatus room, and storage closets; and between the preceding, four examination rooms, and a central room for *electrotherapy*, south of which are additional storage closets, and a central lift to the first floor. The out-patient department is open in the forenoons, during which the waiting-room is used as an occupation classroom, in order that the patients while waiting may be taught basketry and other handicrafts. The out-patient department is, as far as possible, utilised as the avenue of admission to the wards, and is under the immediate charge of the Associate in Psychiatry, who supervises the outside visiting and field work and is assisted by the lady social service worker, who has a salary of £144 a year, with meals.

On the *first floor*, in the centre, is the *main entrance* to the Clinic, for visitors, physicians, and in-patients. It comprises a short ascending stairway, a loggia or portico, a vestibule with cloak and toilet rooms for men and women on either side and two elevators for quick access to the floors above, an entrance hall and waiting room for visitors—furnished as a comfortable lounge and opening directly on to the cloistered garden on the south front—and a waiting room for men and women in-patients on either side of the hall. On the east side are the out-patients' entrance with descending stairs to the out-patients' waiting-room, and the *clinical pathology laboratory*, for the physical, chemical, biochemical, microscopical and bacteriological investigations of the body fluids and discharges by the interne physicians, working under a trained clinical pathologist, who directs the research work on internal medicine. The laboratory consists of a main room for the internes and a smaller room for the

director, and is well-equipped with the necessary fittings and appliances. On the west side are the students' entrance with descending stairs to the out-patient class demonstration room, students' cloak room, storage rooms, and the *general offices*, e.g., for the superintendent of nurses, stenographers, etc. The stenographers are busily employed transcribing the clinical and other records of the Clinic, and are paid a salary of £120 a year.

On the *second* floor are the three suites of the Director of Clinic in the centre, library to the east, and lecture hall to the west. The *Director's suite* comprises an ante-room, secretary's office, private office, private room, and two research rooms. The *library* suite comprises a fine octagonal main library, consultation room, and research room. The *lecture hall* suite comprises a similar octagonal hall, seating 120, with separate stairway from students' entrance on first floor, patients' waiting room with inclined runaway leading to the lecturer's stage, diagram rooms, projection room for a stereopticon, and various appliances for lighting and darkening the hall as required. One of the walls of the hall, that separating it from the projection room, is removable and can be replaced by the screen for the magic lantern pictures.

On the *third* floor are the two suites of the *neuro-pathological and psycho-pathological laboratories*, each comprising a main laboratory (above lecture hall and library respectively) and five research rooms. The neuro-pathological field, for study and research in clinical, experimental, pathological and histological neurology, is under the charge of a trained neurologist. The mortuary and post-mortem departments of the Clinic are those of the main Hospital. The department for animal experiments is on the top floor of the Clinic. The psycho-pathological laboratories are under the immediate supervision of the Associate in Psychiatry.

On the *fourth* floor are the comfortable quarters of the *resident medical staff*. This comprises a Resident Psychiatrist (who has a study, sitting-room, bedroom and bathroom), two Assistant Resident Physicians (who have two bedrooms, and a common sitting-room and bathroom), and four Interne Physicians (who have four bedrooms, two bathrooms, and a common sitting-room). The resident medical staff and

other officials of the Clinic, and those of the Hospital generally, take their meals together in a central messroom for the hospital staff.

On the *fifth* or top floor are suites of rooms for photography (macro-photo room, micro-photo room, and dark room) and for animal experiments (animal hospital, operating room, feed room, wash room, and storage closets), these suites occupying the most of the north front; two exercising rooms for patients, occupying the east and west ends of the north front; a large storage room, and a billiard room, these occupying respectively the east and west extremities of the south front; and a large recreation hall, occupying the middle of the south front and provided with a stage on the east side, and a pipe-organ and Aeolian on the west side, dressing rooms, toilet, etc. Ornamental corridors connect these apartments with the roof gardens on the top floor of the two wings of the building.

The medical staff of this remarkable and highly equipped institution comprises (1) a Director of the Psychiatric Clinic, Dr Adolf Meyer, who had the honour of opening a discussion on "The Aims of a Psychiatric Clinic" at the 17th International Congress of Medicine in London last summer; (2) an Associate in Psychiatry, Dr Charles Macfie Campbell, and (3) a Resident Psychiatrist, Dr David Kennedy Henderson, both hailing from Scotland, and indeed from our own Dumfries and Galloway; (4) two Assistant Resident Physicians, one for the male and the other for the female wards, both men with previous post-graduate general hospital and mental hospital experience; (5) four Interne Physicians, men with post-graduate general hospital experience, and (6) specially trained pathologists in immediate charge of the laboratories.

This fine organisation of workers, utilising the excellent facilities provided for purposes of treatment, study and research, and teaching in psychological medicine, should make the Phipps Clinic a potent driving force in the world of psychiatry in America and beyond. I was much indebted to my friend, Dr D. K. Henderson, of Dumfries, for most kindly devoting a day to showing me over the Clinic, Dr Meyer and Dr Macfie Campbell being from home at the time of my visit.

The Pennsylvania Hospital, and Pennsylvania Hospital for the Insane, Philadelphia, Pennsylvania.

The Pennsylvania Hospital, with its departments for the "sick and wounded" and the "insane," is the mother of American Hospitals, general and mental. The parent hospital is situated in the heart of Philadelphia, the third largest city of the United States, with a population now exceeding one million and a half, and it forms the centre of the south front of the present Pennsylvania Hospital, or Department for the Sick and Wounded, whose extensive buildings occupy the space between Spruce Street (north), Pine Street (south), Eighth Street (east), and Ninth Street (west), the Department for the Insane having been removed three miles westwards in 1841 to the existing commodious site of the Pennsylvania Hospital for the Insane in West Philadelphia. In 1750, Dr Thomas Bond, a physician of Philadelphia, Benjamin Franklin and members of the Society of Friends, and other prominent citizens started the movement which led to the establishment of the Pennsylvania Hospital. In January 1751 they memorialised the Assembly of the Province of Pennsylvania in a petition, which emphasised the necessity for the provision of a hospital for the proper care and treatment of many helpless persons, the subjects of various loathsome diseases, bodily injuries, and mental disorders, who were neglected, untreated and uncared for, frequently unable to protect themselves, and often a danger to the community. This interesting petition, which is in the handwriting of Benjamin Franklin, is subscribed by him and the other memorialists, and is one of the treasures of the parent Hospital at Pine Street. I had the privilege of seeing the original document through the kindness and courtesy of one of the Managers, Mr Arthur V. Morton, whose father, Dr Thomas G. Morton, was the well-known surgeon to the Hospital for nearly fifty years (1864 to 1903), and the first

to remove the appendix successfully in a case of appendicitis with abscess. In February 1751 the Provincial Assembly, with the approval of the Proprietaries, Thomas and Richard Penn, granted the charter of the Pennsylvania Hospital, under the title of "An Act to encourage the establishment of a Hospital for the relief of the sick poor of this Province, and for the reception and cure of lunatics." incorporating "The contributors to the Pennsylvania hospital and appropriating £2000 towards erecting and furnishing a building, to be paid when a like amount should be subscribed by individuals to a permanent fund." This sum was raised, largely through the efforts of Benjamin Franklin and Dr Bond, who were on the first Board of Managers. At first a private house was rented, on the south side of Market Street near Fifth Street, and was opened as the First American hospital in February 1752, the first and fifth patients received being sane, and the second, third, fourth and sixth being insane, of whom two paid for their board and treatment, and two were received free of charge. In May 1755 a commencement was made with the building of the original and existing Pennsylvania Hospital, the present central portion at Pine Street, and this was opened in December 1756 for the reception of patients, medical, surgical, and mental. The east wing towards 8th Street was opened in 1767, the insane being accommodated in its basement, in small rooms now occupied by some of the Hospital employees. The west wing towards 9th Street was added in 1796 for the accommodation of the insane patients, the east wing being thereafter reserved for medical and surgical cases. The famous Dr Benjamin Rush was physician to the Hospital for thirty years (1783-1813) at this period, and he lectured to students and wrote on the subject of mental disorders, advocating for the insane the lowering methods of treatment, by copious bleeding, purges, spare diet, and opium, which were in vogue at the time in general medical practice. The new Pennsylvania Hospital for the Insane (the present east or women's building) was opened on 1st January 1841, and by the removal to it of the mental patients in that year the Hospital at Pine Street became reserved for medical and surgical cases, the two hospitals, however—or Department

for the Sick and Wounded, and Department for the Insane—continuing, as they do to the present day, under the one Board of Managers, who are elected annually by and from the members of the body of Contributors. There are twelve Managers, and at their first meeting they appoint from among themselves a President, a Secretary, and several Standing Committees, and also the roster of visiting or Attending Managers for the ensuing year. Two Managers visit both Hospitals every week throughout the year, the Pennsylvania Hospital on Wednesday forenoons, and the Pennsylvania Hospital for the Insane on Saturday afternoons. The chief addition to the Pennsylvania Hospital within recent times has been the large suite of surgical pavilions to the north facing Spruce Street, the older buildings to the south facing Pine Street being now reserved for medical cases. In the garden of the latter, and opposite the front of the central parent hospital, is the statue of William Penn, who founded the colony and city in 1682. In the entrance hall of the administrative offices, entered from 8th Street, is the fine painting of “Christ healing the sick” by Benjamin West (1738-1820), who was a native of Pennsylvania, and succeeded Sir Joshua Reynolds as President of the Royal Academy on the latter’s death in 1792. About 60,000 patients—5,000 in-patients, 25,000 out-patients, and 30,000 patients in the receiving wards and ambulance service—are now treated annually at the Pennsylvania Hospital, the great majority free of charge. The average daily number of in-patients is about 250, of whom about 240 are free and 10 paying patients. The average cost of treatment and maintenance of each in-patient is about 7s a day. The average cost of treatment of each out-patient is about 1s. Apart from the initial grant of £2000 in 1751, the Pennsylvania Hospital has received no financial aid from the public treasury, and is not state-aided. It is essentially a voluntary hospital, and is dependent on the contributions and bequests of the charitable, and like many similar hospitals in this country, its annual expenditure considerably exceeds its ordinary revenue. Its large out-patient department at Spruce Street comprises eight clinics—medical, surgical, eye, ear, nose and throat, skin, gynecological, mental and

nervous. The last serves as the out-patient department of the Pennsylvania Hospital for the Insane, the assistant physicians of the latter attending at Spruce Street on Monday and Friday afternoons. A Social Service Department was organised in 1910, and is staffed by women, two salaried and several volunteers. It is doing much useful work, for both in-patients and out-patients, e.g., helping convalescents till they are able to resume work, helping the families of bread-winners stricken with illness or injury, giving instruction in the feeding and care of infants and other patients completing or carrying out treatment at home, facilitating the removal of incurable, tubercular, and other unsuitable patients to more suitable institutions, and helping unmarried mothers or girls morally exposed, etc. The Pennsylvania Hospital has a staff of fully 80 nurses, and is a recognised Training School; and the list of past and present physicians and surgeons contains the names of some of the most distinguished men in American medicine.

The Pennsylvania Hospital for the Insane in West Philadelphia, or "Department for the Insane" of the Pennsylvania Hospital, which was opened at its present site on the 1st of January 1841, occupies a now very valuable tract of land of 113 acres, between Haverford Street (north), Market Street (south), 42nd Street (east), and 49th Street (west). The grounds, which are park-like and nicely planted with trees, may be said to serve the important function of an open space or "lung" for this portion of the constantly increasing and densely populated city. At the time of opening the Hospital consisted of one main building on the east half of the grounds, the cost of building and lands (113 acres) amounting to £65,000, which was met by the sale of vacant lots surrounding the original Hospital at Pine Street. This building provided the required accommodation for both sexes at first, and was subsequently added to until it contained about 250 beds, but it gradually became overcrowded. In October 1859 a new building was opened about a third of a mile distant, on the west half of the grounds, to which the male patients were removed, its erection costing fully £70,000, paid for by private contributions and legacies. Since 1859 the Hospital has consisted of two distinct Departments,

the "Department for Men" and the "Department for Women," occupying respectively the west and east buildings and corresponding halves of the grounds, with separate entrances, staffs, and fiscal arrangements, though under the common supervision of Superintendent, Treasurer, and Managers. Each Department has accommodation for about 250 patients. The administration of the two Departments as separate hospital units was largely the outcome of the policy of Dr Thomas S. Kirkbride, who was the first Physician-in-Chief and Superintendent of the Hospital and for the long period of forty-three years, from 1841 to 1884, the year of his death. He was one of the most enlightened alienist physicians of America during that period, and exercised a wide and potent influence in the country on methods of treatment and asylum management, and he so impressed himself in various ways on the work of the Hospital that to this day in Philadelphia the institution is frequently referred to as "the Kirkbride." He was a strong advocate of the humane and moral treatment of the insane, and of the efficacy of diversional occupations and recreations, and of tonic and invigorating measures generally. He firmly believed in small asylums, holding that 250 patients was the maximum number with a view to individual medical care and treatment by the superintendent, an opinion which he would naturally form as head of a hospital with a considerable circulation of recent and curable cases. He also had original ideas on asylum construction, departing from the traditional types of building with central portion and lateral wings together forming a straight line or the capital letter H, and favouring the echelon formation, which was followed in the west or men's building and came to be known as the "Kirkbride" plan, and was extensively adopted in American asylums before the advent of the pavilion and more recent villa and colony systems. Dr Kirkbride's policy was followed in the main by his worthy successor, Dr John B. Chapin, who, coming to the Hospital in 1884 with thirty-four years' experience, guided its affairs with wise and kindly rule for the next twenty-seven years, till his well-earned retirement in 1911. Dr Chapin greatly developed the occupational and recreational resources of treatment at the Hospital, as is

evidenced by the chief additions made during his superintendentship, comprising amongst others, for each sex (that is, in each Department), a workshop or studio, recreation hall, gymnasium, and natatorium or pavilion for swimming and other baths, and also an important country branch for the Hospital, in the form of a dairy farm ten miles to the west in Delaware County, with two villa residences for convalescent and quiet patients, Caley House for ten men, and Ashley House for fourteen women. The farm comprises 600 to 700 acres under pasture and crops, with 200 cows, and supplies milk to both Hospitals at Pine and Market Streets. Dr Chapin thoroughly recognised the importance of the psychical and individual factor in the care and treatment of the insane, as also of the physical or somatic origin of mental disorders, especially those of acute or recent duration, in which the impaired condition of the body and nerve centres—the machinery of mind—must first be rectified, under any system of psychiatry worthy of the name. In the country of Eddyism and an age of strange psychical cults, Dr Chapin in his last annual report, after sixty-one years' experience in the treatment of the insane, considered it advisable to sound this materialistic note of warning to the public; and further, he strongly recommended that the Hospital, to become more efficient for purposes of treatment and study, should be provided with a well-equipped clinical and pathological laboratory, in charge of a specially trained physician.

For some years past the policy of administrating the Hospital as two distinct units has been considerably modified, and by consolidating and unifying the business arrangements of the men's and women's departments, there has been a distinct gain as regards economy and efficiency of management. Thus one power and electric plant, and one laundry—in the men's building—now serve both departments, and the duplication of certain officials has been discarded, there now being one steward, engineer, electrician, baker, gardener, etc.

The Hospital receives no appropriations from the treasury of the city, county, or state, that is, is not supported out of the public rates. It is thus a corporate mental hospital for private patients of all classes, rich and poor, the patients

paying for their treatment and maintenance according to their means, the rich helping the poor, as many of the latter are unable to pay the whole cost or even anything. The Hospital is maintained by charges made to patients, and by charitable contributions and legacies, the ordinary revenue merely sufficing to meet the annual expenditure, and the charitable work varying accordingly. Extraordinary expenditure has to be met by special subscriptions and bequests of the charitably disposed. As a corporate private hospital for the insane it is one of the largest in the country, containing approximately 500 beds, 250 in either department for the two sexes. The average resident population is about 450, and the average number of admissions about 225 a year. It is interesting to note that in the United States, as in this country, the increase of the insane from year to year occurs practically only among "public" as distinguished from "private" patients. The latter are not increasing more than can be accounted for by increase of population, and hospitals for private patients are usually not crowded; whereas the public insane, or those supported in whole or in part from the public funds of states, counties or cities, are so increasing, especially the destitute who contribute nothing towards their support, and state and municipal asylums are usually full or overcrowded. In the State of Pennsylvania there are nearly as many insane as in Scotland, and they are increasing at the rate of about 600 a year, the public patients being accommodated in overflowing State Hospitals, and in County Care Institutions (associated with almshouses) receiving State aid. Of the patients treated at the Pennsylvania Hospital for the Insane, about 60 per cent. belong to the city and county of Philadelphia, 25 per cent. to other parts of Pennsylvania, and 15 per cent. to places beyond the State. With the exception of cases of idiocy and as a rule of epilepsy, patients are received suffering from all kinds of mental affliction, acute and chronic, curable and incurable, though preference is usually given to acute and curable cases. There are no restrictions as regards social class, creed or colour. Coloured patients occupy the same accommodation as the white, and this arrangement is customary in all hospitals and institutions in Pennsylvania and in the States north of the

Mason and Dixon's line, an exception, however, being made in the case of more affluent patients, who desire increased privacy and are accordingly provided with separate accommodation, in special portions or suites of the larger hospitals, or in special hospitals and sanatoria. As many free patients are received as the state of the hospital funds will permit with a view to making ends meet, the admission of free patients being more or less restricted to early and curable cases. Such patients are treated free of cost for three months only, and if they do not recover are transferred to the State Hospitals. Assisted patients who are able to pay only half or less than half of the average cost of treatment, are likewise received for limited periods, three months or thereabouts. The average cost of maintenance is approximately £150 a year; and of the 450 patients in residence, about 30 are treated free of cost, 120 pay less than the average cost, and 300 pay the average cost and upwards. The money expended for the accommodation, maintenance and treatment of patients who pay nothing or less than the average cost is estimated at fully £12,000 a year, indicating the considerable amount of charitable work which the Hospital does for a very deserving class of the insane. It will thus be seen that, by the removal of incurable patients who are unable to pay the cost of their maintenance, the charity of the Hospital is reserved for acute and curable cases, and that this policy is in keeping with the original idea of its function, in terms of its charter, "for the reception and cure of lunatics." Chronic and incurable patients who can pay for their maintenance are also provided for, this arrangement enabling the Hospital to extend its charitable work amongst the curable insane of limited means, the scope of this work being solely restricted by the funds available.

While the amelioration of the incurable is well provided for at the Hospital, the curative treatment of mental diseases has always been its main object, as should be in the case of a large and important department of a general hospital. This would seem to be the natural line of development of the Pennsylvania Hospital for the Insane, considering its origin and history as the oldest hospital in the United States for the cure of mental patients, its past traditions and policy of

intentionally restricted growth as being most conducive to individual study and treatment of mental patients, and its present location in the midst of a great city as affording most convenient access to mental patients and their relatives of the classes that similarly seek access to the general hospitals. And further, as a department of the Pennsylvania hospital, and within convenient access of other teaching hospitals, laboratories, medical schools, the University of Pennsylvania and other scientific colleges and institutions, it is advantageously situated for purposes not only of treatment, study and research, but also of teaching and training in psychiatry. This then is the present policy of the Hospital, to restrict its operations as a home for chronic invalids, and to develop it on the lines of a modern psychiatric clinic, fulfilling the three cardinal functions of curative and preventive treatment, study and research, and teaching, and to place it in these respects on the same high plane of efficiency as the best general hospitals at recognised teaching centres. Dr Owen Copp, Physician-in-Chief and Superintendent, who entered office in September 1911, after twelve years' valuable experience as Secretary and Executive of the State Board of Insanity of Massachusetts, aims at making the Institution in time a Psychiatric Clinic worthy of the traditions of the Pennsylvania Hospital and adequate to the needs of the acute and curable patients of the community, which would thereby be better served than at present, as no suitable patient of either sex would have to be denied admission. To carry out this very suitable and deserving policy of development, funds are urgently needed, and it is hoped that the charitably inclined citizens of Philadelphia and Pennsylvania will act up to their glorious traditions and worthily participate in the scientific campaign for the prevention and cure of mental diseases which has now begun in earnest in the United States. A considerable reorganisation of the Hospital is necessary and is already in progress, the first essential being the separation of acute from chronic cases, and the classification of the former into small groups for purposes of intensive study and treatment. The simplest method would have been the erection of special new buildings for the receiving services of the two sexes, but as ways and means

have had to be considered the more suitable portions of existing buildings are being adapted, without sacrificing any of the classic and historic features of the hospital. Apart from improvements in the water supply, heating, cooking and laundry arrangements, and accommodation for employees, etc., considerable alterations have already been carried out with the above object in the older or women's building, and similar arrangements are to follow in the men's building, providing ample facilities for physical therapeutics of various kinds, as living in the open air, hydrotherapy, manual and mechanical massage, gymnastics, and electrotherapy, and for occupational training and re-educational methods. The nursing of men by women is being introduced, so far as this is practicable in view of the arrangement of the Hospital in two distinct units for the two sexes, and a training school for attendants and nurses is in process of organisation. Well-equipped clinical and pathological laboratories are also being established as indispensable aids in diagnosis and treatment, and to facilitate study and research. Thus in the Women's Department, the South Williamson building, which is connected with the main block but is conveniently administrated as a separate unit, has been provided with clinical and pathological laboratories on the ground floor, a department with three sections for acute and curable cases on the first floor, and a department with three sections for suitable patients from other wards on the second floor. The first floor, for acute and curable cases, has been provided with a roomy balcony or verandah at the east and west ends of the building, so that the patients may be as much as possible in the open air. These balconies are about fifteen feet above the ground, and are protected with wire caging and mosquito screening, also with sliding windows to give shelter from cold winds, and with curtains to give increased privacy to the balconies where they are overlooked from other parts of the buildings. The balconies have been in occupation since last winter, and are used not only by patients who are up daily, but also by those undergoing rest treatment in bed, and many of the patients sleep in the verandahs at night. The first floor is also provided with rooms and equipment for continuous warm baths

and wet packs for allaying excitement, and for the application of massage, static electricity, etc. The rooms for the baths are pleasant in appearance, well-ventilated, and sound-proof. The baths are by Mott of New York, and are provided with the usual hammock and pillow, the hammock on which the patient lies in the water being suspended from knobs on the outer side of the bath. Continuous warm water baths are administered for one or two hours in most cases, but never longer than eight hours at a time. The massage at the Hospital is carried out by two trained men and two trained women.

Apart from the hydrotherapeutic plant recently introduced in the wards for acute and excited cases, both men's and women's departments have been provided for the past ten or more years with a special bath-house, or "Natorium." This consists of a separate building in the grounds for either sex, and comprises (1) a swimming bath or pool, with dressing and drying rooms, (2) room for needle spray and shower baths, (3) room for hot air or Turkish bath, (4) room for massage, and (5) resting-room. The men and women who are able and suitable to go to the natatoria do so usually twice weekly, and have a spray or shower or hot air bath as prescribed, and also if they wish it, a plunge and swim in the pool, bathing costume or pants being worn. Nearly every man uses the pool, but the spray is more popular among the women. When the men are in the pool, usually from ten to twenty at a time, two attendants bathe with them. The swimming bath is about 40 feet long and 20 feet broad, and the water is 4 feet deep at one end, and $4\frac{1}{2}$ feet deep at the other. The bath is cleaned once weekly, and the water renewed twice weekly, and when in use it is heated by means of a calorifier to a temperature between 70°F and 80°F . The bath has marble steps for ingress and egress, and is surrounded by a railing, which is probably not necessary. The Turkish bath room as a rule takes too long to reach the temperature required for its special purpose, and hot air cabinets on the whole are found to be more handy and efficient.

Occupations and recreations have always been features of treatment at the Hospital, and are now being specially

developed as remedial and re-educational measures, under trained instructors. As in similar hospitals the usual occupations, outdoor and indoor, are pursued in the gardens and grounds, kitchens and laundry, workshops and workrooms, but it may be noted that individual patients are encouraged to cultivate flower gardens and plots specially assigned to them. The laundry work of the Hospital is now done in the men's department. The men have also been provided with a special workroom, in which they are trained by an experienced foreman in such industries as the making of brooms and brushes, the re-bottoming of cane-seated chairs, picture-framing, wood-carving and fretwork, and the repairing of furniture, mattresses, etc. In addition to a sewing room, for morning and afternoon training in sewing, dress-making, and ordinary repairs of clothing, the women have a special workroom for the arts and crafts, called the "Studio." Forenoon and afternoon classes of twenty to thirty and upwards are held on each week day, under the direction of a specially trained art teacher (at a salary of from £100 to £120 a year), who gives instruction to patients and nurses in drawing, painting, wax and clay modelling, pottery and terra cotta work, stencilling, embroidery and fancy needlework, basketry (reed and raffia work, etc.), leather work (tooling, staining, etc.), metal work (brass hammering, etc.), pyrography (poker work, etc.), weaving, hammock and rug-making, block-printing, etc. Nurses showing enthusiasm and aptitude for the arts and crafts are specially trained, so that they may impart instruction in the wards to patients who are unsuitable to attend the classes in the Studio. The various workshops and workrooms are specially busy during the winter months, but during the rest of the year occupational work is carried on as much as possible out of doors; and similar arrangements are observed regarding entertainments, games, and physical training and recreations.

An indoor entertainment is held at the Hospital on every week-day evening except in summer, and the usual indoor games and pastimes are well developed. In the men's department a special recreation building was provided in 1890. It is known as the Pavilion, and is adjacent to the Natatorium. The Pavilion occupies one end of the recreation ground for

outdoor games (e.g., baseball, volley ball, cricket, lawn tennis, etc.), and has a verandah extending along its full length in front and also across its right and left ends. The Pavilion contains a large gymnasium, a billiard and pool room, rooms for cards, chess, draughts or checkers, smoking and reading, and a bowling alley. The gymnasium is equipped with dumb-bells, Indian clubs, chest-developers, punching-bag, medicine-ball and other appliances, and is under the charge of a director of physical culture, who gives instruction in physical drill to classes of the younger men patients. In the women's department there are two buildings for physical culture, games and recreations, namely, (1) the Lapsley Pavilion, which was originally intended as a solarium but was not much used as such, and is now largely devoted to basket ball, tennis and other games in the winter forenoons; and (2) an Assembly Hall and Gymnasium, for drill, gymnastics, folk and social dancing in the winter afternoons, under the direction of an instructor. The hall is not large, and is not provided with a stage.

The resident medical staff of the Hospital has been recently increased, and comprises in addition to Dr Owen Copp, the Physician-in-chief and Superintendent, two Senior Assistant Physicians (Dr Albert R. Moulton in charge of the men, and Dr Horace Phillips in charge of the women), two Assistant Physicians (including a lady doctor on the women's side), two Junior Assistant Physicians, and a Pathologist. The case records are comprehensive, transcribed in type-writing, and preserved in individual envelope form. The medical staff meet twice weekly in the men's and women's departments, to examine and discuss new and other cases of interest. The nursing staff includes, in addition to a matron and assistants, and the instructors in massage, physical culture and recreations, arts and industries already referred to, 115 nurses and 95 attendants, or nearly one nurse or attendant to every two patients. Nurses are paid from £45 to £60 a year, and attendants from £50 to £70 a year.

Since the original opening of the Hospital in 1752, about 18,000 patients have been received for treatment, of whom nearly 7000 have been restored to health and reason, and in

addition more than 4000 have been improved and restored to their homes; and of the remainder the majority have lived and died in the Hospital, which has been to most of them a comfortable home and kindly shelter from the buffetings of a strenuous and often unkind world. Surely the record and traditions of the oldest institution for the insane in America may justify feelings of pride for the past and of hope for future, moving as it is at present in the van of progress towards the goal of enlightenment.

During my all too short visit to Philadelphia, I was unfortunate in missing Dr Owen Copp, and also Dr Frank Woodbury, the Secretary of the Committee on Lunacy, State of Pennsylvania, both of whom were on vacation. But I had the pleasure of meeting at the Hospital the two Attending Managers, Mr John B. Morgon and Mr Arthur V. Morton, and Dr Moulton and Dr Phillips and the other members of the medical staff, and various heads of departments, and the kindly co-operation of all and their hospitable welcome I shall always remember and associate with the honoured traditions of the "City of Brotherly Love."

Philadelphia will always appeal in a special way to the neurologist and psychiatrist as the birthplace of the "rest cure" for the neuroses and psychoses, indelibly associated with the name of Dr Silas Weir Mitchell. In 1881 he published his work on "Diseases of the Nervous System, especially of Women," and his observations led to a change in our conceptions and treatment of neurasthenia, hysteria, and the neuroses and psychoses generally. The Weir Mitchell treatment, which was gradually adopted by the profession throughout the world, consists essentially, as is well known, in the carrying out of the following principles—temporary isolation or removal from home surroundings and ties, complete rest, systematic massage in place of muscular exercise, and regular overfeeding for six or eight weeks or longer, followed by change of air in some bracing locality. Dr Weir Mitchell was in failing health at the time of my visit, and passed away shortly afterwards on the 4th of January 1914, at his home in Walnut Street, at the ripe age of eighty-four. Weir Mitchell was a remarkable man, and in the earlier, middle, and later periods respectively of his life, he took a

place in the very front rank of experimental physiologists, of practical physicians, and of novelists and poets. His father was a well-known physician and poet. His grandfather, who was an Ayrshire man and emigrated to America, was likewise a physician. His great-grandfather, also an Ayrshire man, was Collector John Mitchell, official colleague and superior of Burns in the Excise service, and that "Friend of the Poet, tried and leal," to whom Burns addressed the verses and request for the loan of "One-pound-one." It is interesting to note that Collector Mitchell, the friend and contemporary of Burns, and ancestor of Weir Mitchell of Philadelphia, was granted the freedom of the Royal and Ancient Burgh of Dumfries.

The Butler Hospital, Providence, Rhode Island.

Providence, the capital of Rhode Island, the smallest of the United States, ranks next to Boston among the cities of the six states collectively known as New England, and was founded in 1636 by Roger Williams, after his expulsion from Massachusetts. Williams was born in Wales, was educated at Charterhouse and Cambridge, and took Orders in the Church of England, but soon became an ardent Puritan. In 1631 he emigrated to Boston, and after short residences there and in other towns of Massachusetts he was expelled from the State owing to his extreme views on religious liberty which conflicted with the supremacy of the civil law. There is documentary evidence, dating from 1650 and onwards, to show that the religious zeal of this hardy pioneer and worthy father of the colony did not blind him to the needs and rights of the mentally "distracted," and that through his practical sympathy and advocacy the Town Council of Providence even in those early days occasionally helped the "distracted" with grants of money, or protected them by assuming administration of their estates. In 1725 the General Assembly of Rhode Island passed a law authorising the towns on the mainland to build a House of Correction for vagrants "and to keep mad persons in"--the first statutory provision for the insane. In 1742 the Town Councils were empowered by statute to assume the care of the insane and imbecile, and to appoint guardians of their estates. In 1828 through the liberality of Ebenezer Dwight Dexter, who bequeathed £12,000 for the purpose, the Dexter Asylum was opened, this being an almshouse for the benefit of the poor of Providence, and it contained in 1842 about one hundred inmates, of whom one-fourth were insane. In 1844 the Justices of the Peace were given increased powers for the committal to the county jail of

“ furiously mad ” and “ dangerous ” persons, this provision, however, being rescinded in 1850. There is little doubt that till towards the middle of the nineteenth century, in Rhode Island as in the other States, jails and poorhouses formed, with a few notable exceptions in the largest cities, the only accommodation provided under statute for the insane, and that generally speaking the latter were sadly neglected and often cruelly treated in these institutions, as well as in the country outhouses and shacks in which otherwise they were stowed away.

Nicholas Brown, a prosperous merchant of Providence and member of a distinguished family of benefactors to Rhode Island, had long been impressed by the unhappy lot of the insane and by the need for the establishment under statute of a hospital and home for their proper treatment and care. He died in 1843 and in his will bequeathed £6000 as a nucleus “ towards the erection or endowment of an insane or lunatic hospital, or retreat for the insane, or by whatever other name it may be called, to be located in Providence or its vicinity.” He directed his executors to pay the said sum in the promotion of the said institution, to establish it on a firm and legal basis, and expressed the hope that others would co-operate in realising the institution and its humane and benevolent aims. In January 1844 a charter was granted by the General Assembly of the State incorporating the “ Rhode Island Asylum for the Insane.” In March 1844 Cyrus Butler, one of the merchant princes of Providence, offered to give £8000 towards the scheme, on condition that an additional £8000 should be raised from other sources within the next six months, and further, that £10,000 should be set aside from the funds raised under the scheme and should be invested and maintained for ever as a “ permanent fund,” the interest only to be used in helping to carry on the work of the institution. The generous people of Rhode Island responded, and to mark the co-founder’s munificent act the name of the institution was altered in November 1844 to the “ Butler Hospital for the Insane.” In everyday usage since it has been called simply the “ Butler Hospital,” and the words “ for the insane ” were formally removed from the title by Act of the General

Assembly in 1906. The Trustees of the Corporation had collected £25,000 by the end of 1845, in which year they bought for the site of the Hospital the beautiful Grotto Farm, about three miles from Providence, paying £1200 for 114 acres. In the same year the Trustees appointed Dr Isaac Ray as first Physician and Superintendent of the Hospital and, with the consent of the Trustees of the Massachusetts General Hospital, commissioned Dr Luther Bell, the Physician and Superintendent of its department for the insane at the M'Lean Asylum (then at Somerville, now at Waverley) near Boston, to visit Hospitals and Asylums in Europe, with a view to garnering the latest and best ideas in construction for incorporation in the plans, in co-operation with Dr Ray, who took up the duties of his appointment in May 1846. The original design of the Hospital, consisting of a series of alternate and connected three-storied and two-storied blocks laid out in the form of the capital letter E, with the body facing south and the limbs extending north, and erected in the effective and dignified Tudor style of architecture, was largely the conception of Dr Luther Bell. He was one of the leading psychiatrists of his day and the first to differentiate and describe, in 1844, the disease known by his name, and now commonly called acute delirium or acute delirious mania. The Butler Hospital was opened for the reception of patients on the 1st December 1847, at an initial cost of £20,000 for lands, buildings and furnishings, exclusive of a debt of £3400 for the completion of the works, and exclusive of the "permanent fund" of £10,000 which has been kept intact as a separate fund to the present day. Within a month of its opening forty patients were admitted, chiefly from the Dexter Asylum or poorhouse, at the low rate of board of 8/- a week; and in a short time the Hospital was filled with this class and, notwithstanding that the charge was raised to 10/- a week, was soon in financial difficulties. In 1849 Alexander Duncan, a nephew by marriage of Cyrus Butler and a Trustee, and the first of many subsequent benefactors of the Hospital, came to the rescue with gifts amounting to £6000. And in 1850 the General Assembly of the State, recognising the charitable work of the Hospital among the specially

indigent class, granted an appropriation for their partial support. This charitable work has continued since, as have also the annual state appropriations which for many years past have amounted to the substantial sum of £2000 a year. Gradually, however, the Hospital became increasingly patronised by the more affluent class and its prosperity became firmly established. Two to three years before Dr Ray's retirement in 1867 a fine segregate building for purposes of recreation and assembly was erected to the north of the Hospital, and was named Ray Hall in his honour by the donors, Alexander Duncan and Robert Hall Ives. Dr Isaac Ray was one of the ablest psychiatrists of his time, and his standard work on "The Medical Jurisprudence of Insanity" is a valuable book of reference. He died in 1881, having made the Hospital his residuary legatee, and the Isaac Ray Fund accrued to the Institution in 1888 and is now represented by a sum of over £15,000. In 1870 a State Asylum or Hospital for Incurable Insane, which had been established by the Legislature, was opened at the State Farm in Cranston, and seventy chronic cases of the parochial class were transferred thereto, it having been decided that the Butler Hospital should no longer serve as a house of refuge and accumulation for such cases but should in future be essentially a curative institution, with increased facilities for treatment and classification. The State patients supposed to be curable were to be treated at the Butler Hospital, and in the event of their proving incurable were to be removed to the State Asylum at Cranston, whose governing body consisted of the Board of State Charities and Corrections, the Agent of State Charities and Corrections, and the Superintendent of the State Institutions at Cranston. This policy has been followed in the main to the present day, and its success and accompanying benefit to the community have been largely due to the mutual good understanding and fine spirit of co-operation between the State and Hospital authorities. The subsequent history of the Hospital has been one of steady progress and increasing prosperity, marked by a regular succession of additions and improvements and of beneficiary funds, provided mainly through the charity of its well-wishers—both

handsome gifts by individual benefactors and subscriptions from the public generally—and also out of its own surplus revenues. The chief additions and improvements since 1870 have comprised the following:—In 1877 the David Duncan Ward, for excited women, at the north end of the east limb of the original Hospital, erected at a cost of £9200, and gifted by Alexander Duncan; in 1883 the Stables; in 1886 additions to the north end of the west limb, for excited men; in 1888 the Sawyer Ward, for quiet men, extending south-west from the south-west angle of the original building, erected by public subscription, at a cost of £11,000, in memory of Dr John W. Sawyer, who succeeded Dr Ray as Superintendent in 1867 and died in 1885; in 1889, Duncan Lodge, a residence for the Superintendent, erected at a cost of £4000 by Alexander Duncan; in 1890 the re-building of the kitchen, in the middle limb on the north aspect, and in 1893 a new laundry; in 1898 the Goddard House, for quiet women, extending south-east from the south-east angle of the original Hospital, erected at a cost of fully £10,000 by the Goddard family, in memory of a brother and former benefactor; in 1901 the Weld Infirmary and Solarium for bed-ridden men, and Weld Building for quiet men, forming the north-western extremity of the present range of buildings, and erected at a cost of £17,000 by Mrs William G. Weld in memory of her husband, a former Trustee; in 1902 the Shephard Conservatory; in 1904 the addition of a fourth storey to the central block at the south front, providing laboratories, lecture room for nurses' and attendants' training school, and handicraft shop; in 1909 a new power house, laundry, and industrial building, erected from the institution funds at a cost of £17,000, and situated well to the north of the Hospital proper near the stables, lumber store, ice houses, etc.; in 1910-1911 the renovation of the heating and cooking plant, kitchen and stores, and employees' accommodation, at a cost of £13,000; and lastly, in 1913, the Potter Home for Nurses, forming the detached and north-eastern extremity of the Hospital buildings, erected and furnished at a cost of £16,000, with accommodation for fifty nurses, the bequest of Colonel William H. Potter. The wishes of the original founders have thus been nobly realised

by their relatives and numerous other benefactors, amongst whom should also be mentioned Miss Mary H. Goldsmith, a sister of Dr William B. Goldsmith, who was the third Superintendent and died after only three years of office (1886-1888), and whose estate was bequeathed by her to the Hospital. Dr Goldsmith was succeeded by Dr William A. Gorton (1889-1899), under whom also the institution continued to prosper.

Apart from the foregoing buildings and improvements the Hospital has also been well endowed by its various benefactors, who have established from time to time a series of "beneficiary funds," that is, permanent invested funds similar to the original "permanent fund" of £10,000. Exclusive of the latter these funds now amount to approximately £100,000, and yield an income of nearly £3000 a year, which is used not only for hospital improvements but also largely in helping to maintain necessitous patients of culture and refinement who are unable to pay the cost of treatment, just as the State appropriation of £2000 a year is used in assisting the poorer patients of lower social grade.

From the foregoing sketch of its origin and development it will be seen that the Butler Hospital is a corporate and well-endowed charitable institution for the treatment and care of nervous and mental patients of the private class, both poor and rich; that its foundation and growth, in the form of buildings and funds, have been due to the charity of its well-wishers; that it is maintained by the charges made for treatment, aided by the interest from its invested funds; and that in view of its charitable work among those specially indigent, it is supported by an annual grant from the State. Fully one-half of the annual admissions, and about one-third of the total number under treatment in each year, receive beneficiary or State aid or both. The minimum rate of board is £104 a year, the average rate about £250 a year, and the average cost of maintenance £230 a year. About 6 per cent. of the admissions are treated free of cost, but the charity of the Hospital is reserved essentially for the acute and curable or improvable type of case; for the admissions are practically restricted to such cases, as so adjudged by the Hospital physicians, and patients who do not recover

or improve sufficiently to return home are transferred to other institutions. No patient, however poor, is refused, provided that the physicians consider he can be benefited by treatment in the Hospital; and by removing those who are found to be unimprovable or incurable and thus preventing the accumulation of chronic cases, the Hospital is enabled to carry out its primary function, the restoration to health and usefulness of as large a number as possible of patients suffering from the more favourable forms of neurosis and psychosis; and further, the Hospital is thereby not allowed to grow unduly in size, a distinct advantage for an institution of this type. There are at most 200 beds, and on an average 150 patients in residence and 110 annual admissions. About two-thirds of the admissions come from Providence and other parts of Rhode Island, one-fifth from other New England States, one-tenth from other States, and a few cases from Canada and the home country. Fully forty per cent. of the admissions are voluntary, the applicant signing in the presence of a witness a simple request for admission and treatment, with promise to obey the Hospital rules and regulations and to give at least three days' written notice of wish or intention to leave. In the case of certificated patients the procedure is reduced to the simplest terms, two qualified physicians simply dating and signing the following printed "certificate":—"We hereby certify that of is insane"; and the guardian or nearest relative or friend similarly appends his signature, and relationship, to the following printed "request":—"I request that the above named person be admitted as a patient into the Butler Hospital." It is interesting to note the entire absence of any legal or judicial "Order" or "Warrant" for detention, and further, that the absence of this authority has never led to litigation, especially in the "Land of the Free." In the case of both certificated and voluntary admissions, an "obligation" for payment of board, etc., has to be signed by two persons undertaking financial responsibility, and an "order of admission" authorising the Physician and Superintendent of the Hospital to receive the patient at the rate of board fixed upon, is signed by the Visiting Com-

mittee, that is, by the two Trustees whose turn it happens to be to visit the Hospital at the time.

The Hospital is governed on behalf of the body of benefactors and contributors by a Board of Trustees, ten in number, with an additional President, Vice-President, Treasurer, and Secretary. There are three standing committees (finance, house, and grounds), and the visiting committees consist of the Trustees, Treasurer, and Secretary, who visit the Hospital in couples weekly in rotation. There is also a Board of Consultation, consisting of five medical men of standing and repute, mostly specialists. Dr G. Alder Blumer, the Physician and Superintendent, and one of the Editors of the American Journal of Insanity, is assisted by four Assistant Physicians, one of whom conducts the routine and research work in the Laboratories, mainly in the field of seropathology and the Wassermann reaction.

The nursing service is on a high plane of efficiency, and the Butler Hospital is a well-known Training School, its graduates now occupying many responsible positions in the nursing world in the United States. The Training School for Nurses, established in 1895, provides for a three years' course in general nursing with special reference to the care and management of nervous and mental invalids. The School is affiliated with that of the Bellevue and Allied Hospitals in New York City, under an agreement whereby after one year's training at the Butler Hospital the pupil becomes eligible for a further year's training in one of the general hospitals of the New York municipal system, namely, Fordham Hospital. Having received a certificate for such service and study, the pupil returns to Butler Hospital for the final or third year of training, after the completion of which and the passing of the required examination she is awarded the diploma of the Butler Hospital Training School. The School is also affiliated with the Providence District Nursing Association, whereby opportunities are afforded for practical work in district nursing in the City of Providence. Probationer or pupil nurses receive pay at the rate of £34 (1st year), £20 (2nd year, while at Fordham Hospital), and £36 (3rd year), and graduates are paid £72 a year. Many of the latter take up private nursing and are encouraged to

do so, and an income of from £200 to £250 a year is frequently made in the United States by professional nurses trained as at the Butler Hospital School, that is, after a three years' course in general and special nursing. Suitable nurses are more easily obtained and stay longer than the attendants or male nurses, for whom also there is a Training School, with diploma, after a two years' course in general nursing with special reference to the care and management of nervous and mental cases. The Hospital has an arrangement with the Boston City Hospital and the Massachusetts General Hospital, as well as with the Bellevue Hospital, New York City, whereby the male nurses are enabled, on a basis of exchange with those institutions, to vary and extend their practical experience. Male probationers or pupils are paid £55 (1st year), and £60 (2nd year), and graduates are paid from £65 to £84 a year according to length and quality of service. The day and night nursing service is on liberal lines, there being in all fully one nurse or attendant to every two patients. The latest addition to the Hospital, the Potter Home for Nurses, is one of the best of its kind in the country, providing everything that a nurse could wish in the form of a bright and attractive and comfortable haven of rest after the work of the day or night is over. One feature specially interested me. On the second and third stories are open verandahs, protected by mosquito screens, in which several of the nurses sleep of their own choice, night nurses by day, and day nurses by night, and occasionally for medical reasons a course of sleeping in the open air is prescribed for some of the nurses, and with excellent results. Similarly, at the Weld Infirmary, there is a verandah for the open-air treatment of suitable patients. Dr Blumer not only prescribes open-air sleeping for others, but carries it out in practice himself, as do also the members of his family, in verandahs opening off the bedrooms on the upper floor of his residence. The peculiarly refreshing nature of sleep in the open, even for those in the enjoyment of health, was recognised, as Dr Blumer kindly pointed out to me during our pleasant tour of the Hospital, by the master-mind of Benjamin Franklin, who may justly be regarded as a pioneer of the open-air school. In an interest-

ing paper on "The Art of Procuring Pleasant Dreams" (The Columbian Magazine, 1787), a thoroughly practical essay on the prevention and cure of sleeplessness, Benjamin Franklin with quaint and cynical humour remarks:—"It is recorded of Methusalem, who, being the longest liver, may be supposed to have best preserved his health, that he slept always in the open air; for, when he had lived 500 years, an angel said to him, 'Arise, Methusalem, and build thee an house, for thou shalt live yet 500 years longer.' But Methusalem answered and said, 'If I am to live 500 years longer, it is not worth while to build me an house. . . . I will sleep in the air as I have been used to do.' Physicians, after having for ages contended that the sick should not be indulged with fresh air, have at length discovered that it may do them good. It is therefore to be hoped they may, in time, discover likewise, that it is not hurtful to those who are in health; and that we may then be cured of the *aerophobia* that at present distresses weak minds, and makes them chuse to be stifled and poisoned rather than leave open the window of a bed chamber." And this was written more than a century and a quarter ago! Only within the past generation has *aerotherapy* come to be recognised by the profession as a definite curative and prophylactic agent in disease, and to be realised by the public as a specific preservative of health.

At the Butler Hospital well-equipped bathrooms for hydrotherapy are provided in Weld House for men and Goddard House for women. There are also ample facilities for diversional occupation in the arts and crafts, in well-appointed workshops at Goddard House and the Centre Building, under the supervision of trained teachers who give instruction to classes of patients and nurses. The usual occupations are pursued in the gardens and grounds, and on the farm, at which poultry rearing is a special feature. A special instructor of physical culture conducts classes in physical drill, etc., in the Ray Hall, but the provision of a gymnasium with more ample floor space is being contemplated, as also a swimming bath. Among the abundant facilities for recreation is a squash rackets court, which was erected by private subscription. The patients' accommoda-

tion in the various wards and houses is very attractive and comfortable, and the private suites in the later buildings are specially handsome and commodious. A nicely lit operating room with tiled floor and white marble wainscoting, equipped with operating table, instrument cabinet and all necessary surgical appliances, and room for sterilising apparatus, and a well appointed dispensary, have recently been provided close to the administrative centre.

The Hospital estate, now extending to about 180 acres, has a delightful situation on the outskirts of the growing city. The entrance drive, nicely planted with frees and shrubs, leads to the Grotto Brook and ornamental pond, reduced in size by the drought of summer but available for ice and its pastimes in winter. Beyond lie the Hospital buildings, a long and rambling pile in attractive blocks of brick and stone, mainly in Tudor style, and with their setting of beautiful pleasure grounds, parks and woods, strongly reminiscent of an English scene, and indeed, in fact as in fancy, a charming glimpse of Old England in the New. Close at hand is an old cottage, one of the oldest in the Colony, which the *Genius loci* has made his sanctum and hermitage; and here we shall leave him, in wise and genial meditation, seeking how he may still further translate into action the guiding motto of the Butler—" *Miseris succurrere discite,*" Learn to help the afflicted.

Boston State Hospital, Forest Hills, Boston, Mass.

In 1764 Thomas Hancock bequeathed £600 to the town of Boston to provide a house for the accommodation and care of the insane of the Province, but the Selectmen of Boston declined the legacy for the reason that there were not enough insane in the Province to call for the provision of such an establishment. In 1818 John M'Lean founded the M'Lean Hospital as a department for the insane of the Massachusetts General Hospital, in the form of an extension with a separate site and independent existence. In 1833 the Commonwealth of Massachusetts provided its first state hospital for the indigent insane, the State Lunatic Hospital at Worcester. This Hospital soon became overcrowded, with the result that many of the inmates were in 1837 sent back to the towns and counties to which they belonged, to be detained as formerly, under conditions of restraint, cruelty and neglect, in houses of correction and almshouses, and in the "country receptacles" which were authorized by law at the time to meet the emergency, and consisted of a few establishments combining the features of prison and poorhouse for the detention of the chronic and dangerous insane. In 1837 the Boston Almshouse and Receptacle and the Suffolk County House of Correction stood side by side in South Boston near the harbour, and were filled with their unwelcome guests, many of whom were confined in cells, and given an occasional airing in cages on wheels. Their condition appealed to the sympathies of humane Bostonians, the chairman of the visiting committee, Alderman, afterwards Mayor, Eliot reporting that while the law required Boston to provide a receptacle for the mentally afflicted of Suffolk County, humanity required her to provide a hospital. Accordingly a hospital was erected near the other buildings in South Boston, and in 1839 it was completed and the insane removed to it. It was opened as the Boston City Lunatic Hospital, and was the first municipal hospital for

the insane in America. At this period it was still considered that the duty of caring for the insane belonged to counties, towns and cities, rather than to the state. The Boston Lunatic Hospital was visited in 1842 by Charles Dickens, and his impressions as recorded in the "American Notes" bear eloquent testimony to the enlightenment and humanity of the city and hospital authorities of the time, and to the spirit which animates Boston to the present day in her conduct of charitable and allied institutions. The city asylum in South Boston was enlarged in 1846 and 1883 but, owing to its contracted site of five acres and constant overcrowding, became unsuitable for its purpose; and so in 1893 it was removed inland to its present location near Forest Hills, just beyond the southern suburbs of the city, and its name was changed to the Boston Insane Hospital. Two adjoining farms had been purchased some years previously at Forest Hills, on one of which inexpensive buildings had already been in occupation by about 200 patients of the chronic class. The new building added in 1893 contained some novel and attractive features in construction and design, being of wood and cement in picturesque English half-timbered style; but they have not proved economical structures as regards upkeep. As completed in 1893 the Boston Insane Hospital comprised the department for men on Pierce Farm and the department for women on Austin Farm, and about ten years later three substantial brick buildings were added to the women's group, for the treatment of acute and invalid cases.

In 1900 the Legislature of Massachusetts passed a State Care Act for the insane, to come into operation on 1st January, 1904. Two amending Acts were passed in 1903, one of these exempting the Boston Insane Hospital from the provisions of the 1900 Act and allowing it to remain under the control of the city of Boston. In May 1908 the State Board of Insanity, through its executive officer, then Dr Owen Copp, dealt in a special and exhaustive report with the whole subject of "The Best Method of Providing for the Insane," with special reference to the needs of the Metropolitan District, and recommended that the Boston Insane Hospital should be purchased from the city, and developed as a custodial and infirmary branch of a large

institution for the insane of the Metropolitan District, with the addition of the following branches or departments:— (1) A Psychopathic Hospital of 120 beds in Boston. (2) A voluntary and convalescent branch within a 10-cent car ride. And (3) a farm colony within a 25-cent car ride. Following this report the Legislature provided for the purchase at a sum of £200,000 of the Boston Insane Hospital and additional land in the vicinity, and on 1st December 1908 the institution passed into State care under the new name of the Boston State Hospital, and consisted at this time of eight buildings in two groups with accommodation for 764 beds, and of grounds (including the new land) extending to 232 acres. The Boston State Hospital thus originated in 1839 as the Boston Lunatic Hospital in South Boston, was replaced in 1893 by the Boston Insane Hospital at Forest Hills, and passed from the control of the municipality into the hands of the State as the Boston State Hospital in 1908. Considerable extensions have been made since, and are still going on in pursuance of the policy outlined in the report of the State Board of Insanity and approved by the Legislature. The Psychopathic Hospital or Department in Boston was opened in summer 1912, and will be referred to later. The Farm Colony in the country for quiet industrious patients, and the Convalescent Home or Sanatorium nearer the city for convalescents from the main hospital and for voluntary patients direct from the community, have not yet been provided, owing to delay in finding suitable sites and to the necessity for providing the types of accommodation more urgently needed in the city and at the main hospital. Boston, the capital of Massachusetts and the chief city of New England, has a population exceeding 700,000, and the other cities and towns of the Metropolitan District have a population considerably exceeding this figure. In 1912 there were about 3900 patients in institutions outside of Boston who were residents of the Metropolitan District, many of them accommodated in other State Hospitals at so great a distance from the district that they could not be visited conveniently by their relatives and friends. It is therefore proposed to increase the accommodation at Boston State Hospital as rapidly as

possible until it reaches a capacity of about 2500 beds, and probably to erect another hospital for the Metropolitan District, on the segregate plan, for acute as well as chronic cases.

The Hospital estate at Forest Hills consists of two irregularly shaped plateaus, well wooded on the higher portions, with an intervening tract of fertile lowland. It is traversed by a public road which separates the grounds and buildings into two areas and groups—(1) a smaller east area nearer the city, for the administrative offices, principal service buildings (e.g. stores, laundry, &c.), central heating, lighting and power plant, and the reception and convalescent buildings for new patients of both sexes; and (2) a larger west portion, for the infirmary, custodial, industrial, and farm group of buildings, for chronic cases of both sexes. The Hospital is at present in a stage of transition and rapid development, and already has accommodation for 1200 patients, nearly half the number for which it is ultimately destined. The average population is 1200, and the average admission rate 500, but these will rise considerably in the near future as the Hospital in accordance with the present policy succeeds in meeting more effectually the more urgent requirements of the city and district. Not only is the movement of the Hospital population active but, as in most urban asylums, there is a relatively high proportion of the acute, sick, and disturbed types of mental disorder. In addition to the state patients who are maintained at a rate slightly exceeding £1 a week, and re-imbursing patients who contribute towards their support, private patients are received at rates of board varying from fully £1 to £4 weekly.

The Hospital is governed by a board of trustees. Dr Henry P. Frost, the medical superintendent, who kindly showed me over the institution, has a medical staff consisting of 1 assistant superintendent, 1 first assistant physician, 6 assistant physicians (one a lady doctor), and a lady pathologist. The laboratory is equipped chiefly for morbid anatomy and histology and clinical pathology. There is also a board of consulting physicians and surgeons and specialists available from the Boston hospitals. The nursing staff com-

prises, in addition to a superintendent and her assistant, and exclusive of the matron who supervises the domestic arrangements, nearly 100 attendants and 150 nurses. The men are paid from £60 to £96 a year, and £120 in the case of supervisors; the women from £48 to £84 a year, and £96 in the case of supervisors. There is a home for 42 attendants, which is under the charge of a married supervisor and his wife. Men are more difficult to obtain than women; changes are more frequent among the former, but many nurses leave to take up private practice which is much more remunerative. There is a two and a half years' course of training, including six months' general training at Boston City Hospital. In some of the male wards the nursing staff comprises women as well as men.

Hydrotherapy and massage are practised extensively, under the supervision of the physicians and trained operators, and in the Butler building for excited females there is a well-equipped hydrotherapeutic department, comprising a room with five baths (by the J. L. Mott Ironworks Coy., N.Y.) for continuous warm water treatment, room for shampoo and massage, rest and cooling room, and dressing rooms. Patients undergoing the continuous bath treatment have their palms and soles anointed, and lie in the water, suspended in hammocks, for not longer than six hours at a time.

Occupation therapy is well developed and is a special feature. The men's industrial room is under the charge of an instructor (trained as an upholsterer) at a salary of £208 a year, with an assistant at a salary of £96 a year, and is a profitable department. The occupations carried on comprise chiefly weaving, upholstery and cabinet work of various kinds, and include the making and repairing of rugs, mats, towels, brushes, brooms, baskets, raphia-work, and mattresses; also the making and repairing of boots and shoes, book-binding, etc. Waste material of all kinds is utilised, e.g. the cotton from disused sacks is woven on looms into towels, &c. The women's industrial room is a spacious apartment for 100 workers, in which are carried on the finer kinds of weaving (e.g., bureau covers with nice designs), basketry and raphia-work, knitting, and sewing of all kinds.

The working hours are from 8.30 to 11 a.m., and from 1 to 4.30 p.m. Occupation treatment is carried on specially during the winter months, from December to March inclusive. In January and February outdoor work is largely at a standstill. Below the women's industrial room is the laundry, comprising ironing and finishing room on the middle floor, and washing and drying department in the basement. The type of calender or mangle employed is "The Trojan," made by the Troy Laundry Machinery Coy. of Troy, New York, Chicago, &c. In addition to the usual equipment of washing-machines and hydro-extractors or wringers there is a special machine for drying woollen articles (e.g. blankets and stockings) and bath-towels, known as the Hess Dryer Patent (by the Hess Manufacturing Coy., Boston, Mass.) but colloquially called "The Tumbler," as the articles in it are constantly shaken up and turned over during the process of drying by a forced hot air draught. It is claimed that it gives a nice finish to woollen goods and minimises shrinkage.

At the Boston State Hospital relatives and friends may visit the patients on any week day and on Sundays, and Sunday is the favourite visiting day, best suiting the convenience of the toilers of the city. For many years the Boston people have wished to have near at hand a mental hospital of sufficient size to accommodate all Boston patients, or at least all who have relatives or friends desirous of visiting them, and specially those who are acutely and seriously ill and thus unsuitable for removal to a considerable distance from the city. Boston was the first city in America to establish a municipal mental hospital, and for many years she tried to meet the requirements and wishes of the people. The phenomenal expansion of her population, as in the case of similar American communities, gradually made it impossible for her to bear unaided the ever-increasing responsibility and burden of the care and treatment of her insane, and compelled her to share this duty with the wider authority of the Commonwealth. With the support of the State the Hospital is now well on the way towards the realization of its destiny and of the aims and wishes of Boston for the welfare of her mentally afflicted ones.

Psychopathic Hospital, Boston, Mass.

Officially termed the Psychopathic Department of the Boston State Hospital, the Psychopathic Hospital, as it is more commonly and more conveniently called, is a psychiatric clinic in the modern sense of the expression, and as regards its history and mode of origin it is of special interest as being the first and only hospital of the kind in America to be *directly* established under State care and, like the Boston State Hospital of which it is a branch and outgrowth, directly supported by the State. The University of Michigan at Ann Arbor, which is a State institution, erected its Psychopathic Hospital in 1906; the Psychopathic Hospital at Boston was opened in 1912, and the Phipps Psychiatric Clinic at Baltimore in 1913. Both hospitals at Boston are managed by the same board of trustees. The State Care Act for the insane of Massachusetts was passed in 1900 and came into operation in 1904, and from the first the State Board of Insanity paid special attention to the problem of the acute and curable insane in Massachusetts, and in 1902 recommended that each State Hospital should be provided with a small acute hospital of 50 beds for such cases, thoroughly equipped for purposes of individual treatment, study and research, on a standard as high as that of the best general hospitals, with an expert resident physician, adequate staff of trained assistants and nurses, and well-appointed laboratory. In 1908, in accordance with the recommendations of a special report of the State Board of Insanity, the Boston Insane Hospital passed from the hands of the municipality to the care of the State and became the Boston State Hospital; and in 1909, the Legislature sanctioned an appropriation of £120,000 for the purchase of a site and the erection and equipment of a Psychopathic Hospital of 120 beds in Boston, as a special department of the State Hospital, for the first care and observation of mental patients and the treatment of acute

and curable mental disease, for research into the nature, causes and results of insanity, and for medico-social and clinical teaching. It will be noticed that in the case of the Boston State Hospital its special branch for acute and curable cases was to be a separate institution, situated in the city, near the general hospitals, medical schools and scientific laboratories, and thus convenient alike for the people, patients, students, physicians and magistrates; and its accommodation was to be for 120 patients (60 of each sex), but on a plan admitting of extension in the future if necessary. In other words the Psychopathic Hospital at Boston, like other modern psychiatric clinics, is located as it should be in a large university city and teaching centre; it undertakes not only treatment, study and research, as any important hospital with a wealth of clinical material should do, but also teaching, which naturally only the hospitals of medical schools and universities with their clientele of students can and must undertake. It is not only a reception and distribution hospital for the mental invalids of Boston, with facilities for first care and treatment, study and observation, preliminary to removal to appropriate institutions; it is also a research and teaching hospital, with facilities for more prolonged observation and intensive study for purposes of scientific investigation into the nature, causes and treatment of insanity and for clinical and social instruction. Treatment, study and research, and teaching are carried on in all the wards of the Hospital, but a special pavilion (Reception Pavilion) is reserved for its clearing-house function. The effect of this separation of the "reception wards" from the other or "observation wards" of the Hospital, is to render the latter more suitable for the prosecution of special lines of investigation.

The Psychopathic Hospital was opened on the 24th of June 1912, and was provided at a cost, including site, erection and preliminary equipment, of approximately £1200 a bed. It is situated in a central and populous part of the city, near the two Brigham Hospitals, the Harvard and Tufts Medical Schools, the Boston Medical Library, and the Carnegie Nutrition Laboratory, its location thus securing a prevailing atmosphere of busy social, medical and scientific

work. The site is the area enclosed between Fenwood Road (N.E.), Vila Street (S.E.), a private road (S.W.), and Parkway (N.W.). The building, which is of brick and terra cotta, and has four stories and a high basement, covers the larger part of this area, the unoccupied portion towards Parkway being laid out meantime for recreation but available for future extensions. The building has the general form of the letter E, with the body fronting north-east on Fenwood Road, and the limbs running south-west, the central limb being the longest and constituting the Pavilion. Between the Pavilion and the other limbs are two enclosed rectangular courts, laid out as airing and exercise gardens, that to the south for men, that to the west for women.

The Pavilion is for the treatment of newly admitted and all excited and noisy patients. To prevent the transmission of noise the walls are deadened and the windows are closed and doubled throughout the wards of the Pavilion, the ventilation of which, and of the Hospital generally, is secured by means of a special forced or plenum system. The basement of the Pavilion contains the air washers, plenum and fan rooms, and main ventilating ducts, also heating apparatus, storage and luggage rooms, room for dentistry, and the mortuary and autopsy suite. The first floor of the Pavilion is entered off the private road on the south-west aspect, through an ambulance court, and contains the admission department, also a small operation suite for the Hospital. The admission department comprises, in addition to a waiting room and offices for the admitting physician and his clerk, two suites of rooms for the two sexes, separated by a central corridor, each suite consisting of two single bedrooms or examination rooms, receiving nurse's room, lavatory and bathroom, utility and clothing rooms, hydrotherapy room, and dormitory for five beds, or accommodation in all for seven patients of each sex. The second floor is for the treatment of disturbed male patients, and contains, in addition to a physician's examination room, clinical laboratory, two hydrotherapy rooms (each with three tubs for prolonged baths), toilet, utility, clothing and linen rooms, accommodation for twenty-four patients, namely, in two six-bedded dormitories, one five-bedded dormitory, and seven single

bedrooms. The third floor contains similar accommodation for the treatment of twenty-four disturbed women. The fourth floor contains two roof gardens or solaria for the two sexes, separated by a nurses' classroom and a diet kitchen. The roof gardens are open at the sides and also partially overhead, but the open parts are sufficiently enclosed to prevent accidents.

As regards the main body and lateral limbs of the Hospital, the basement contains two hydrotherapeutic suites for the two sexes, with the usual equipment of douches, rest or pack rooms, and dressing rooms; apartments for electrical and physical therapeutics; rooms for X-ray work, photography and photo-micrography; drug store and dispensary, dining rooms for nurses (male and female) and servants; bedrooms for female servants, in the wing facing Parkway; and in the wing facing Vila Street, the kitchen, bakery, stores, etc. To the south of the latter are the engine and boiler house (basement), garage and ambulance (first floor), and quarters for male servants (second floor), these forming a separate block occupying the south corner of the Hospital site. The first floor of the main building has three front entrances from Fenwood Road, the central or main entrance leading to the reception room, board room, general office, and steward's and matron's offices and quarters; the left entrance (towards Vila Street) leading to the quarters of the resident physicians and medical internes; and the right entrance (towards Parkway) leading to the out-patient and social service departments, with main waiting room for adults, separate waiting rooms for children and social service, physician's room, examination rooms, offices, dispensary, lavatory, etc. The second floor contains, in the centre, a large medical library and reading room, and rooms for records and apparatus; on either side of these, the director's office, the chief of staff's office, and an extensive suite of laboratories, clinical, psychological, chemical, bacteriological, serological, histological, etc.; in the wing facing Vila Street, additional quarters for resident physicians; and in the wing facing Parkway, female officers' quarters. The third floor contains, in the centre, an assembly room for lectures, entertainments, or religious

services; and on either side, residential quarters for the nursing staff, men on the left, women on the right. The nurses' quarters have been so constructed that they can, at some future date if necessary, be converted into accommodation for patients corresponding to that on the floor above. The fourth floor contains in the centre (above the assembly room), a waiting and visiting room, and offices for the physicians and superintendent of nurses and on either side, the "observation" wards for patients who are the subject of special lines of investigation and treatment. These wards contain accommodation for twenty patients of each sex (men's wards left, women's wards right), namely, in one six-bedded dormitory, two four-bedded dormitories, one two-bedded dormitory, and four single bedrooms; and the suite of wards for each sex is provided with two hydrotherapy rooms, day room, dining room, ward kitchen (served by elevator from main kitchen and serving rooms in basement), the usual toilet, utility, and clothing rooms, and a physician's examination room, and a clinical laboratory. Communication between the various floors of the Hospital from basement to roof is effected by means of a central staircase and elevator, placed at the junction of the Pavilion with the rest of the building, and the Pavilion also has an additional staircase towards its far or south-west end.

The Hospital has a nominal capacity of 102 beds (admitting and disturbed wards 62 beds, observation wards 40 beds), but can accommodate up to 110 patients in an emergency. It has an average resident population of nearly 100 patients, and an annual admission rate exceeding 1500, exclusive of those, numbering fully 800 a year, who attend the out-patient and social service departments. The State appropriation for 1913 for ordinary maintenance expenditure was approximately £20,000, apart from a special appropriation of £1700 for books and apparatus. In the statistical year from 1st October 1912 to 30th September 1913, two-thirds of the admissions were cases sent for temporary care and observation—under the operation of various Acts, including one passed in 1910 which makes it illegal to confine in a police station or jail any person exhibiting morbid mental symptoms—about one-fourth of the admissions were

voluntary, and the remainder were mostly insane persons committed as such by the Court. The last mentioned are now no longer received. About half of the cases eventually became regular Court commitments, and were mostly sent to the Boston State Hospital, but the other half were spared the process of Court commitment. In other words, as the result of the first year's working of the Hospital, about half of the in-patients were able to be discharged and did not require to be certified and sent to an asylum. This accords with the experience of similar clinics. Patients suffering from all kinds of mental affection are received. Cases of delirium tremens are specifically excluded by law, but in practice—owing to difficulties of diagnosis and humanitarian considerations—it is found impossible to refuse the admission of some patients who are eventually classified as cases of alcoholic delirium. Cases of alcoholic hallucinosis and Korsakow's psychosis are eligible for admission. Fully ten per cent. of the admissions are alcoholic cases, a smaller proportion than obtains in many foreign clinics, and probably explainable by the existence of other agencies in the State for dealing with alcoholics. The State Board of Insanity in Massachusetts exercises jurisdiction over all public and private establishments for the following four groups of persons:—(1) Insane and mentally affected; (2) feeble-minded; (3) epileptic (sane); and (4) inebriate (alcohol and drug habitués). On the principle that the alcoholic should not be taken care of at the expense of the non-alcoholic insane, and that therefore the Psychopathic Hospital should be relieved of the former, it is suggested that the State should provide a hospital for acute alcoholic mental disease for the metropolitan or Boston district of Massachusetts as a first step to the proper care of such cases, and that this would be a gain to the State on moral and economic grounds, especially in view of the promising after-care results in alcoholic cases. An interesting point in connection with the results of treatment at the Psychopathic Hospital in the alcoholic psychoses is their low mortality, 5 per cent., and that on analysis the mortality is 0 per cent. in cases of delirium and hallucinosis, but 35 per cent. in Korsakow cases. The proper treatment of cases of delirium

and excitement generally has naturally been one of the chief practical problems for investigation. The results at the clinic are better than those of the general hospitals, in which restraint and depressant drugging are still too freely practised, and they are attributed mainly to the various eliminative and hydrotherapeutic measures employed, especially the continuous bath. It is thought that hydrotherapy acts by in some way determining fluid from the tissues into the blood, thereby altering blood concentration. Apart from the alcoholic cases (fully 10 per cent.), the admissions of 1913 were diagnosed as suffering from dementia praecox (about 18 per cent.), manic-depressive psychoses (about 8 per cent.), general paresis (about 6 per cent.), senile psychoses (about 3 per cent.), and other forms in smaller proportions. But two large groups are returned as unclassified (20 per cent.), and not insane (17 per cent.), and it may be added that in difficult and doubtful cases it is considered preferable not to affix equivocal and premature diagnoses, as conducing to diminution of scientific interest and unjustifiable prognosis; and again the considerable proportion of sane or normal in-patients helps to create the atmosphere of the general hospital for all the patients.

The rapid circulation of a large number of patients suffering from acute mental disease of all kinds, and sent in many cases under the operation of various statutes whose provisions require careful observance, combined with the intentional plan of construction of the Hospital in comparatively small units and wards, entails many administrative problems into which it is not necessary to enter here. For its immediate and primary clearing-house function alone, the Hospital requires a strong medical, nursing and domestic staff, apart from the body of scientific workers, medical and non-medical, who are engaged in carrying out the other main function of the Hospital as a centre for investigation and teaching. There are fully half as many nurses and attendants as there are patients in hospital, and ward maids are employed in order to relieve the former as much as possible of routine housework and so to enable them to devote their time more fully to nursing duties proper, including companionship, occupation therapy and the like. There is a

training school for nurses, with a two and a half years' course.

Dr Elmer E. Southard, Professor of Neuro-Pathology at the Harvard Medical School and Pathologist to the State Board of Insanity, is the Director of the Psychopathic Hospital, supervising and developing its manifold activities and specially directing and co-ordinating the scientific work. His colleagues and co-workers on the medical and scientific staff comprise (1) a Chief of Staff (Dr Herman M. Adler), who specially supervises the clinical and therapeutical arrangements and medical administrative work generally, and visits the wards daily at 8 a.m. with the resident and other physicians; (2) an Executive Assistant Physician, who likewise attends the morning rounds at 8 a.m. and the daily staff conferences at noon, but makes himself specially responsible for the routine legal business and official returns, and the supervision of food, furnishings, buildings, and grounds; (3) one first assistant physician, two assistant physicians, and two medical internes for in-patients; (4) one first assistant physician, and two assistant physicians for out-patients; and the following non-medical workers, all graduates in arts or philosophy or science, namely; (5) one psychologist, two assistants in psychology, and two internes in psychology; (6) six internes pursuing other lines of investigation; (7) a chief of social service department; (8) eugenics worker; and (9) special examiner of psycho-pathological methods, e.g., Freud's psycho-analysis, etc.; also various lay workers, e.g., (10) clinical historian, who obtains the routine particulars of the case-histories of in-patients, leaving the more intimate and strictly medical enquiries to the admitting physician on duty; (11) occupational worker; (12) photographer, and other voluntary helpers. From the foregoing it will be gathered that the Hospital is a veritable hive of industry, but in this brief sketch it is quite impossible to give a comprehensive review of the many and various activities of the workers under the able and stimulating leadership of its brilliant and versatile head. Dr Southard rightly believes that for its further progress psychiatry must seek a closer alliance than hitherto with internal medicine on the one hand and social science on the

other, and this medico-social trend of psychiatry largely characterises the work of the Hospital, though the traditional lines of attack (e.g., psychological, neurological, pathological, etc.) are by no means neglected. In addition to the clinical, diagnostical, therapeutical, and research work constantly going on in the wards and laboratories, and made accessible to the profession in an already extensive and valuable series of Psychopathic Hospital Contributions, the other characteristic function of the clinic as a centre of training and education for students, nurses, physicians, and investigators in psychiatry and allied fields of work, is already well organised and developed. Staff conferences are held in the library from 12 to 1 p.m. daily (except Wednesdays and Sundays), at which patients are presented whose cases are especially interesting from the standpoint of diagnosis (e.g., all unclassified cases) or treatment. Visitors by invitation, and various laymen upon special request, are permitted to come to these clinics, and Dr Southard, who most courteously devoted a day to my visit, included the staff conference in the programme. Three cases were presented for discussion—in which there was observed a happy mean between formality and informality—a female moral delinquent (whom it was decided to recommend for reformatory treatment), a male paranoiac, and another male with symptoms suggestive of paranoia but diagnosed as a paretic from the existence of a positive Wassermann reaction of the cerebro-spinal fluid. Medical clinics for Massachusetts' practitioners are held on Wednesdays at noon, and these are devoted to definite types of mental disorder, e.g., paresis, dementia praecox, alcoholic psychoses, etc., special attention being paid to points of diagnosis. Social clinics for the heads of various social agencies and their assistants are held on Fridays from 5 to 6 p.m. and are well attended. At these meetings medical and social problems are discussed, and specially selected patients are presented with their histories, e.g., cases of moral delinquency. In the majority of instances the patients are actually helped to see themselves as others see them, and the clinic proves much less of an ordeal than an appearance in court. Finally, public lectures by well-

known teachers of medicine, psychology, etc., from Harvard University and elsewhere, and formal public conferences on such important topics as the alcohol problem and the like, are held from time to time, and help to arouse the interest of and to educate the community in the allied realms of psychological medicine and sociology. By bringing home to physicians the social aspects of psychiatry, and to social workers the medical aspects, the Hospital is thus taking an active part in the educational campaign of mental hygiene.

The foregoing description indicates that the Commonwealth of Massachusetts has reached a very advanced position in the conception of its duty towards the mentally afflicted of the State. It takes them in hand from the very beginning, instead of leaving them as in other States to be dealt with by parochial or police or other local authorities or voluntary agencies; it provides them with first-class hospital care and treatment, prior to formal commitment, which in many cases becomes unnecessary; it gives them all the advantages which attach to the stimulating influence of a hospital for study and research in mental affections and a school for the teaching of psychiatry; by means of the social and out-patient services of the Hospital, it helps them after discharge, instead of leaving them to the sporadic attentions of indeterminate home-care and after-care agencies; and finally, by means of the same departments and of public lectures and conferences, it holds out a helping hand to incipient and borderline cases and educates the community in mental hygiene and the prevention of insanity. Such is the policy of Massachusetts towards the problem of its acute and curable mental invalids, as advised by the State Board of Insanity, as originally advocated by its then Secretary and Executive Officer, Dr Owen Copp, as since upheld and developed by his successor, Dr Charles E. Thompson, and as now materialised in the form of the Boston Psychopathic Hospital, which is already yielding such fruitful results under the enlightened methods of its gifted Director.

The M'Lean Hospital, Waverley, Boston, Mass.

This institution was founded in 1818, and is the oldest establishment of the kind in Massachusetts. It is owned and managed by the Board of Trustees of the Massachusetts General Hospital, which received its charter of corporation from the Commonwealth in 1811, and in the same year its first and only gifts from the State, namely, the Province House Estate and some cut stone, worth at the time about £8000 and £7000 respectively. The Massachusetts General Hospital, which is situated in the heart of Boston, has been maintained since its foundation by the donations and subscriptions of a generous public, and by the payments received from patients, and its fine record of work during the past century has long established it in the front rank of American hospitals. In October 1818, through the liberality of John M'Lean, a special department of the General Hospital for the accommodation and treatment of the insane was opened under the name of the M'Lean Asylum, and was situated on a separate estate in Charlestown, then a northern suburb of the city. Later it was moved to a property at Somerville, about two miles to the north-west of the city. In 1895, during the superintendship of Dr Edward Cowles, who planned the new buildings, it was moved to its present site at Waverley, about seven miles west of Boston. The M'Lean Hospital is thus administered as a department of the Massachusetts General Hospital, but it has an entirely separate and independent existence. It receives only private patients of the more affluent class, paying rates of board from £260 a year and upwards and is thus a corporate and public mental hospital for private patients, and, it may be added, one of the best of its type in America

The Hospital estate, which extends to 317 acres, is beautifully situated on the south-western extremity of the Arlington Heights, and commands wide and lovely views, to the west over Waltham to the Weston Hills, to the south over the picturesque valley of the Charles River to the Newton Hills, and to the east over Belmont to Cambridge and Boston. The grounds are pleasantly undulating and laid out in parks and woods, and contain some handsome old trees, and it is claimed by Agassiz that the famous Waverley oaks on the adjoining property are the oldest trees in America. The Hospital is on the segregate villa plan, and comprises, apart from buildings for administration, recreation, etc., some twelve residences for patients, varying in capacity from thirty-six to one but averaging about twenty beds each. The buildings are tasteful in design, and the furnishings homely and comfortable and in many cases luxurious. As a rule each patient has a separate bedroom and the sitting-rooms and dining-rooms are shared in common; but in Upham House for men and Appleton House for women the rooms are arranged in suites of sitting-room, bedroom and bathroom for each patient. In 1913 there was opened a pretty cottage in the bungalow style for the use of one patient, and it is intended to add others of this type in the near future. The Hospital has nominal accommodation for 220 patients, is usually full, and frequently has to refuse cases seeking admission. The admission rate averages about 156 a year or 3 per week, the activity of movement of the population in relation to its size being thus a feature, and greater than usually obtains in hospitals of similar class in this country. About one-half of the admissions are voluntary, and of those in residence fully one-fourth remain on that footing. During the past thirty years 43.5 per cent. of all admissions have been voluntary. Other patients are admitted under a regular commitment by a judge on the certificate of two physicians; or under the provisions of the "seven-day" temporary care Act of 1911, by which a patient may be received, on the application of a physician, for a period of observation not exceeding seven days, on or before the expiration of which period the patient must sign a volun-

tary request to remain, be regularly committed, or be discharged. The various admissions come chiefly from Massachusetts, including a certain proportion from the Psychopathic Hospital in Boston and other hospitals in the State, and about ten per cent. come from other States. All kinds of mental cases are received, and since the opening of the institution in 1818 nearly 11,000 patients have been under treatment.

The Hospital has a strong medical and scientific staff, comprising several men of recognised reputation in American psychiatry. Dr George M. Tuttle, its well-known head, who kindly showed me round the Hospital, and has recently announced his approaching retirement, is assisted by Drs. F. H. Packard (first assistant physician), T. A. Hoch (second assistant physician), E. Stanley Abbot (clinical assistant and pathologist), F. Lyman Wells (assistant in pathological psychology), and Mr C. C. Erdmann (assistant in pathological chemistry), and by three junior assistant physicians. The majority of the medical staff are married and reside at the Hospital. The Hospital has long recognised its obligations as regards not only the treatment and care of its patients, but also the prosecution of original study and research in mental disorders and, in view of its proximity to a large University centre, the teaching of psychiatry to students and the special training of mental physicians. For these purposes there are maintained at considerable expense (meantime imperfectly met by a small research fund, which it is hoped will be increased in the near future to £40,000) four well-equipped laboratories for pathological, clinical, psychological and chemical investigations, and a medical library of between five and six thousand volumes especially rich in current literature. The laboratories were established by Dr Tuttle's predecessor in office, Dr Cowles. The annual literary output by the Hospital physicians is considerable and of high quality. Clinical conferences of the medical staff are held regularly on Tuesdays and also on other days, and are attended during term by senior students of the Harvard Medical School. In the pathological laboratory, in addition to the usual examinations of the body tissues, discharges and fluids, the tissues from all

pigs supplied from the farm for food are examined for trichinae, owing to the frequency of trichinosis in the district. In the clinical laboratory, special stress is laid on the fulness of the history and the thoroughness of the examination in each case, and the clinical records are voluminous and invaluable for reference. The convenient but indeterminate diagnosis of infective-exhaustive psychosis, which finds favour in so many quarters now-a-days, is seldom resorted to, such cases being usually grouped in the categories of manic-depressive psychosis and acute delirium. In the psychological laboratory, experimental work on association and the standardizing of the association experiments, and the study of certain elementary motor and intellectual functions, have been receiving special attention, but stress is laid on the limits of application of the academic methods of experimental psychology to the actual and concrete problems of clinical psychiatry. Increasing experience indicates that the intelligently observed behaviour of a person in actual life is a more valid criterion of mental balance than the study of his reactions under the artificial conditions of the laboratory, though the latter throws light on the mental mechanisms concerned in the process of adjustment of the individual to his difficulties, and in this way proves helpful, not only by suggesting appropriate lines of treatment in individual cases, but also by leading to a clearer appreciation of the nature of the psychoses in general. In the chemical laboratory, in addition to routine analytical work, special researches have been carried out and published recently on a method for the determination of the surface tension of liquids for biological purposes, and on the occurrence of alkylamines in body fluids obtained after Kjeldahl digestion. It is interesting to note in passing that a former worker for a number of years in the chemical laboratory of the M'Lean Hospital left that service for the chair of biological chemistry at the Harvard Medical School, namely, Professor Otto Folin, whose researches more particularly on nitrogenous metabolism and the amount of protein necessary in human diet have led to a considerable modification of the traditional physiological teaching on that important economic subject.

The nursing staff is also relatively large, about 50 men and 80 women, or more than one to every two patients. The nurses, men and women, are probationers, pupils, or graduates of the M'Lean Hospital Training School for Nurses, which was established in 1882 by Dr Edward Cowles, and claims the distinction of being the first formally organized school of the kind in any mental hospital in the world. The School can already point to a roll of 758 graduates (494 women and 264 men), of whom 258 are now lost to the profession, owing to marriage (170 women), retirement (41), or death (47); 214 are engaged in private nursing, and 211 in hospital and allied institutional work. while the remainder have taken up other professional and business pursuits, including, it is interesting to note, 53 physicians (49 men and 4 women), 10 medical students, and 10 dentists. The School is conducted by the Medical Superintendent under the authority of the Board of Trustees of the Massachusetts General Hospital Corporation, and gives a two and a half years' course of training and diploma in general nursing with special reference to the care of cases of nervous and mental disease. Likely candidates, men and women, are received on two months' probation, and if satisfactory by the expiration of that period they sign an agreement to complete the recognised course, and are then required to wear while on duty the Hospital uniform, which they provide at their own expense. As compensation for their services both men and women receive board, lodging and laundry, instruction in nursing, and pay, which in the case of the women, who are allowed more time for study than the men, is only sufficient to defray the cost of books and uniform and other necessary expenses. The men, who meantime do not receive the preliminary course of study given to the women, are paid at the following rates per month:—18 dollars (1st and 2nd months), 25 dollars (3rd to 12th months), 27 dollars (13th to 18th months), and 30 dollars (19th to 30th months), that is, at rates varying from about £44 to £72 a year. Men graduates remaining in the service and attaining to the position of head nurses may receive pay up to £132 a year. The women are paid at the following rates per month:—7 dollars (1st to 15th

months), and 10 dollars (16th to 30th months), that is, at rates varying from £17 to £24 a year. Women graduates remaining in the service may receive increased pay and, in the case of head nurses, up to £120 a year. Graduates of the School who are also graduates of the Massachusetts General Hospital Training School for Nurses in Boston are paid not less than £84 a year. Women graduates of the School who wish to have additional training and experience in general nursing may obtain this, and the additional diploma of the Training School for Nurses of the Massachusetts General Hospital in Boston, after eighteen months' satisfactory study and work at that Hospital. Graduates of the Massachusetts General Hospital Nursing School, with the object of gaining practical experience in mental nursing, have the opportunity of optional courses of three months' instruction at the M'Lean Hospital, and are taking advantage of this privilege more frequently than hitherto; but it is pointed out that a general hospital nurse to become a competent mental nurse requires to devote much more time to the special branch, and this she is usually not willing to do. The nursing curricula at the M'Lean Hospital include (1) for women, a preliminary practical course of four months, consisting of two hours' instruction daily, chiefly in the form of lectures, recitations, demonstrations, and laboratory work; and (2) for men and women, courses in anatomy, physiology, hygiene, bacteriology, drugs and materia medica, analysis of urine, hydrotherapy, physical exercises (including massage, medical gymnastics and Swedish movements), housekeeping, dietetics and cookery, general nursing, obstetrical nursing (to women, by means of lectures and text-books, graduates taking if they wish a later practical course at the Massachusetts General Hospital or some maternity hospital), and especially the nursing of cases of nervous and mental diseases. The courses of instruction are given chiefly by the officers of the Hospital, including the physicians, apothecary, superintendent of nurses and matron, and her assistant, instructors in physical training, in handicrafts, in dietetics, and in cookery, and the men and women supervisors and the head nurses. During the past year the course of instruction for women has been much

improved by the employment of a special teacher in the technique of general nursing. As her time is entirely devoted to teaching, her employment not only ensures more systematic instruction of the pupils but also relieves other officers of this work, who thus have more time for important executive duties. Similarly, the curriculum for men has been improved by the employment of a male teacher, specially trained for the purpose by a course of instruction at the Massachusetts General Hospital. Instruction of the nurses now also includes occupation therapy, with the object of extending the benefits of the latter in the wards to those patients who are unsuitable to come to the handicraft rooms owing to their mental condition or conduct. And further, with the object of fitting the nurses for a higher degree of companionship in their work and of improving their general education and culture, the librarian gives special series of lectures on the history of art and literature, and prescribes selected courses of reading. In these various ways a high standard of professional training is provided at the M'Lean Hospital Nursing School; and to make the permanent nursing service more attractive, it is hoped that in the near future there will be added to the equipment of the Hospital a home for the nurses and cottages for the married attendants.

Apart from beautiful and comfortable environment, good food, and skilled and sympathetic care and nursing—a combination of conditions which goes a long way towards the success of treatment in any mental hospital—outdoor exercise and hydrotherapy are largely relied upon as therapeutic measures in the majority of cases, although considerable prominence is also given to electrotherapy, massage, physical training, outdoor and indoor games and recreations, and occupation and diversion. The houses for excited patients have annexes with modern equipment for continuous warm baths and other forms of hydrotherapy. A nine-hole golf course, a baseball field, croquet lawns and tennis courts afford ample facilities for outdoor games in summer, and the beautiful grounds with their hills and hollows lend themselves admirably to the joys of tobogganing and skating and allied pastimes in winter. Amongst other

appointments of the Hospital may be mentioned the Farm for the supply of milk and vegetables; the Conservatory for the supply of cut-flowers and pot-plants; the Stables and Garage for providing the means of riding and driving exercise; the Amusement Hall for entertainments; the Library (situated in the central administrative or Pierce Building) with from seven to eight thousand volumes of general literature, which, with a generous supply of magazines and papers, serve to meet the varied tastes of the population; and the Memorial Chapel for religious services. Special mention, however, should be made of two buildings known as the Men's and Women's Gymnasia, which are utilised not only for gymnastics, physical training and allied exercises, but also as centres for the carrying on of much of the recreational, diversional, occupational and other therapeutical resources of the Hospital. Each is in charge of an instructor in physical training, who is a graduate of a normal school of gymnastics.

The Men's Gymnasium contains (1) an exercise room (with attached room for shower bath) for gymnastics, drill, Swedish exercises, and physical training; (2) a work room for carpentry and other forms of wood handiwork, under the direction of a competent teacher; (3) a bowling alley; (4) separate rooms for billiards and pool, and cards; (5) a silence room; and (6) a lounge.

The Women's Gymnasium contains (1) an exercise room, fitted like the men's for gymnastics, drill, Swedish exercises, and physical training; (2) two work or handicraft rooms, where instruction is given by a trained teacher in weaving (with several looms for plain and pattern weaving), lace-making, leather work, and basketry (in raphia, reed, and palm leaf), and in clay-modelling; (3) an art room where drawing and painting are taught; (4) a music room, and (5) in the basement, rooms for the Zander apparatus, massage, hydrotherapy, and electrotherapy.

There are special funds for the maintenance of the art and handicraft rooms at the Gymnasia, which largely serve the function of men's and women's clubs. They are comfortably furnished, and contain a fine collection of pictures—in oils, pastels and water colours—and photographs. Many

of the pictures are by well known artists. Some of these have been purchased by or gifted to the Hospital; but the majority are on loan by friends, who hand them over to the custody of the Hospital during their absence abroad, &c. This loan collection of pictures, of which some of the most valuable are hung in the art room of the women's gymnasium, has been for many years a pleasing and unique feature at the M'Lean Hospital.

The Massachusetts School for the Feeble-Minded, Waltham, Boston, Mass.

This well-known pioneer School in the work of caring for the feeble-minded was opened in 1848, under the name of the Massachusetts School for Idiotic and Feeble-Minded Youth. It owed its foundation to the philanthropic efforts of Dr S. G. Howe, Samuel May, and Stephen Fairbanks, who in 1850 obtained from the Commonwealth a charter incorporating themselves, their associates and successors, for the object of teaching and training feeble-minded persons, with power to hold real and personal estate for that purpose. The School started with a few pupils, and was located in unpretentious wooden buildings in Eighth Street, South Boston, near the old harbour. Dr Howe and the other trustees of the corporation exercised great care in selecting a suitable physician who could give his whole time and services to the establishment, and in 1852 succeeded in inducing Dr Edward Séguin of Paris to take charge of the School, for the purpose of organising the classes and introducing his method of training for the feeble-minded, which had already obtained recognition in France and other parts of Europe. When Dr Séguin came there were some thirty pupils, and on the solid foundations laid by Dr Howe and Dr Séguin the School gradually developed and prospered. Dr Walter E. Fernald, who came to the School as its first resident medical superintendent fully twenty-five years ago, has continued and greatly developed and elaborated their good work, and under his most enlightened and able régime the Massachusetts School for the Feeble-Minded has attained phenomenal growth and prosperity and a world-wide reputation, not only as a pioneer but also as a type of what such a school should be. When Dr Fernald assumed charge the School was still located at the old buildings in South Boston and had 220 inmates. It now has over 1600 inmates, of whom fully 1300 of both sexes are accommodated in the School proper at Waltham just beyond Waverley, eight miles west of Boston, on a fine estate of 150 acres with an extensive range of picturesque brick buildings, in which the inmates receive teaching, physical and manual or in-

dustrial training, and hospital care; and nearly 300 "boys" are accommodated in the colony at Templeton, about sixty miles farther west, on an estate of 2000 acres divided into separate farms, where they lead a happy and healthy country life devoted to agricultural pursuits. I had the privilege and pleasure of meeting Dr Fernald, who courteously showed me the main features of the School at Waltham, but owing to exigencies of time, and much to my regret, I was unable to accept his kind invitation to accompany him on a visit to the colony at Templeton. Dr Fernald's fine work at Massachusetts, in extension of the methods originated by the master-mind of Séguin at the middle of the nineteenth century, has laid the Commonwealth, and indeed the civilised world, under a debt of gratitude. His work and writings are well known to the specialty and the medical profession and, more particularly since the advent of Dr Maria Montessori, have also attracted the attention of the teaching profession and others interested in the important subject of normal education. Many physicians, teachers, educators and social workers visit the School annually to see the actual working of the Séguin methods, which have been followed in other schools for the feeble-minded since the days of the master, but have been specially developed by Dr Fernald, who has been approached on the subject of organising a course for the training of teachers. Instructors and nurses from many institutions in the States come to the School for definite training in the methods of teaching the various manual occupations. Out-patient clinics are conducted on Thursdays for examination, diagnosis and advice regarding patients coming from all parts of the State, and the abundant clinical material at the School is freely utilised by the medical schools, colleges and other educational bodies. By means of lectures and talks to medical, social, religious and other organisations, on topics connected with the work of the School, the people of the State have frequent opportunities of receiving education on the important subject of feeble-mindedness in its various aspects and bearings, special stress being laid on its hereditary character and the necessity for permanent segregation and prevention of parenthood.

Séguin taught fully seventy years ago that the natural and therefore proper method of educating the feeble and undeveloped faculties of the mentally deficient must proceed on the physiological lines of Nature's mode of development of the mind in normal children. In the healthy child there is a gradual evolution of the special senses and powers of perception and attention, and a gradual co-ordination of the many spontaneous and at first purposeless and useless movements into regulated and purposive and useful actions, and accompanying these, a gradual development of intelligence and will power. In the defective child the senses are inactive or sluggish, perception and attention are absent or feeble, and the bodily movements are deficient or occasionally excessive, and constantly aimless and inco-ordinated. Séguin pointed out that the education or development of the feeble-minded child, in order to be successful, must be aimed primarily at the rectification, if possible, of these special sensory and motor defects, and his elementary system of education for the feeble-minded consists essentially in the formal training of the special senses (sight, touch, hearing, etc.), and of the bodily movements and their co-ordination. These fundamental methods have been applied in the Massachusetts and other schools for the feeble-minded since the days of Séguin, and their systematic application during recent years by Dr Montessori to the education of normal children has greatly impressed educational authorities throughout the world. It is an interesting reflection that the practical study and treatment of the morbid mechanisms and workings of the mind in both the mentally deficient and the mentally unsound are yielding important contributions to the modern teaching and methods of normal education and normal psychology, not to mention the allied fields of sociology, criminology and penology. At the Massachusetts School the elementary system of education of the special senses and bodily movements directly leads up to, and prepares the pupils for, its splendid development under Dr Fernald into an elaborate progressive system of manual and industrial instruction, training and occupation, whereby the pupils are taught to knit, sew, darn, weave, embroider, make and repair stockings, mittens, caps and other articles

of clothing, rugs, baskets, brooms, brushes, mend shoes, help the baker, painter, carpenter, engineer and other tradesmen, collect and deliver supplies and run errands, and to carry on all kinds of outdoor work in the grounds, gardens and farm, and of indoor and domestic work in the various houses, kitchens (e.g., cooking), laundry and hospitals, including even the care by the older girls of the more feeble and helpless children. Many children who cannot be taught to read or write become very proficient and economically productive in manual occupations, which obviously still further aid in the cultivation of their mental powers and help to make their lives happy as well as useful. The educational methods are carried out by a strong force of teachers and trainers, in classes of varying grades in the different schoolrooms, training rooms and workshops. Within the limits of this survey it is not possible to refer to the many interesting details of the method of training and instruction, so thoughtfully conceived and so admirably carried out in the School, entering as they do into practically every aspect of the daily life of the inmates. It will suffice to say that in the schoolrooms the large number of children permits of their separation into classes of eleven well-defined grades, corresponding to the lower grades of ordinary schools, thus introducing the advantageous principle of class-work with its stimulus of healthy rivalry amongst children of similar capacities. One-half of each day is spent in the schoolrooms, and the rest of the day is devoted to manual or industrial training, physical drill and recreation. The school exercises are, in view of the natural limitations of the pupils, essentially direct, simple and practical, and object teaching, in the widest sense, is a prominent feature. So far as is possible in each case, the pupil is made to do, to see, to touch, to observe, to remember and to think. The School has a fine collection of objects, models, charts and other material for these purposes; and for the use of the teachers, there is a library of over 1000 recent and standard works on kindergarten and primary work, object teaching, physical and manual training and allied subjects. The physical training, in the form of military drill and gymnastic exercises of suitable nature,

improves the physique of the pupils and brings about an accompanying quickening of their mental faculties. The mental drill and discipline, and the careful supervision of the daily life in its various details, lead to the acquisition of good habits. In the general scheme of discipline and management, reliance is laid chiefly on the important factor of the love of approbation so universally shown by defective children, as well as on the inculcation of the doctrine that well-doing will bring its reward in the form of some cherished pleasure or privilege, and wrong-doing its punishment in the curtailment or deprivation of the same. No corporal punishment is administered. The manual or industrial training carried on in the training rooms, workshops, farm, etc., is the complement of the formal education received in the school classes, the fully developed capacities of the pupils being thus provided with proper outlets in the form of happy and useful work and occupations. Every boy and girl in good bodily health has some regular daily work assigned them, according to their age, size and capacity, the work being frequently changed, to familiarise them with different kinds of occupation. As regards recreations each ward or family of children has its separate playground, equipped with hammocks, swings, see-saws, sand-gardens, croquet, etc., the party in charge directing and assisting in the various games. In winter sledging is a favourite pastime on the fine hills in the grounds. There is also a " Zoo " of domestic animals and other pets, a never-failing source of interest and pleasure, and an important part of the scheme of object teaching, as the living animals are taken into the schoolrooms to stimulate attention and observation and the exercise of the special senses, and to promote the power of speech. The day rooms are provided with coloured picture books and playthings of every kind. During the school year evening entertainments are provided weekly, in the form of concerts, readings, school exhibitions, magic lantern shows, tableaux, minstrel performances, theatrical plays, or fancy dress balls. Religious services for the inmates are required by law, and are provided by the different demoninations. The regular holidays are observed in the orthodox manner, e.g., the Fourth of July, Christmas Day, etc. In

short, everything is done to make the life of the inmates as like that of normal boys and girls as possible.

The buildings at Waltham are on the segregate plan, thus providing, more satisfactorily than in the case of one large building, for the classification of the inmates according to their age and mental and physical condition into suitable and separate departments. These are about twelve in number, including buildings for boys of school grade, girls of school grade, adult males employed in farm work, adult females employed in domestic occupations, adult males of lower grade, adult females of lower grade, young and feeble boys and girls of lower grade, sick and infirm and bed-ridden males, and sick and infirm and bed-ridden females. Each department has a resident matron, who devotes her whole time to the supervision of the personal care of the family under her charge, each family having its distinctive and peculiar needs. All the departments being under the same general management, the School thus combines the advantages of both the large and the small institution; and by the arrangement of its buildings on the segregate plan, and the facilities afforded by a numerous population for classification into small and suitable units, it obviates the disadvantages frequently met in the large institution on the one hand and the small institution on the other. The system of separate buildings for the different families of the population, arranged on the basis of age and mental grade and physical state, enables the institution to be not only a School for teaching and training, but also a home and hospital for the whole-life care of mental deficient of every grade, and successfully meets the objections of those who favour separate institutions for juvenile and for adult defectives, for those who are educable and trainable and for those who are not, for higher grade and for lower grade defectives, and so on. The natural system would seem to be that which has been evolved after many years' experience at Waltham, in which the young defective first receives an elementary school education on physiological lines, developing the limited mental powers to their full capacity, and embracing the equally important factors of physique, health, disposition, conduct and character; is then trained to some manual or

industrial occupation, which provides an outlet for the developed capacity in each case; and so finally becomes a useful and happy citizen in a community in which he is known or understood, which he has come to regard as his home, and in which it is expedient that he (or she) should remain more or less permanently—in the absence of suitable parents or guardians in the outside world—owing to considerations of the hereditary character of feeble-mindedness and the possibilities of marriage or parenthood. Apart from the successes, the educational failures and the lower grade defectives and the infirm and sick are segregated in distinct buildings in which they receive the skilled care and attention which they will require during the rest of their lives. The policy of the reasonably large institution on the segregate plan for the whole-life care of defectives, with the advantages which its relatively big population presents for more efficient classification into small and similar groups of individuals, would seem to be preferable to that of multiple small institutions for different groups, arranged on the basis of age, educability, grade of mental defect and the like. Special institutions for lower grade defectives would be even more objectionable than special asylums for the chronic insane, which have been tried in various countries and found a failure, actual “ tombs of the intellectually dead.” Work would be similarly discouraging in special institutions for juvenile defectives in which the efforts to teach and train the pupils up to, say, the age of sixteen or twenty-one years would be robbed of their fair reward by the necessity for transfer of the pupils to an institution for adults; and the pupils themselves might not be made happier by the change, through sudden and complete severance from the friends and home of their “ school ” days, especially when it is remembered that, although they may have become adult in body, they will always remain children or boys and girls in mind. Given separate quarters, and preferably separate houses as at Waltham, juvenile and adult defectives may lead a continuous, happy and useful existence in the same institution, for many their school and home for life. In both groups there occur from time to time bad boys and bad girls, e.g., incorrigibles, moral delinquents, sexual perverts,

etc., who are apt to contaminate their fellows, and so require special supervision and treatment. Adult defectives as a class do not contaminate by their presence juvenile defectives living apart in the same institution; and amongst juvenile defectives themselves, living in association with one another at a school, there are the same risks, and the same necessity for supervision, as in the case of juvenile normals living under the somewhat similar conditions of our great public schools and boarding schools generally. Mere separation of juvenile from adult defectives will not prevent the development in the former of their specific and inherent defects, which in a certain proportion assume moral and volitional rather than intellectual forms. By an Act of 1911 provision has been made for the permanent detention in special departments of penal institutions of defective delinquents, that is, defectives with criminalistic tendencies who are unreformable, a troublesome insubordinate class, quite unsuitable for school or colony care. The ages of the 1584 inmates of the Massachusetts School at the close of the year 1912, were as follows:—Under 5 years, 4; from 5 to 10 years, 167; 10 to 15 years, 395; 15 to 20 years, 392; 20 to 25 years, 273; 25 to 30 years, 147; 30 to 35 years, 101; 35 to 40 years, 47; 40 to 45 years, 32; 45 to 50 years, 15; over 50 years, 11. The population now exceeds 1600, comprising roughly 650 of each sex in the main establishment at Waltham and 300 males in the farm colony at Templeton. With the exception of 40 private cases all are state patients maintained by the Commonwealth, which for many years also received cases from other States (at a charge of £60 a year, or nearly double the cost of keeping them), but has now ceased to do this owing to the constant demands for the admission of Massachusetts' cases. The applications number about 500 a year, but the majority are refused, the actual admissions averaging fully 200 a year, of whom approximately 80 are school cases, that is, cases within school age or capable of being benefited by school instruction, and 100 are custodial cases, that is, cases beyond school age or not capable of being benefited by school instruction. The number of deaths averages only about 25 a year, the death-rate being thus very low for a population proverbially feeble

and shortlived, and indeed almost exactly the same as the general death rate of Massachusetts (15.42 per 1000 in 1911). The annual discharges average about 100, but an active policy of discharge is not encouraged, as it is considered that the only effective solution of the problem of feeble-mindedness—owing to its hereditary character and its influence as a causative factor in the production of intemperance, crime, immorality, illegitimacy, prostitution, pauperism, vagrancy and idleness—is permanent segregation with prevention of parenthood on a comprehensive scale, in institutions for the majority of cases, or under guardianship (as by parents or others if suitable) in selected cases. The Commonwealth is gradually moving towards the adoption of this wise and far-seeing policy, by careful education of public opinion. At Waltham the school cases are admitted on the formal application of the parent or guardian and the medical certificate of a duly qualified physician; but after passing school age they cannot be detained, as in the case usually of other inmates who are formally committed by the probate courts, against the wishes of their parents, although many of them do remain with their parents' approval, and are practically on the footing of voluntary boarders. Still in a number of cases, as might be expected, in which the pupils after the course of school education and training have become useful wage-earners but are unsuitable for discharge, owing to undesirable features on the part either of the pupils themselves or their proposed new environment, discharge is effected against the advice of the Superintendent and Trustees, owing to the insistence of parents, relatives, friends or others. This has led the Trustees during recent years to adopt the practice of conditional discharge or liberation on probation, under which the boy or girl periodically reports in person to the School officials, who also visit the ex-pupil's environment from time to time. Two field workers have been added to the staff recently for this purpose, and for more intimate investigation into the environmental, social and other causes of feeble-mindedness, and the new procedure is giving satisfactory results. In cases in which the liberation on probation is a success, formal discharge follows. But the School and State authorities still

consider that it would be in the interests of Massachusetts for all its feeble-minded to be kept permanently on a register or census for the purpose, and thus remain subject to official control and supervision under guardianship as well as in institutions.

By Acts of 1905, 1908 and 1909 the Massachusetts School for the Feeble-Minded is a State institution, with technically two departments for school and custodial cases respectively, and is granted annual and special appropriations by the legislature for the provision of accommodation and the maintenance of inmates who otherwise would be supported at the expense of local rating authorities within the Commonwealth. The School is under the jurisdiction of the State Board of Insanity of Massachusetts, and is governed by a Board of twelve Trustees, of whom six are appointed by the Governor of the Commonwealth and six by the members of the Corporation of the School. The Trustees visit the School in rotation, one each week, and meet quarterly at the School. Dr Fernald is assisted by a large and capable staff, consisting mostly of women, and comprising 5 assistant physicians (of whom 3 are men), 1 dentist (man), 1 head matron, 1 kitchen matron, 12 matrons of departments at Waltham, and 4 at Templeton, 5 teachers, 1 teacher of Sloyd manual exercises, 1 teacher of domestic training, 1 music teacher, 1 handwork teacher, 5 training teachers, 1 director of physical training, 7 instructors in manual and physical training (men), 4 supervisors at Templeton Colony (men), also 2 stenographers, attendants and nurses, and other officials and subordinates. There is an average of one nurse for every nine patients, and the average cost of maintenance per patient is 15/- a week or £39 a year.

About a week before my visit there had been opened a new male infirmary, with accommodation for seventy men and boys, the subjects of bodily weakness and infirmity or acute illness. This building is nicely situated on rising ground, immediately surrounded by trees but commanding a beautiful and distant prospect towards the south, its main exposure. The accommodation for patients is on one floor, and in addition to comfortable and attractive dormitories

and bedrooms one was pleased to see a large and airy sun-parlour (with terrazo floor kept warm by embedded steam pipes) and two spacious open-air verandahs or porches, protected at the back and sides and overhead, one facing south, and the other—for use in hot weather—facing north. There are also a few open-air wood frame shacks for single patients suffering from tubercle, protected by mosquito screening, and also by detachable canvas screens for shelter from cold winds, especially those from the north and west.

The foregoing brief description of the School at Waltham would be incomplete without some reference to the Farm Colony at Templeton, sixty miles west. The institution of the Colony, which was opened in 1899, arose from the necessity of finding an outlet for the occupation of a gradually increasing number of able-bodied male adults at the School at Waltham, who could not be suitably discharged, nor suitably employed there, owing to the completion in the nineties of the development of the estate—its farm, gardens and grounds. The Trustees accordingly purchased the nearest available tract of land suitable for the purposes in view, namely, some 2000 acres of property at Templeton, situated at an elevation of 1140 feet above the sea, measuring about three miles long and one mile broad, broken by hills and valleys and a small river with water-power plants, and containing timber, wood, fertile soil, sand, gravel and building stone. The tract embraced seven "abandoned farms," that is, old-fashioned farms neglected and put on the market owing to the death of the old folks and the migration of the families to the towns and cities. The property was purchased at less than ten dollars (£2) an acre, the farm lands having almost passed out of tillage and become rough and overgrown with bushes and vines. Since its opening successive groups of boys have been drafted to Templeton, where they have been employed in constructing their own homes, e.g., repairing the old farm buildings, and making one-storied wooden additions for dormitory and dining accommodation, the cost of which has averaged about £40 per head, including furnishings. They have also been engaged in reclaiming and cultivating the lands. There are now about 300 boys at Templeton, living in four distinct

farm colonies, which are connected by good Telford roads, made by the boys with stones from the fields, gravel, etc. Each colony, which differs a little from the others in the age and capacity of its boys, is under the charge of a matron, with a supervisor and other attendants. The boys lead a happy, contented, useful and healthy life. They work out of doors all day the year round. In the summer they clear the ground of scrub and stones, converting what was worthless land into fine arable virgin soil, cultivate the crops, and look after the live stock. In the winter they prepare fuel, and care for the stock. In the evenings, till bedtime at eight or thereabouts, they play games, look at pictures, or read books if able to do so, or some one reads to them.

The material returns from the farm colonies at Templeton are already considerable, and supplement those of the farm and gardens at Waltham. At Waltham there is a fine herd of Holstein cows, nearly all bred and raised at Templeton, and both School and Colony have an abundant supply of good fresh milk. The farms also supply quantities of beef, veal, and pork; and the gardens yield large crops of vegetables and fruits, including potatoes, turnips, cabbages, green corn, onions, lettuce, tomatoes, rhubarb and apples. These profitable returns are largely the work of the boys, but like the other material and industrial returns of the Massachusetts School for the Feeble-Minded, are not to be compared in value with the higher and humanitarian results attained at the school, and the moral and economic and eugenic benefits which it confers on the population of the Commonwealth. About twenty-five per cent. of the boys at the Templeton Colony are able to read or write, but the majority are unable to do so, and consist of middle and lower grade defectives, capable of motor, manual and industrial training, and comprising some of the most useful members of the Colony. By this latest and most successful development of the School, full of suggestion and promise for the future, Dr Fernald has offered a practical and happy solution of one of the most pressing of the social problems of the day, the permanent segregation and supervision of the mental defective, leading in time to his disappearance from the community and, perchance, from the race.

Pavilion F, Department for Mental Diseases, Albany Hospital, Albany, N.Y.

Albany, the capital of New York State, finely situated on the west bank of the Hudson River at its junction with the great Erie and Champlain Canals, is a city of fully 100,000 inhabitants. The Albany Hospital, which was founded in 1849, is a general hospital and receives in its various departments, pavilions and wards, patients suffering from every kind of human malady, including not only the ordinary run of medical and surgical cases, and the subjects of skin, eye, ear, nose and throat, neurological, gynecological, contagious and venereal affections, but also the less usual categories for a general hospital, namely, obstetrical cases, children's diseases, fevers (including smallpox), tuberculosis, and mental diseases. The Albany Hospital is thus a general hospital in the literal sense of the term. It has accommodation for about 500 patients, an average daily resident population of approximately 250, and an average annual admission rate of about 4000, exclusive of some 700 out-patients whose re-visits approximate 5000 a year. There is a strong medical and surgical staff, and a well-organized training school for nurses, with a three years' course and diploma. Dr Harold C. Goodwin, the Superintendent and executive head of the Hospital, received his special administrative training in an institution for the insane. The Hospital is managed by a board of governors, and is maintained largely by the payments made by the patients and their friends, but also by contributions from the State of New York and the cities and towns of the country, by the income from invested endowment and other special funds, and by the subscriptions and donations of the charitably disposed. About one-half of the patients are "semi-private," one-fourth "private," and one-fourth "public." The Hospital affords facilities not only for treatment, but also for study and research, and for teaching by the professors and lecturers of the Albany Medical College. It is pleasantly situated in its own grounds near Scotland

Avenue, and is a substantial structure on the pavilion plan, the central administration building and main medical and surgical pavilions facing the south. The latest addition to the Hospital is a fine nurses' home, with accommodation for 150 nurses and 20 servants. The home provides a separate room for each nurse, ample toilet facilities, spacious dining, recreation, reception and lecture rooms, and a roof garden. The tuberculosis department of the Hospital has been much developed during the past four years, and comprises a separate country hospital establishment, intended more particularly for advanced cases, and situated near the State Sanatorium at Ray Brook for early cases.

Pavilion F, the Department for Mental Diseases, was established in 1902 through the efforts of Dr J. Montgomery Mosher, the Attending Specialist in Mental Diseases and occupant of the professorial chair on the subject at Albany Medical College, and one of the Editors of the American Journal of Insanity. Pavilion F, Albany Hospital, has the distinction of representing the first systematic attempt within more modern times in America to carry out the treatment of mental patients and to establish a psychiatric clinic in a general hospital. Dr Mosher has always laid emphasis on the bodily or physical aspect of mental diseases and the necessity for their treatment on the approved lines of general medicine, though fully recognising at the same time the essential importance of the psychical and moral factors in the treatment and care of the mentally afflicted. Dr Mosher kindly showed me over Pavilion F and explained its various arrangements. It is situated behind the medical pavilions, towards the north aspect of the Hospital. It is a two-storied building, and the plans of the two floors are identical and provide accommodation for 32 patients in all, 16 of each sex. Each floor has two suites of spacious rooms, for quiet and for disturbed patients respectively, separated from one another by a suite consisting of three lavatories (two for patients and one for nurses), a bathroom (with tub and shower for hydrotherapy), linen room, and pantry. The suite for acute and disturbed cases is towards the north end of the Pavilion, and consists of ten bedrooms and a large dayroom. The suite for convalescent and quiet patients is

towards the south end of the building, and consists of three bedrooms, a dormitory, and two dayrooms. The inclusive staff for day and night duty consists of a head nurse, eight subordinate nurses, and two male orderlies. All kinds of mental cases are received, and the admission rate now exceeds 300 a year. During the eleven and a half years the Pavilion has been in operation, from the 18th of February 1902 to the 30th of September 1913, 2779 cases have been treated, the forms of disease being chiefly as follows, in order of frequency:—Alcoholic Delirium (331) and Alcoholism (315) 646 cases, Melancholia 379, Terminal Dementia 349, Acute Delirium 176, Confusional Insanity 171, Mania 137, Primary Dementia 122, Idiocy and Imbecility 108, Chronic Delusional Insanity 101, Recurrent Insanity 70, General Paralysis 70, Neurasthenia 65, Organic Brain Disease 59, Epilepsy 53, Drug Addiction 49, Hysteria 45, Hypochondriasis 19; and in other and less frequent instances, various morbid mental manifestations complicating the course of such diseases as tuberculosis, pneumonia, meningitis, cerebral concussion, fracture of skull, heart disease, locomotor ataxia, chorea, typhoid fever, etc. The results of treatment have been as follows:—Recovered (20 per cent.) and Improved (34 per cent.), 54 per cent.; Unimproved, 37 per cent.; Died, 8 per cent. In other words, more than half of the patients treated in the mental wards or clinic of the Hospital are restored to health and home, and so escape the alternative of being labelled as insane and sent to state hospitals. The methods of treatment employed are essentially those followed in the medical wards generally, the characteristic features of physical and nervous exhaustion and poisoning present in so many of the psychoses being dealt with mainly by such measures as rest, simple and abundant nourishing diet in liquid form, copious draughts of water, saline enemata, warm baths at night, massage, eliminating drugs, and tonics. No sedatives are employed. A special point is made at the outset of treatment in each case, namely, of first securing the patient's confidence and allaying the state of apprehensiveness and suspiciousness so commonly met with in cases of nervous and mental illness. This important point is specially

emphasized to the nurses, and it is interesting to note that the accumulating experience of years has clearly shown that the course of training of the nurses in the mental wards greatly increases the efficiency of their work in the hospital wards generally, sharpening their powers of observation, and developing those qualities of tact and adaptability that are frequently found wanting in the ordinary hospital trained nurse, though not in those of the best type. It is also interesting to note that during the now considerable period of operation of Pavilion F at Albany Hospital, the nurses have been subjected to no incivility or injury except from patients of their own sex. Such facts as the above speak for themselves, and clearly indicate that no great general and teaching hospital can be regarded as complete, and as properly fulfilling its functions and its duty to the community, unless it provides for the treatment and nursing of the "higher" as well as the "lower" diseases of the nervous system and of the bodily economy in general.

Bloomington Hospital, White Plains, Westchester County, N.Y.

This institution is officially known as the Psychopathic Branch of the New York Hospital, and is situated fully 22 miles to the north of New York City, being reached by train from the Grand Central Depot or Station to White Plains Depot on the Harlem Division of the Hudson River Railroad. The movement for the foundation of New York Hospital was initiated in 1769 by Drs Peter Middleton, Samuel Bard, John Jones and others, who started a subscription fund, and in 1771 obtained a charter from the Colonial Government, incorporating the promoters and members under the name of the "Society of the Hospital, in the City of New York, in America," and vesting the management of the institution in a Board of twenty-six Governors. Subscriptions and donations to the hospital scheme were also contributed by doctors and other friends in Great Britain. The hospital building was commenced in 1771, destroyed by fire when nearing completion in 1775, reconstructed through financial aid from the Government Legislature, but delayed in erection owing to the Revolutionary War and other causes, and finally opened for the reception of patients on the 3rd of January 1791. The original New York Hospital was situated in Broadway opposite Pearl Street, in the oldest part of the City close to the Harbour, and from its earliest years it received not only medical and surgical patients, but also "maniacs," of whom 215 had been under treatment by the end of 1803. Owing to the increase of the insane patients and the disadvantages of treating them in the same building as the others, a separate building for the former, known as the "Lunatic Asylum," was erected in the original Hospital grounds in 1808, the State Legislature contributing towards the cost. Meanwhile the historic movement in favour of the mild and humane treatment of the insane, started towards the close

of the 18th century by Pinel of the Bicêtre at Paris and Tuke of The Retreat at York, was slowly spreading farther afield, and the Governors of the Hospital again sought the aid of the Legislature, with the object of establishing an entirely separate asylum department on a farm in the vicinity of the city. The State Legislature responded nobly, and in 1816 granted to the Society an annuity of 10,000 dollars (£2000) until the year 1857. A farm of twenty-six acres was purchased for the purpose, on one of the finest sites on the island of Manhattan, namely, Harlem (now Columbia) Heights, overlooking the Hudson River to the west and the Harlem River to the east, and now the site of the handsome new buildings of Columbia University, near the north-west corner of the beautiful Central Park of New York. Here in 1821 was opened the Bloomingdale Asylum, which took its name from the Bloomingdale Road bounding the new property on the west towards Hudson River. After 1821 no provision was retained for mental cases at the general hospital in the city, though the two establishments continued to be owned and managed by the Society of the New York Hospital, the management of the Asylum being vested in a special committee of six Governors, elected by and subordinate to the Board, with an executive lay superintendent, and his wife as matron, a resident physician, and an attending physician who directed the medical treatment of the patients. In 1831 the appointment of attending physician was abolished, and the resident physician was made principal medical officer. The Asylum was enlarged by the addition of a separate building for men in 1829, and a similar building for women in 1837, and by the extension of the lands to fifty-five acres. In 1843 the New York City Pauper Asylum was opened, and thereafter the Bloomingdale Asylum ceased to take parochial patients from the city. It continued to receive this class from the counties, but the practice gradually diminished owing to the increasing cost of treatment, and the Asylum became developed more and more on the lines of a corporate institution for the private class, with accommodation for about 250 patients. Owing to the rapid and phenomenal expansion of the city northwards (the chief direction available) during the latter part

of the nineteenth century, the requirements of street planning and developments, and the disturbance of the institution amenities, the Asylum was removed to its present site at White Plains in 1894, under the changed name of the Bloomingdale Hospital, now commonly known as "Bloomingdale." Some 1553 patients had been treated previous to 1821 in the wards and "Lunatic Asylum" of the original New York Hospital near the Harbour; during the occupancy of Bloomingdale Asylum on Harlem Heights, from 1821 to 1894, the admissions numbered 9433; and from 1895 to 1913 inclusive, the admissions to Bloomingdale at White Plains have amounted to 2298, yielding a total of some 13,264 mental patients treated under the auspices of the New York Hospital since its opening in January 1791.

The original General Hospital was replaced in 1877 by the present large New York Hospital, extending from West Fifteenth Street (for public patients) through to West Sixteenth Street (for private patients), about half-way between Fifth and Sixth Avenues. Steps are being taken to replace the Hospital by a larger building, with from 400 to 600 beds, on the site enclosed by 54th and 55th Streets and 11th and 12th Avenues. The New York Hospital has a strong staff of visiting and consulting physicians and surgeons and specialists, and it affords facilities for study, research and teaching to students of Cornell University, with which it is now affiliated for these purposes. It has well-equipped pathological laboratories, and hydro-therapeutic, thermo-therapeutic and X-ray installations, and efficient dental, out-patient and social service departments. There is a well-organised training school for nurses, with a list of graduates numbering nearly 800, their diplomas dating from 1878 and onwards. Fully 6000 in-patients are treated annually, mostly public cases, but also from 600 to 700 private patients; and in addition about 40,000 patients are treated in the out-patient department, and fully 12,000 cases in the ambulance service. About 3000 surgical operations are performed annually, and for purposes of general anaesthesia nitrous oxide followed by ether is usually employed. The main Hospital at Fifteenth and Sixteenth Streets has a hospital branch in the city, the House of Re-

lief in Hudson Street, opened in 1894. It receives general hospital patients, but among its special features may be mentioned the large number of cases of fracture treated, the genito-urinary clinic, and the roof ward for the open-air treatment of suitable medical and surgical cases which is giving very gratifying results. There is also a convalescent branch in the country, the Campbell Convalescent Cottages, situated at White Plains, on the same property as the Psychopathic Branch or Bloomingdale. From its small beginnings about 1770 the Society of the New York Hospital thus operates at the present day four separate and important institutions, two general hospitals in New York City, and a mental hospital and a convalescent home at White Plains. In its early years it was well supported financially by the State, and the Governors, who manage the various institutions on behalf of the members of the Society in terms of its original charter, report annually to the Legislature. Its income is derived chiefly from the boards paid for private patients at Bloomingdale and the two Hospitals in the City, and from ground rents, interest on bonds, invested trust funds, etc. The annual expenditure for current maintenance, improvements and additions, on the average exceeds the ordinary income by about £20,000, largely owing to the considerable amount of charitable work overtaken by the Society, especially in the form of free treatment for public patients. As in the case of similar undertakings, the Society has to depend on special donations and legacies from its well-wishers in order to meet its financial difficulties.

The grounds at Bloomingdale extend to 350 acres and, apart from a farm and garden for the supply of milk and vegetables, are largely ornamental and recreational in character and contain abundant facilities for walking and driving exercise, golf, baseball, lawn tennis, croquet, etc. Special features are a beautiful grove of forest trees with pleasant walks and seats, a pretty ornamental lake, and nicely timbered parks in the immediate vicinity of the buildings. The latter occupy an elevated site and command extensive views across undulating wooded and pastoral country to the Westchester Hills. The range of buildings is in the Spanish renaissance style, the front elevation as viewed from the east

being relieved by graceful towers and minarets, projecting pointed roofs, and semi-circular vestibules and loggias. The buildings are mostly three-storied, and constructed of red brick with red sandstone trimmings and terra cotta decorations. Occupying the centre of the east front is the administrative building, with reception and committee rooms, medical offices, library, laboratory, dispensary, and officials' quarters on the ground floor, and on the upper floor, a large assembly room with permanent stage, for social entertainments and religious worship. Behind this building is the kitchen, with a dining room on each side for the male and female employees, and behind the kitchen are the laundry and the tradesmen's workshops. On each side of this central group of buildings, and connected to it as well as to one another by means of corridors above ground, are three handsome and comfortably furnished pavilions for the patients, those on the north side being for women and those on the south for men. To the north-east and south-east of the women's and men's pavilions respectively are elegant and luxuriously appointed villas, for patients of the wealthier class. These are four in number, named after prominent benefactors of the Hospital (e.g., Macy, Brown, Bexter, and Banker Villas), and are connected to the pavilions and central kitchen by means of underground corridors and basement passages. The villas and pavilions contain numerous private suites in addition to accommodation of more general character, and the various buildings are well heated and ventilated and lit by electricity throughout. Two separate buildings are provided for the two sexes for purposes of daily occupation and recreation indoors, especially during the winter months, the women's gymnasium or solarium lying to the north-west of the women's pavilions, to which it is connected by a covered way, and the men's gymnasium occupying a site by itself to the south of the men's buildings.

Special attention is devoted to occupational training in the arts and crafts and to physical culture. The men's gymnasium is a bright attractive one-storied building, shaped like a cross, with the tallest portion or gymnasium proper at the centre, lit by windows above the level of the roofs of

the four limbs; the latter are also well lit, and contain separate apartments for a bowling alley, a billiard room, smoking and reading rooms, and workshops. The physical training and drill are under the charge of a former army instructor; and the workrooms in the gymnasium and men's buildings are under the supervision of a trained teacher and his assistant, the former of whom is paid a salary of fully £260 a year. The occupational training for men includes joinery, fret-work, basketry, cabinet and upholstery work, broom-making, chair-caning, weaving, rug-making, bead-work, pottery, brass work, leather work, painting, etc. The women's gymnasium contains on the upper floor a large bright room, lit both from above and from the sides, and fitted with various appliances for physical culture and gymnastics; and the drill, and other exercises and games, e.g., bicycling, dancing and folk dances, basket and medicine ball, bean bags, quoits, deck games, etc., are carried on under the supervision of a trained instructress, who receives a salary of from £130 to £140 a year with board, etc. The occupational training for women in the arts and crafts is highly organised, and is under the charge of the wife of one of the physicians, aided by three capable assistants. The occupations taught in the women's workrooms include basketry (reed, raphia, and palm-leaf), raphia work (e.g., sewed basketry, knotted bags and hats, crocheted doilies, and dolls), loom-weaving, rug-making, needlework, dress-making, crochet, knitting, spool-knitting, book-binding, drawing, design, colour theory, painting, outdoor sketching, modelling, stencilling, block printing, and leather tooling.

In addition to its facilities for physical, recreational and occupational treatment, the Hospital is provided with equipment for hydrotherapy and electrotherapy, the former including baths for continuous warm water treatment. There is also a dental surgery, with an attending surgeon in charge. Rest and massage are also employed freely, and it is hoped that in the near future there will be provided more extensive accommodation for the open-air treatment of the sick and acute cases, the existing balconies being inadequate for the purpose. It is also proposed to introduce equipment for mechanotherapy. The Hospital is

provided with a seaside villa, at Oakland Beach on Long Island Sound. During the summer months suitable patients are given a change of residence there, and parties drive daily by automobile from Bloomingdale to Oakland Beach, and enjoy the seaside picnics, boating, bathing and fishing, and occasional motor launch trips along the beautiful shores of the Sound. The Hospital has a well-appointed garage and stables department.

Bloomingdale has accommodation for fully 400 patients, approximately 200 of each sex, and it has an average resident population of 350, and an admission rate of about 150 a year. While the majority of the residents are committed or certificated cases, during recent years there has been an increasing proportion of voluntaries among the admissions, and in 1913 forty-three per cent. of the admissions came of their own accord. The Hospital receives private patients, rich and poor, suffering from all kinds of mental disorders, including occasional cases of inebriety and drug habit. Dr William L. Russell, the Medical Superintendent, who most courteously devoted a day to my visit, has a separate residence in the grounds, to the south-east of the main buildings. He has a staff of five assistant physicians and two medical internes, all graduates in medicine. The internes receive salaries of £200 a year, and the assistant physicians' salaries varying from £300 to £600 a year, with quarters, board, etc., the latter allowances being also provided for wife and family in the case of the married assistants. One of the assistant physicians is a lady doctor. Dr Charles I. Lambert, who had been appointed first assistant physician shortly before my visit, was for nine years on the staff of the New York Psychiatric Institute and the Manhattan State Hospital at Ward's Island, New York City. In addition to their regular clinical and therapeutical duties the medical staff overtakes a considerable amount of routine and research work of high quality in the pathological and psychological laboratories of the Hospital, including investigations on the Wassermann reaction, salvarsan treatment, psycho-analysis, psychogalvanometric tests, and the important subject of the various types of personality or mental make-up. Dr George S.

Amsden, third assistant physician, is in charge of the laboratory operations, and conducts the Wassermann tests for New York Hospital. At the laboratories of the latter in the city, Dr W. J. Elser, the Pathologist, makes bacteriological examinations from time to time of the water and milk supplies at Bloomingdale. Medical staff conferences for the discussion of cases and administrative problems are held at the Hospital twice weekly; and there are also occasional special meetings, attended by physicians from the district and the city, who are invited to take part in the discussions and to contribute papers on topics of common interest.

The nursing and domestic staff comprises about 65 nurses, 55 attendants, and 30 ward and pantry maids and men servants. Apart from the domestic help, there is thus on the average one nurse or attendant to every three patients. The attendants are paid from £60 to £180 a year, and the nurses from £48 to £180 a year, with the usual allowances. The ordinary course of training occupies two years, on the completion of which a certificate may be obtained. Recently however the school has been affiliated with the New York Hospital training school and registered by the State Department of Education, and it grants a diploma after a three years' course, of which nine months must be taken at a general hospital and three months at the Manhattan Maternity. The training school is under the immediate direction of the superintendent of nurses.

Apart from the cost of extraordinary improvements and renewals, which is met by special appropriations sanctioned by the Board of Governors of the Society, the average per capita cost of maintenance at Bloomingdale is fully £180 a year. Fully fifty-five per cent. of the total number of patients treated pay less than the average cost, and some forty-five patients are maintained free of charge. The Society thus carries out a considerable amount of charitable work at Bloomingdale, this being made possible by the boards paid by the wealthier patients, and by the income, amounting to about £1600 a year, derived from a special fund bequeathed for the purpose (but for the benefit of women patients only) by the late John C. Green, after whom one

of the women's pavilions is named. Bloomingdale is self-supporting, and devotes its charity to that peculiarly unfortunate but deserving class of mental invalid, the man or woman of education, culture and refinement who breaks down mentally in circumstances of impecuniosity, and is hardly a fitting subject for care and treatment at the expense of the state or public rates. The charitable work of the Hospital is restricted essentially to curable cases.

THE STATE HOSPITALS OF NEW YORK STATE.

The population of New York State is increasing at the rate of 200,000 yearly and now numbers approximately 10 millions, of whom New York claims about one-half. The total number of insane officially known to the State Hospital Commission, or central lunacy authority of New York State, exceeds 35,000, of whom fully 1000 are resident in licensed private institutions (e.g., Bloomingdale Hospital, and other private mental hospitals, sanitarium, retreats and homes), and about 34,000 are cared for by the State in public mental hospitals, which are officially designated the State Hospitals. The twenty-two licensed institutions for mental invalids of the private class are not over-crowded, and on 1st April 1913 their inmates numbered 1067. The New York State Hospitals on the contrary are greatly over-crowded. They are sixteen in number, namely:—(1) 14 State Hospitals proper, for the care and treatment of the “poor and indigent insane” citizens of New York State, mostly very large institutions, with 32,255 inmates on 1st April 1913; these hospitals may also receive private patients who are citizens of the State, provided that there is room for them, and subject to the consent of the medical superintendent and to the production of a surety company bond guaranteeing payment of board, the rates of which vary from about £65 to £105 a year; and (2) 2 special State Hospitals for the criminal insane, Matteawan S. H. and Dannemora S. H., which are under the management of the Superintendent of State Prisons, with 1323 inmates on 1st April 1913.

The extent of the over-crowding in the New York State Hospitals may be seen from the following Table, giving in each case its name and location, year of opening, certified capacity or number of beds, and number of patients on 1st April 1913:—

Names and Locations of New York State Hospitals.	Year of Opening.	Certified Capacity (Beds).	No. of Patients on 1st April, 1913.
Utica S. H., Utica	1843	1321	1552
Willard S. H., Willard	1869	2015	2403
Hudson River S. H., Poughkeepsie	1871	2709	3119
Middletown (Homeopathic) S. H., Middletown... ..	1874	1865	2017
Buffalo S. H., Buffalo	1880	1684	2073
Binghampton S. H., Binghampton	1881	2110	2392
St. Lawrence S. H., Ogdensburg	1890	1776	2041
Rochester S. H., Rochester	1891	1268	1504
Kings Park S. H., Kings Park, N.Y.... ..	1895	3147	3972
Long Island S. H., Brooklyn, N.Y.	1895	637	755
Manhattan S. H., Ward's Island, N.Y.C.	1896	3596	4589
Central Islip S. H., Central Islip	1896	3617	4631
Gowanda (Homeopathic) S. H., Collins	1898	978	1144
Mohansic S. H., Yorktown	1910	42	63
Matteawan S. H., Fishkill-on- Hudson	1892	617	826
Dannemora S. H., Dannemora ...	1899	358	497
		27,740	33,578

On 1st April 1913 the New York State Hospitals thus contained 5838 more patients than they had certified accommodation for, or a population of 21 per cent. above their capacity, and at the time of my visit the numbers were still increasing rapidly. The great growth in the number of the inmates of the State Hospitals is of course explained mainly by the phenomenal rise in the population of the State with its constant contribution to the ranks of the insane, but also by the special factor of the accumulation in mental hospitals of unrecovered patients who, owing to the characteristic disabling effects of their maladies as regards their social relationships, frequently require prolonged and even lifelong institutional care, in this way contrasting with other con-

firmed invalids. The over-crowding of the State Hospitals is explained mainly by the heavy financial burdens of the State. It is said that 25 per cent. of the State Government expenditure is already devoted to lunacy matters, and meantime the Legislature is unwilling to grant the special appropriations for the additional accommodations and improvements required. Further, owing to the increase in prices and cost of living generally, the per capita cost of maintenance of the patients in the State Hospitals is also rising and already averages more than £40 a year, with the result that strenuous steps are being taken to reduce maintenance expenses in every possible way. The existing political impasse—with two Governors of the State, one of whom refuses to resign, and the other is being impeached—also largely complicates the situation, the general result of which is that the Government is merely marking time and refusing to make appropriations for the State Services, which are consequently in a very unsettled condition. Politics stir up lunacy affairs much more profoundly in the United States than in the British Isles. With every change of State Government there are apt to be changes affecting the personnel of the State Commissions in lunacy and the superintendentships and other executive posts in the State hospital services. Thus Mr T. E. M'Garr had recently lost his post as Secretary of the New York State Hospital Commission, notwithstanding a record of fully 30 years' highly efficient service in lunacy administration, and an accumulation of special knowledge and practical experience in lunacy affairs second to none in the State. Again recently in Illinois the new Governor had made a wholesale clearance not only of the former members of the central State Board of Administration for the management of the State Hospitals and Institutions, but also of the Superintendents of these establishments, substituting men of his own party, including some with no previous hospital experience. Several of the medical superintendents of mental hospitals whom I met during my visit, including some of the leading psychiatrists in the United States, mentioned to me that they felt their positions insecure owing to the recent changes of government. Such a system cannot but

be detrimental to the interests not only of the insane but also of the State. Security of tenure in the higher posts of psychiatry is not only essential for the attraction of able men to the specialty; it is also essential to the successful carrying out by the State of any well-considered, comprehensive and continuous policy of mental hygiene for the amelioration, cure and prevention of mental illness within its borders.

Historical Note.—The foregoing narrative of my visits to the various mental hospitals has usually included a short historical note on the origin and development of each. It will be of interest to refer here shortly to the evolution of the care of the insane in the United States, and especially in New York State, not only in view of the latter's present difficulties in lunacy matters, but also because the State of New York was one of the first to realise the full significance of its duties and obligations towards its "poor and indigent insane," and to work out in practice the now more or less generally held view in the States that the public insane are to be regarded, not in the light of poor and needy invalids dependent on the financial support of parochial, county, or municipal rates, but as fitting medical wards of the wider area of the State, requiring appropriate care and treatment and also scientific investigation. The American Medico-Psychological Association, founded in 1844 and the oldest of American medical societies, has recently remitted to a Committee, under the Chairmanship of Dr Henry M. Hurd, late Superintendent of the John Hopkins Hospital of Baltimore, the publication of "The History of the Institutional care of the Insane in the United States and Canada," a great undertaking which will probably take several years to accomplish.

In the days of the early pioneers and colonial settlements there was naturally no provision for those who had the misfortune to become mentally afflicted, the settlers requiring all their resources in their own struggle for existence and livelihood. Later—and largely as a measure of self-protection by the community—there were erected penitentiaries or prisons for social malefactors, and poor-houses or almshouses, receptacles, outhouses and the like

for social failures and derelicts, the administrative units being the cities or municipalities, the townships or parishes, or in some states the wider areas of the counties. In such institutions the more violent insane were incarcerated, usually neglected, and frequently restrained in chairs or cages and subjected to other barbarous cruelties. From 1750 onwards, with the opening of the Pennsylvania Hospital, the mother of American hospitals, general and mental, the idea that insanity was a disease requiring treatment and care like other human illnesses, became more and more recognised; and during the following hundred years hospitals were provided in various parts of the country, founded mainly through the efforts of the philanthropic and charitable, though frequently with financial backing by the state or municipality or other local authority. In this way were established many of the well-known general and mental hospitals of the present day, as in Pennsylvania, Virginia, New York, Maryland, Massachusetts, Connecticut, Carolina, Kentucky, and Ohio. Owing to the special difficulties and relatively expensive treatment of the public insane and to the constant increase in their numbers, arising from the expanding general population and from the accumulation of unrecovered cases, the original hospitals of the country were quite inadequate to deal with this vast public problem, and so the majority of the insane still continued to be housed in prisons and almshouses and the like under the former conditions of neglect and cruelty. Towards the middle of the nineteenth century, through the efforts of physicians, social reformers and philanthropists, prominent amongst whom was Miss Dix, the American people began to realise that the care and treatment of the public insane could not be undertaken properly by cities, townships, or counties, but was the duty of the wider authority of the State. In this way individual states began to assume control of existing institutions in part or whole, or to establish special state asylums for the public insane. At first it was thought by those states moving in the matter that one such asylum would suffice for each State, the impression being that insanity, if treated in the early or acute stage, was a curable affection in the great majority of cases.

Thus in the case of New York State its first State Asylum was opened in 1843 at Utica, near its geographical centre, with the intention that all the acute cases of the public class in the State should be sent there for treatment, including also those (acute and chronic) from the county almshouses of the Utica district. The Utica State Hospital (as it is now called) was a large institution, well-equipped, well-officered, and well-managed, with a definite code of regulations for the admission and discharge of patients; and the Act of the legislature under which it was established has been regarded as a model for similar institutions throughout the United States, and the Hospital itself has had an important influence in the development of the present system of the State care of the public insane throughout the country. A few years after its opening the Utica State Hospital became filled, and it was found that the only way to make room for acute cases was by discharge of chronic patients, who were placed by the county authorities in the poorhouses, etc., as before, and amid the former conditions of overcrowding, poor feeding, neglect and cruelty. Chiefly from motives of economy the county almshouses and asylums became steadily increased in number during the quarter of a century following the opening of Utica Asylum, and notwithstanding, steadily overcrowded, and their condition became a reproach to the State. The expedient was then tried of establishing a State Asylum for the chronic insane, namely at Willard in 1869. This step, although temporary in character and limited in extent, was a move in the right direction, for it showed what could be done under the ægis of the State in the way of the amelioration of the lot of the chronic insane; and it clearly indicated that the only proper solution of the wider problem was the State care of all the insane of the public class, chronic as well as acute. Additional State Asylums were accordingly opened at Poughkeepsie on Hudson River in 1871, at Middletown (Homeopathic) in 1874, at Buffalo in 1880, and at Binghamton in 1881, the last, like that at Willard, being originally intended for chronic cases only. On 14th May 1889 the New York State Commission in Lunacy (called since the spring of 1912 the State Hospital

Commission) was first organized, and the three members appointed were Carlos F. MacDonald, M.D., President (1889-1896), Goodwin Brown (1889-1899), and Henry A. Reeve (1889-1897). During their administration the State Care Act was passed by the Legislature in 1890, the State Hospital system was unified and consolidated, the laws governing the insane and institutions for their care and treatment were revised and codified, the public insane in county asylums and poorhouses were removed to State Hospitals, and the following additional State Hospitals were opened:—St. Lawrence at Ogdensburg on the River St. Lawrence in 1890; Rochester in 1891; King's Park and Long Island, both now in Greater New York, in 1895; Manhattan on Ward's Island, New York City, and Central Islip on Long Island in 1896; Gowanda (Homeopathic) at Collins in 1898; and Mohansic on Lake Mohansic near Yorktown in 1910. When New York State adopted the care of its insane, the State Hospitals at Willard and Binghamton became, as in the case of the State Hospitals generally, centres for the treatment of the acute as well as the chronic insane of their respective districts. The districts served by the various Hospitals have been varied from time to time according to the needs of the several districts and the accommodations available in the respective Hospitals. The Hospitals at Middletown and Gowanda, apart from serving their districts, are also intended for patients from any part of the State in whose case homeopathic treatment is desired. Notwithstanding the foregoing considerable increase of the New York State Hospitals since the passing of the Act of 1890, the total accommodation provided by the State for its poor and indigent insane has proved quite inadequate, as is indicated in the preceding Table showing a census of patients and beds on 1st April 1913, about six months before the time of my visit. Taking the ratio of insane to population in New York State at say 3.5 per 1000, its annual increase of population alone would account for a quota of 700 extra cases per annum, sufficient to fill a new hospital of moderate size in each successive year.

New York State Insanity Law.—The New York State Hospital Commission is charged with the execution of the

Insanity Law relating to the custody, care and treatment of the public and private insane of the State. Its statutory provisions for the commitment, custody and discharge of the insane are similar in principle to those obtaining in the British Isles; but just as the English, Scottish and Irish lunacy provisions differ to some extent from one another, so do those of New York State possess some distinctive variations or features, which merit more than passing notice in the case of a country in which the liberty of the subject is so much stressed, and as will be seen, so thoroughly safeguarded. A person alleged to be insane and who is not in confinement on a criminal charge, is in an ordinary case committed to and confined in an institution for the insane upon an order made by a judge of a court of record of the city or county, or a justice of the supreme court of the judicial district, in which the person resides or may be found, supported by a *joint* certificate of lunacy made by two qualified medical examiners in lunacy (a list of whom is kept by the Commission), and by a "verified" petition and statement made by a responsible relative or other duly authorised party (a list of those who may apply to the court as petitioners is specified in the Statute). Notice of the petition or application to the court must be served previously upon the person alleged to be insane, and if made by an overseer or superintendent of the poor, also upon the spouse or near relative of the person, or otherwise upon the party with whom the person resides or may be found. The judge may dispense with service of the notice of the petition upon the person, or may direct substituted service to be made on some party to be designated by him, in which cases he states in a certificate attached to the petition his reason for dispensing with personal service of such notice, and if substituted service is directed, the name of the party to be served therewith. When no demand is made for a hearing on behalf of the alleged insane person, the judge proceeds forthwith to determine the question of insanity, and if satisfied that the alleged insane person is insane, issues forthwith the order for commitment of such person to an institution for the insane; but if the judge considers the insane person to be harmless, and suitable to

be taken proper care of otherwise, as by relatives able and willing to do so, he orders accordingly. When a demand is made for a hearing on behalf of the alleged insane patient before commitment, the judge—and he may do this on his own initiative—issues an order for the hearing of the petition for commitment on a date within five days from such order. If a person ordered to be committed, or any relative or person on his behalf, be dissatisfied with the final order of a judge or justice committing him, he may within thirty days after the making of such order, obtain a rehearing and review of the proceedings and order for commitment, upon a petition to a justice of the supreme court other than the justice making the order for commitment, who thereupon summons a jury to try the question of the insanity, and according to the verdict of the jury, the justice either discharges the person as sane or makes an order of recommitment. The date of the joint medical certificate of lunacy must be within ten days of the date of an order for commitment, and such order must be acted upon within ten days inclusive of the date of the order. In urgent cases an insane person may be immediately committed to an institution for the insane on the authority of the joint certificate of lunacy and the petition, and may be detained therein on such authority alone for ten days, within which period the judge's order must be obtained. The "certificate of lunacy," which is a joint one, thus takes the place of the two "medical certificates" in this country, and along with the "petition" serves as an emergency certificate or urgency order.

Anyone in custody as an insane person in New York State is entitled to a writ of *habeas corpus*, upon a proper application made by him or some friend on his behalf; and upon the return of such writ, the fact of his insanity is enquired into and determined. The superintendent of any institution for the insane may grant a patient whom he considers as neither suicidal nor homicidal nor destructive his conditional discharge or "parole" for a period not exceeding six months, the term "parole" in the United States corresponding to our "liberation on trial or probation," and not meaning as with us the privilege of going about

unattended by a nurse or attendant within or beyond the hospital grounds. The superintendent of a State hospital, on lodging his written certificate with the Commission, may discharge any patient whom he considers as recovered; or as senile ("dotard") but not insane; or as unrecovered, but in this case subject to his being satisfied that the patient's discharge will not be detrimental to himself or to others, and that his relatives or friends are able and willing to take proper care of him. In the case of an unrecovered patient whom the superintendent considers and certifies as unfit for discharge, any judge of a court of record in the judicial district in which the hospital is situated may, by order, direct the discharge of such patient, upon request, after giving the superintendent the opportunity of a hearing on his certificate, and the submission of such other proofs as may be produced in court, and after being then satisfied as to the behaviour and maintenance of the patient and the security of the public. The superintendent of a State hospital may discharge to the care of the superintendent of poor or similar authority in the county from which he was committed a poor and indigent patient who is an idiot, or a "dotard" not insane, or an epileptic not insane, or otherwise not a proper person to be detained as insane.

A patient detained in a State Hospital upon an order of a court or judge having criminal jurisdiction in an action or proceeding arising out of a criminal offence at any time, may not be discharged by the superintendent, but may be discharged by any such court or judge upon the superintendent's certificate of recovery. The superintendent or physician in charge of a licensed private institution, on lodging his written certificate with the Commission, may discharge any patient who is recovered, or, if not recovered, whose discharge would not be detrimental to himself or to others. The superintendent or physician in charge of such institution may, subject to the approval of the Commission, refuse to discharge any patient whose discharge would be detrimental to himself or others; and if the relatives or committee of such patient refuse to provide properly for his care and treatment, the superintendent or physician in charge may apply to the Commission for the patient's

transfer to the State hospital of the district in which he is a "legal resident," that is, has a legal settlement. The Commission may, by order, discharge any patient in its judgment improperly detained in any institution.

Voluntary Patients.—The superintendent or physician in charge of a State hospital, except those at Matteawan and Dannemora, or of a licensed private institution, may receive and retain therein as a patient any person suitable for care and treatment who voluntarily makes written application therefor and is mentally competent to make such application. Such patient cannot be detained under the voluntary agreement for more than ten days after having given notice in writing of his intention or desire to leave such hospital or institution. The superintendent or physician in charge of a State hospital must, within three days of the admission of a voluntary patient, notify the Commission of such admission, with record of particulars required, and he must similarly notify the occurrence of discharge or death. The superintendent or physician in charge of a licensed private institution must give the visiting medical commissioner or medical inspector a complete list of the voluntary patients admitted since last visit, and such commissioner or inspector must examine such patients and determine if they belong to the voluntary class, and his decision as to commitment or discharge must be complied with at once. Any failure to conform to the statutory requirements regarding voluntary patients in a private institution is liable to revocation of the licence.

Psychopathic or Observation Wards.—Apart from the statutory provisions for the care and treatment of insane and voluntary patients in the State hospitals and licensed private institutions under the jurisdiction of the New York State Hospital Commission, the Insanity Law also provides for the temporary care and treatment of apparently insane persons in the observation or psychopathic wards of the Bellevue and allied Hospitals in New York City, under the jurisdiction of the Board of Trustees of Bellevue and allied Hospitals and of the Commissioner of Public Charities. Such apparently insane patients may be detained on a magistrate's warrant in such wards for not more than ten days for the

purpose of ascertaining their mental condition, and if found to be insane are committed to an institution for the insane. Similarly in the County of Albany apparently insane persons come under the jurisdiction of the Commissioner of Public Charities, and similarly receive temporary care and treatment in observation wards pending the determination of their mental condition. In this connection the work of the Department for Mental Diseases (" Pavilion F ") of Albany Hospital in the Capitol of the State has already been described. In New York State an insane person cannot be detained for more than ten days in any other place than an institution for the insane, nor can such person be committed as a disorderly person to any prison, jail or lock-up for criminals.

New York State Lunacy Service.—The administrative system of the New York State Hospital Commission and State Hospitals presents many interesting features, and a somewhat detailed account of these here will give a fair idea of the working of a typical American state service in lunacy, and will serve to abbreviate the subsequent references to the six of the New York State Hospitals which I visited.

The New York State Hospital Commission consists of three members, respectively the medical, legal, and lay commissioners, who must be reputable citizens of New York State, and are appointed by the Governor by and with the advice and consent of the Senate, and are removable by him for cause, stated in writing, after being given opportunity to be heard thereon. The Medical Commissioner, who must be a graduate of an incorporated medical College, of at least ten years' experience in the actual practice of his profession, and of at least five years' actual experience in the care and treatment of the insane in an institution for the insane, holds office " during good behaviour," and receives an annual salary of £1500 and allowance of £240 for travelling and incidental expenses. The Legal Commissioner, who must be an attorney and counsellor-at-law in the courts of New York State of not less than ten years' standing, and the Lay Commissioner, hold office each for six years, and each receives an annual salary of £1000 and allowance of £240 for travelling and incidental expenses. The Com-

mission is provided with office headquarters in the State Capitol at Albany, and elects one of its own members as chairman, and it may appoint a medical inspector, a secretary, and such other experts, officials and employees as may be necessary. The present staff of the Commission includes the following:—(1) Medical Inspector, who visits and examines all institutions for the insane and their inmates, and performs such other duties as may be required by the Commission; he must be a graduate of an incorporated medical college, with at least five years' actual experience in the institutional care of the insane, and he receives a salary not exceeding £1100 a year, with repayment of actual and necessary travelling expenses; (2) Secretary (salary, £1000); (3) Treasurer (£900); (4) Auditor (£800); (5) Inspector of Supplies (£800, *plus* allowance of £300 for expenses); (6) Inspector of Buildings and Engineering (£800, *plus* £200 for expenses); (7) Statistician; (8) Collections Attorney; and (9) Clerks, Stenographers, etc. The salaries and audited expenses of the Commission and its staff are paid by the Treasurer of the State on the warrant of the Comptroller out of moneys appropriated for the support of the insane. The Attorney General of the State conducts all legal matters for the State Hospitals. It is illegal for any member of the Commission or of the staff of a State Hospital to be interested, directly or indirectly, in the furnishing of material, labour or supplies for the use of the Hospital, or to receive a gift or reward for himself or the Hospital from any person, firm or corporation dealing in goods or supplies suitable or necessary for the use of the Hospital.

The Commission has statutory powers to appoint a Purchasing Committee for State Hospitals, consisting of 3 superintendents and 2 stewards, who, subject to the approval of the Commission, determine what articles of supplies it is practicable and desirable to purchase by joint contracts for the State Hospitals, make the necessary specifications and contracts, and have the samples and supplies tested chemically or otherwise. The Commission provides this Committee with advisory and clerical assistance, and apportions the expenses of the Committee among the Hos-

pitals. Supplies are obtained as far as practicable from manufacturers or their immediate agents, preference being given to products raised within the State, price and quality being equal. But it is interesting to note that statutory provision is made for a State Hospital to manufacture on a large scale such supplies and materials as can be economically made therein, and so to function as factory for the supply of such products to all the Hospitals in the service.

The Commission has full powers of supervision of the condition and management of all authorised institutions in the State for the insane, public and private, and of their inmates and staffs; and it has power to visit any part of any other institution for sick or infirm persons, for the purpose of ascertaining whether insane persons are confined therein contrary to law. Official visits are paid at any time to every State Hospital at least twice and to every private institution at least once in each calendar year, and the reports of such visits with any necessary recommendations are submitted to the Commission at its next meeting, and then sent to the respective institutions for reference and preservation. Once a year the Commissioners, at a time appointed by them, meet in conference the managers of institutions, to discuss in detail all questions of administration and improvement of the institutions.

The Commission keeps in its office a statutory "record of medical examiners," that is, a register of reputable physicians, graduates of an incorporated medical college of not less than three years' experience in professional practice, who hold the necessary certificate of the qualifications of a medical examiner in lunacy, as prescribed by the Commission, the original of which is lodged with the judge of the court of record in the area in which the physician resides, and a certified copy of which is lodged with and duly acknowledged by the Commission.

The Commission also keeps a statutory "record of patients," or general register of the insane of the State, containing the usual data relating to the admissions, transfers, discharges and deaths of patients, as notified from the various institutions. The statutory registers and official

blank forms for use by the institutions are uniform and prescribed by the Commission, which has an official seal for the execution of orders or other papers issued under its authority.

In the Insanity Law such terms as "asylum," "lunatic," and "pauper" are avoided; and instead there are employed the following terms, with their definitions:-- "Institution" (any hospital, asylum, building or buildings, house or retreat, authorised by law to have the care, treatment, or custody of the insane); "patient" (an insane person committed to an institution according to the provisions of the statute); "poor person" (a person unable to maintain himself and having no one legally liable and able to maintain him); and "indigent person" (a person who has not sufficient property to support himself while insane and the members of his family lawfully dependent upon him for support).

The Commission, which is nominally responsible for the provision of sufficient accommodation for the poor and indigent insane in the State Hospitals, has powers to divide the State into as many districts (e.g., groups of counties, portions of boroughs, etc.) as there are hospitals, and to change the limits of these from time to time, as when an additional hospital is provided. In the present overcrowded condition of the State Hospitals, the limits of the State Hospital Districts are determined in such a way that as nearly as is practicable each Hospital bears its due proportion of the over-crowding. To prevent over-crowding the Commission is authorised by law to recommend to the Legislature the establishment of additional State hospitals in the localities in which they seem most required. Further action rests with the Legislature. The Commission has to submit an annual report to the Legislature, including a statement of the capacity of each State Hospital; an estimate of the probable number of patients in each during the ensuing year; estimates of the moneys required for the State Hospitals, and the reasons therefor, distinguishing the appropriations for additions, improvements, repairs, maintenance, etc.; and an account of its acts and proceedings during the past year, including all necessary information con-

cerning the condition and management of the various institutions under its jurisdiction, and in the case of the State Hospitals, so much of the annual reports made to the Commission by their Boards of Managers and by the State Charities Aid Association as is deemed necessary for the consideration of the Legislature.

The State Hospitals are under the control of local *Boards of Managers*. The Board of Managers of each State Hospital consists of seven members—of whom at least two must be women—who are appointed by the Governor of the State, by and with the advice and consent of the Senate, and are removable by him for cause, stated in writing, after being given opportunity to be heard thereon. No one is eligible for the position of Manager who is either a member of the Legislature or an elective State officer. All Managers must reside in the district served by the hospital under their direction, and in the case of the two Homeopathic State Hospitals must be adherents of homeopathy. They are appointed for terms of seven years, and they receive no compensation for their services, but only actual and necessary travelling and incidental expenses, which are paid, like other current hospital expenditure, after official audit. Subject to the statutory powers of the Commission and other provisions of the Insanity Law, which declares the State Hospitals to be corporations, the Boards of Managers have the general control and direction of all the property and internal affairs of the hospital entrusted to each, and are enjoined to watch its interests and to see that its purpose is carried out in accordance with the provisions of the statute. Each Board elects a president and a secretary from amongst its members at its October meeting in each year. It meets at least once a month and inspects the hospital, and after its meeting and inspection sends a monthly report on the condition and management of the hospital with any necessary recommendations, and also a copy of the minutes of the meeting, to the Commission and to the Governor. The Board keeps, in statutory books for these purposes, a record of the date of each visit of each Manager, and a record of its work generally, and the latter is open to inspection at any time by the Commission, the Governor, or either

house of the Legislature. The Board sends to the Commission in October its official annual report on the hospital for the year ending on 30th September, with such information as may be required by the Commission, who may prescribe the form of and the subjects to be embraced in such reports. The Board has power to investigate and determine the truth of all charges made against any official or employee of the hospital and to cite and hear witnesses, and to pay to the latter the same fees as witnesses attending before a court of record or a judge thereof, the fees being charged to the hospital expenditure.

The appointment of *Medical Superintendent* of a State Hospital is made by the Commission, in accordance with the civil service law and the rules and regulations of the state civil service commission, and is subject to the approval of the Board of Managers. The Superintendent must be a well-educated physician, and a graduate of an incorporated medical college of at least five years' actual experience in an institution for the care and treatment of the insane. The superintendents and other physicians of homeopathic State hospitals must be homeopathic physicians, and are not eligible for appointments in other State hospitals. The Superintendent, before entering upon his duties, takes the constitutional oath of office and files the same in the office of the Secretary of State. He may be suspended by the Board of Managers pending its investigation and decision regarding any charges, as of misconduct or incompetency, which may be made against him, and which may be preferred by the Commission; and he may be removed by a vote of a majority of the Board of Managers for cause, stated in writing, after being given opportunity to be heard thereon, and such action of the Board, when approved by the Commission, is final. There are elaborate statutory provisions for conferring on the Superintendent the powers and duties of treasurer of the hospital; but the Commission has adopted the alternative also provided in the statute of conferring these powers and duties on one person who acts as conjoint treasurer for all the hospitals, and is located in the offices of the Commission and is a member of its staff, namely, its Treasurer.

The powers, duties and responsibilities of the Superintendent of a State Hospital are clearly and concisely specified in the Insanity Law and in the by-laws, rules and regulations made under its provisions by the Commission, and in his absence these devolve on the First Assistant Physician or other officer designated by the Superintendent. Apart from the potential function of its treasurer just referred to, the Superintendent of a State Hospital is its chief executive officer, and has the general direction and control of all persons in the hospital, including patients, officers, employees, etc., and the general supervision of all parts of the hospital, including buildings, fixtures, furniture, grounds, gardens, farm, stock, etc. He supervises and directs the care and treatment of the patients and pays regular ward visits. He makes or causes to be made a descriptive entry in the case book of the condition of each patient within three days after admission to hospital; he makes or causes to be made a complete clinical record of each patient in such form as the Commission may direct; and he also keeps a statutory register of all patients received into hospital, and causes the required entries to be made therein at the time of admission, transfer, discharge, or death. Subject to the approval of the Commission, he establishes and maintains in connection with the hospital one or more out-patient departments or dispensaries in the hospital district, assigning to duty therein such members of the hospital staff as may be required, and making the necessary expenditures subject to the sanction of the Commission.

The Superintendent appoints such resident officers and employees as he deems necessary for the efficient and economical performance of the work of the hospital, the number of such being determined from time to time by the Commission, who may, with the approval of the Governor, abolish the post of any such officer or employee. The Superintendent may remove any resident officer or employee for cause, stated in writing, after being given opportunity to be heard thereon, and such action is final; but in such cases he makes a record of the removal, with the reasons therefor, under the appropriate headings in a book for the purpose, and within five days of the removal he communi-

cates the facts thereof by post to the President of the Board of Managers, and to the Commission, who similarly preserve a record of the facts in a book for the purpose. The Superintendent prescribes the duties of the resident officers and employees, maintains the discipline of the staff, enforces uniform obedience to the hospital rules and regulations and strict compliance with his instructions, and he issues such orders and instructions as he considers will yield the best results in every aspect and department of the hospital's activities. He convenes at least twice weekly a meeting or conference of the medical staff for the consideration of the condition of the patients, especially those recently admitted, and the discussion of matters of the medical service generally. He is responsible for the establishment and supervision of the training school for attendants and nurses under the rules and regulations of the hospital. He also designates attendants and employees as special policemen, whose duty it is to arrest and bring back escaped patients, to preserve peace and good order in the hospital, and to protect the patients, buildings and grounds. Such policemen possess all the powers of peace officers on the hospital premises and grounds and for one hundred yards beyond, but their powers do not supersede the authority of the peace officers of the district. The Superintendent submits monthly reports on the work of the hospital to the Board of Managers at its monthly meetings, and may be required to submit other special reports from time to time to the Board or to the Commission. He must also cause full and fair accounts and records of the entire business and operations of the hospital to be kept from day to day in books for the purpose, and such accounts and records must be fully made up to the last day of September in each year, and the chief facts and results with his report thereon presented within thirty days thereafter to the Board of Managers, for incorporation in its annual report to the Commission.

To promote the care and treatment of the State insane and the efficiency of the work of the State Hospitals, the Commission holds a statutory conference, at least once in every three months, at its office in Albany or elsewhere, of the Superintendents or other officers designated by the

latter, and each Board of Managers may send one or more of its members to such quarterly conferences. Further, the Commission appoints a Statutory Committee of three Superintendents, whose duty it is to establish by-laws, rules and regulations governing the appointment and duties of officers and employees of State Hospitals and all matters of their internal management and discipline. Such by-laws, rules and regulations are subject to the approval of the Commission and of the quarterly conference of Superintendents and Managers with the Commission, and are uniform for all the hospitals; they may modify the existing by-laws, rules and regulations of the Commission, but must not be inconsistent with the provisions of the Insanity Law, nor with those of the Civil Service Law and its subsidiary rules and regulations.

Exclusive of the staffs of Matteawan and Dannemora State Hospitals, there are more than 200 resident medical officers and more than 6000 employees in the service of the fourteen New York State Hospitals proper. Provision is made in the Insanity Law for the classification and grading of the officers and employees of the State Hospitals, and for the fixing of their salaries and wages in accordance with a definite scale. This scale is uniform for all the hospitals, and is fixed by the Commission from time to time, and is subject to the approval in writing of the Governor, Secretary of State, and Comptroller.

Resident Officers.—The term “resident officers” of a hospital is defined in the statute to include the superintendent and other medical officers, the steward, and the matron, all of whom have to reside on the hospital premises and are provided with quarters and food supplies; but provision is made for officers or employees being permitted, with the approval of the Commission, to live outside, and in such cases to receive an equitable sum at a fixed rate in lieu of the quarters or supplies furnished by the hospital. All members of the assistant medical staff must be graduates of an incorporated medical college, and at least one of them must be a woman. As from 1st July 1912 the resident officers of State Hospitals have been classified, the medical officers graded, and the scales of annual salaries fixed, as follows:—

- (1) Medical Superintendents, £700 rising £20 annually to £1200.
- (2) First Assistant Physicians, £520 rising £20 annually to £600; are promoted only from the grade of senior assistant physicians of two years' standing in that capacity, and may be two in number in hospitals with more than 3000 patients.
- (3) Directors of Clinical Psychiatry, £520 rising £20 annually to £600; are appointed only in such hospitals as the Commission may designate, and only after a competitive civil service examination for the post; in other hospitals a medical officer may be detailed, subject to the approval of the Commission, to perform the duties of director of clinical psychiatry, and after a competitive civil service examination for that position, he is rated as a senior assistant physician.
- (4) Pathologists, £520 rising £20 annually to £600; devote their entire time to pathological and laboratory work, and are sanctioned and appointed under the same conditions as in the case of directors of clinical psychiatry.
- (5) Senior Assistant Physicians, £360 rising £20 annually to £440; are promoted after non-competitive examinations, irrespective of vacancies, from the grade of assistant physicians of three years' standing in that capacity.
- (6) Assistant Physicians, £240 rising £20 annually to £360; are appointed only after having (a) served for one year either as a medical interne in a state hospital or as an interne or resident physician in a general hospital, (b) obtained a licence to practice medicine in New York State, and (c) passed a competitive civil service examination for the position.
- (7) Women Physicians, £240 rising £20 to £360; are not eligible for promotion to the positions of first assistant physician, director of clinical psychiatry or pathologist.
- (8) Medical Internes, £200 a year; are graduates appointed after a non-competitive civil service examination.

It will be seen that entrance to and promotion in the medical service of the New York State Hospitals are subject to a series of graded examination tests; that provision

is specially made for the scientific investigation of mental diseases, as by such appointments as the director of clinical psychiatry and the pathologist in certain hospitals, or of their equivalents in others; and that physicians with special administrative and business capacity find their rewards in the positions of first assistant physician and medical superintendent.

Stewards receive a salary of £400 rising £20 annually to £500, and are appointed only after competitive civil service examination; their powers and duties are carefully defined in the statute, and include the purchasing of the hospital's supplies (except as otherwise provided by the Commission through its Purchasing Committee or from the factories of certain hospitals), and the keeping of the accounts for the same, the patients' accounts, and the staff payrolls.

Matrons receive a salary of £156 rising by nearly £5 annually to £180; they must be graduates of a state or general hospital training school, and are appointed only after a competitive civil service examination.

The annual increase of salaries of resident officers in all cases takes effect from the first day of the calendar month following the anniversary month of appointment, a procedure which facilitates calculations of pay, book-keeping, and annual estimates. In addition to the above salaries, resident officers are provided with quarters and food supplies or a fixed sum in lieu of these if they are allowed to live outside. It is interesting to note that married resident officers are also allowed—in most cases—maintenance for their families, the term "family" including only wife and minor children. This provision applies to medical superintendents, first assistant physicians, directors of clinical psychiatry, pathologists, and stewards, and also—but subject to the approval of the Commission, and to the decision of the Medical Superintendent that suitable married quarters are available for them—to senior assistant physicians and assistant physicians. Resident officers on reaching the age of sixty-five may be required, at the option of the Commission, to relinquish their appointments. There is no pension system for officers of state hospitals.

Other Officers and Employees.—The other officers and the employees of the state hospitals included in the schedule of the Insanity Law are classified under various departments or services, each of which is subdivided into definite grades of positions, with for each grade either a fixed wage, or a sliding scale of wages rising from a minimum to a maximum according to duration of service, the increases being at the uniform rate of two dollars per month for each six months of continuous service (equivalent to nearly £2 10/- half-yearly), and such increases taking effect from the first day of the next calendar month following each half-year's service in the said grade. As from 1st April 1913 the annual rates of pay of the other officers and the employees in the various services and gradings of each State Hospital have been fixed as follows:—

- (1) Administrative. Stenographers—Men £168 to £192, women £132 to £164; coachmen £132 to £144, and drivers £80; watchmen and policemen £120, barbers £108 to £132; pages and messenger boys £44 to £56.
- (2) Financial. Bookkeepers £228 to £252, accountants £192 to £216, storekeepers £168 to £204 in hospitals having 2000 or more patients, £132 to £168 in hospitals having less than 2000 patients; stenographers as above; voucher and treasurer's clerks £132 to £168.
- (3) Supervisory. Chief supervisors—Men £132 to £164, women £120 to £149; supervisors—men £120 to £149, women £104 to £132.
- (4) Nursing and Attendance. Charge nurses—Men £96 to £113, women £82 to £96; nurses—men £84 to £104, women £72 to £84; charge attendants—men £84 to £104, women £72 to £84; attendants—men £63 to £82, women £46 to £60; special attendants—men £104 to £120, women £84 to £104. Extra pay at the rate of two dollars per month (equivalent to nearly £5 yearly) is given to each attendant or nurse performing night service.
- (5) Domestic. Housekeepers £84 to £96, waitresses and chambermaids £48 to £56.
- (6) Kitchen. Chefs (men) £228, head cooks (men or

women) £132, cooks (men or women) £84, assistant cooks (women) £72, kitchen helpers—men £60 to £72, women £44 to £60.

- (7) Bakery. Bakers £164, assistant bakers £108, bakers' helpers £84.
- (8) Meat-cutting. Meat-cutters £164 in hospitals with 2000 or more patients, £149 in hospitals with less than 2000 patients.
- (9) Laundry. Laundry overseers £156, launderers £84, head laundresses £84, laundresses £53.
- (10) Engineering. Chief engineers £312, electrical engineers £240; engineer's and electrical engineer's assistants—1st grade £199, 2nd grade £164, 3rd grade £132; plumbers and steam-fitters £188, plumber's and steam-fitter's helpers £72 to £101; linemen £120; firemen £156 (12-hour shifts) and £108 (8-hour shifts).
- (11) Building. Master-mechanics £312, supervising carpenters £264, head carpenters £188; carpenters, painters, and tinsmiths £164.
- (12) Industrial. Shop foremen £154, tailors and shoemakers £132 to £154.
- (13) Farming and Gardening. Head farmers £154 to £164, blacksmiths £164, florists £132 to £154, gardeners and dairymen £120 to £132, farmers and herdsmen £84 to £104, drivers £80, labourers £72.

Sundry services, not included in the schedule of the Insanity Law, but since added by statute, have been classified and graded, and comprise amongst others the following:—Assistant Stewards £300; principals of training schools for attendants and nurses £180 to £240, assistant principals £180; pharmacists £180, and in hospitals with more than 4000 patients £240; farm managers and laundry supervisors £180; after-care agents, chief transfer and transfer agents and photographers, rated as special attendants; resident dentists £180. Consulting dentists, teachers of industries and occupations, and physical instructors receive rates of pay as determined by the Commission. Ministers receive £2 for each religious service held at a hospital. It is interesting to note that, subject to the per-

mission and conditions of the Commission, any religious or missionary corporation or society may erect on the grounds of any state hospital a building for the holding of religious services, to be used exclusively for the benefit of the patients and staff.

Apart from the resident officers already referred to, the other officers and the employees on the permanent staff of a hospital, the number of whom in each grade is fixed by the Superintendent, but is subject to the approval of the Commission, reside on the hospital premises and are provided with board and lodging; but those permitted to live outside receive a fixed money allowance in lieu of these. When employees are allowed to board and lodge away from the hospital, a uniform amount of not less than sixteen dollars per month (equivalent to about £40 yearly) is allowed in addition to the regular monthly wage, this amount being apportioned at the rate of four dollars per month for each of the three daily meals and four dollars per month for lodging. No other persons apart from those regularly employed are allowed board and lodging, but others, e.g., temporary employees, may receive such at a rate fixed by the Commission, the supplies in such cases being drawn from those provided for the hospital. Resident employees only are entitled to laundry allowance, which is restricted to a specified number of articles. The uniform is provided by the employees at their own expense. In the case of employees, e.g., attendants, entering the service on a probationary footing, the term of probation does not exceed three months, and the pay is at the minimum rate for that grade of service. Ordinarily the probationary period does not extend beyond the completion of the ordinary calendar month following the month of entry into the service, in order that, if the employee enters the permanent service, the date of permanent employment shall begin on the first day of the next calendar month. Transfers of employees from one state hospital to another are permitted only upon the written consent of the two superintendents concerned, and in such cases the service is regarded as continuous. Employees leaving the service and subsequently obtaining employment therein are classified as new employees. No

employee dismissed from a state hospital can be employed in another without the written approval of the superintendent of the former. The absences from duty and holidays of employees are regulated by the Commission, but subject to its approval the regulations may be modified by the Superintendents at such times as in their judgment the welfare of the hospital demands such action. Employees whose service is substantially continuous, covering all the days of the week, and whether directly engaged in the care of patients or not, are entitled to 66 days leave of absence during the year including the annual vacation, the details being arranged at each hospital by its superintendent. Employees who are not on duty in the evenings or on Sundays are entitled to 14 days annual holiday and to each legal holiday; but if the Superintendent requires their services on legal holidays or on Sundays, they are given an equivalent time off duty at the convenience of the hospital. Employees engaged in clerical service requiring close concentration are entitled to 14 days annual vacation. Skilled artisans and those whose hours of work are well defined, who are paid on account of their skill the commercial or trade rate of wages, and who are not on duty in the evenings or on Sundays, are not entitled to an annual vacation. Temporary employees are not entitled to a vacation. An employee must render at least six months continuous service before any part of the annual vacation of 14 days is granted.

Retirement on Annuity of State Hospital Employees. In 1912 the New York State Legislature passed an Act, which came into operation on 1st April 1912, entitling any employee of the permanent staffs of the State Hospitals, including those at Matteawan and Dannemora, to retirement on an annuity equal to half-salary after 25 years' service on a contributory basis. The Act does not apply to temporary employees nor to resident officers. The scheme provided by the Act has several interesting features. Thus it is optional, not compulsory; so each employee must signify his or her willingness and intention to come under the provisions of the Act or otherwise; but failure to notify the Retirement Board is regarded as consent. That the scheme

is a popular one is evidenced by the fact that within the first year of its operation 77 per cent. of the 6341 permanent employees had become participants in it, and there were more than fifty annuitants. Any employee who has notified his or her exemption from the Act may later on withdraw that exemption, but the period of exemption is excluded from the term of service in computing it and the amount of the annuity.

Again, the service of the employee must have been "faithful and honest," must have been carried out in one or more of the New York State Hospitals or in any former city or county asylum now a New York State Hospital, and must have amounted to 25 years, in order to entitle the employee to retirement on an annuity, when he or she may apply for such (on a form provided for the purpose) to the Retirement Board; and in such cases the amount of the annuity is equal to one-half of the salary (pay and maintenance) for the year immediately preceding the application for retirement. Provision however is made for retiring a faithful employee after 15 years' service or more who has become physically or mentally incapacitated through illness or accident, the annuity in such cases being at the rate of 1-25th of one-half of the salary (pay and maintenance) of the preceding year for each year of service. Provision is also made for retiring any employee, irrespective of length of service, who has become permanently disabled through injury received in the course of employment or at the hands of a patient, the annuity in such cases being such as seems fitting to the Retirement Board but not less than 10-25ths of one-half of the salary (pay and maintenance). Under the Act the annuity of any employee on retirement is payable quarterly during life, and cannot be repealed, revoked, reduced, or subjected to the claim of creditors.

Further, the scheme provided under the Act is on a contributory basis, the contributions of the participating employees being paid monthly to the Retirement Fund on the following scale:—1 per cent. of salary (pay and maintenance) for employees with less than 5 years' service; $1\frac{1}{2}$ per cent. for those with more than 5 and less than 10 years; 2 per cent. for those with more than 10 and less than 15

years; $2\frac{1}{2}$ per cent. for those with more than 15 and less than 20 years; and 3 per cent. for those with more than 20 years' service. Contributions cease when an employee has paid them for 25 years, or has been retired. No employee receives an annuity until he or she has paid into the Retirement Fund, by deductions from salary or otherwise, an amount equal to one-half of the first year's annuity. The retirement on annuity of an employee after 25 years' service is also subject to the proviso that, in the opinion of the Retirement Board, there is sufficient money in the Fund to warrant such retirement.

Provision is also made for repayment of the aggregate amount of the contributions to the Fund, *plus* interest thereon at 4 per cent. per annum, in the case of an employee who is compulsorily retired, before entitlement to retirement, through no misconduct or fault of his or her own, as by reduction of staff or other action of the hospital authorities. In the case of the death of an employee who has made at least two contributions to the Fund, his estate is reimbursed in that amount or in such sum as the Retirement Board deem proper. In the case of the dismissal of an employee who has contributed to the Fund for not less than ten years, or of an employee who would be otherwise entitled to retire within ten years and has contributed to the Fund since its inception, he has the right to appeal for a review of the facts to the Retirement Board, whose decisions are final.

The Retirement Fund established under the Act is maintained from the retirement contributions of the participating employees, from deductions for sickness and for leave of absence without pay, and from moneys received from other sources, including donations and bequests. The Fund is administrated by the Comptroller of New York State, who receives and places in it all moneys belonging to the Fund, and credits it with the interest received thereon, and pays the annuities. The Comptroller deducts and retains monthly the employees' contributions from their salaries (pay and maintenance), and the employees receipt in full for their salaries, thus paying their contributions at the source and receiving payments which are a full discharge of

all claims for their services. The Comptroller reports annually in detail on the condition of the Fund to the Retirement Board established under the Act. This Board consists of the Comptroller of the State, and of the President and the Lay Member of the State Hospital Commission; it makes such reasonable rules and regulations for the administration and investment of the Fund as will ensure its perpetuation; it has general jurisdiction over and authority to deal with all questions arising under the provisions of the Act; and to aid it in determining the retirement on annuity of employees disabled through injury or incapacitated through accident or illness, it may appoint one or more boards of medical examiners to conduct examinations, each board consisting of not less than three physicians connected with the state hospital service. The salaries for the administration of the Retirement Fund are not paid out of the Fund; but the expenses of accounting and clerical work in connection with the computing of annuities, in so far as such work is not done at the hospitals involved, are paid out of the Fund.

It will thus be seen that the Retirement or Annuity system of the New York State Hospitals—the words “superannuation” or “pension” are not used in the text of the Act of 1912—applies only to permanent employees; that it is optional for them, of whom however fully three-fourths are already participants; that it puts all of them on an equal footing, and does not differentiate them into classes, with better terms for those whose duties are mainly with patients, and with worse terms for the rest; that it is on a contributory basis, the contributions varying from a minimum of 1 per cent. of the salary for those with less than 5 years’ service to a maximum of 3 per cent. for those with more than 20 years’ service, and ceasing after payments for 25 years; and that apart from exceptional cases of compulsory premature retirement on a smaller annuity owing to incapacity from illness or injury, the right to retirement on an annuity equal to half-salary, is based solely on the factor of 25 years’ satisfactory service, and is irrespective of the consideration of age. The scheme, in short, aims not at the superannuation of worn-out deserving employees, but at

their retirement on an annuity in a sufficient state of health to enable them to enjoy it and the rest from their labours for a reasonable number of years.

The *Psychiatric Institute* of the New York State Hospital Commission and State Hospitals, which adjoins Manhattan State Hospital on Ward's Island in New York City, and was originally initiated by the Commission as the pathological institute in connection with that hospital, has been established by the Commission for the purposes of making psychiatric and pathological investigations and researches, and of giving instruction to the physicians of its several State Hospitals. It is under the general supervision and control of the Commission, and is maintained by it as part of the State Hospital system from appropriations obtained for the purpose, amounting to about £3000 per annum. The Institute is a two-storied building containing an autopsy room and theatre with seats for the physicians, cold chamber with ammonia refrigeration for the corpses, rooms for histology and clinical pathology, and for photography, and for the library. The staff of the Psychiatric Institute comprises the following physicians:—1 Director (Dr August Hoch, who was from home at the time of my visit, and has succeeded Dr Adolf Meyer on the latter's recent appointment to the charge of the Phipps Psychiatric Clinic at Baltimore), 3 Neuropathologists, 2 Clinical Psychiatrists, 1 Experimental Psychologist, 1 Assistant Physician for Autopsies, and 1 Medical Interne. The staff also comprises at present 1 secretary, 2 stenographers, and 5 "technicians" or laboratory assistants. The clinical staff of the Institute, by courtesy of Manhattan State Hospital, conduct in the wards of the latter two clinical services—one for "functional," and the other for "organic" mental disorders—and are directly responsible for the care of the patients, but under the supervision and control of the Hospital physicians if necessary. The research work of the Institute has embraced investigations in clinical psychiatry, bacteriology and biochemistry, but is mainly concentrated on pathological anatomy and histology.

The "Ward's Island Psychiatric Society," consisting of the medical staffs of the Institute and the Manhattan

State Hospital, holds monthly meetings, at which papers are read and clinical cases are presented by the members, many of the contributions appearing in well-known American medical journals from year to year, including the *State Hospital Bulletin*, published by the State Hospital Commission, in which many of the papers by the physicians of the New York State Hospitals and Psychiatric Institute find publication. Members of the medical staffs of the New York State Hospitals come for training in investigation and research to the Institute, which has a very good neurological and psychiatric library. The Institute is doing excellent work, and its existence is a practical recognition by the State of the necessity and importance of the scientific investigation of mental diseases, with a view to the elicitation of their causes and nature, and to their amelioration, cure and prevention.

The Director of the Psychiatric Institute ranks in grade and salary with the Medical Superintendent of a State Hospital. He is appointed by the Commission after a special civil service examination therefor. His salary is fixed by the Commission, subject to the approval of the Governor of the State. He must reside on Ward's Island, and is provided with a residence there and with maintenance for himself and "family." The nature and performance of his duties is carrying out the purposes of the Institute (e.g., psychiatric investigation, research and instruction) are subject to the general direction, supervision and control of the Commission; and subject to the same, he is responsible for the supervision and control of the Institute and its staff. The other physicians of the Institute also reside, if so required by the Commission, on Ward's Island, and are provided with rooms and maintenance on the same footing as assistant physicians in State Hospitals.

The *Bureau of Deportation* of the New York State Hospital Commission. Under the "*United States Immigration Law*" the following classes of aliens or foreigners are excluded from admission to the United States:—All idiots, imbeciles, feeble-minded persons, epileptics, insane persons, persons who have been insane within the previous five years, and persons who have had two or more attacks

of insanity at any time previously. Further, under the same Federal Law, any alien or foreigner who has entered the United States in violation of law, and has become a public charge from causes existing prior to landing, can, upon the warrant of the Secretary of Commerce and Labour, be taken into custody and deported to the country whence he came at any time within three years after the date of his entry into the United States; such deportation, including one-half of the entire cost of removal to the port of deportation, being at the expense of the person by whom the alien was unlawfully induced to enter the United States; or if that cannot be done, the cost of removal to the port of deportation is at the expense of the "Immigrant Fund" provided under the Immigration Act, and the deportation from such port is at the expense of the owner or owners of such vessel or transportation line by which the alien came. Provision is made for releasing any such alien taken into custody under a bond in the penalty of not less than 500 dollars with security approved by the Secretary of Commerce and Labour, undertaking to produce the alien when required for a hearing or hearings in regard to the charge upon which he has been taken into custody, and for deportation if he is found to be unlawfully within the United States. Further, if the Secretary of Commerce and Labour is satisfied that any alien found in the United States is subject to deportation under the provisions of the Immigration or any other Law of the United States, he has powers to take into custody and deport such alien within three years after landing or entry therein, and a failure or refusal on the part of the masters, agents, owners, or consignees of vessels concerned to comply with the order of the said Secretary to take on board, guard safely, and return to the country whence he came any such alien, is punishable by heavy penalties. Further, if the Secretary of Commerce and Labour considers that the mental or physical condition of any such alien is such as to require personal care and attendance, he has power to employ a suitable person for that purpose to accompany the alien to his or her final destination, the cost of such service being defrayed as above indicated. It may be noted that any alien liable to be excluded from entry to

the country because of likelihood of becoming a public charge or of physical disability other than tuberculosis or a loathsome or dangerous contagious disease may, if otherwise admissible, nevertheless be admitted in the discretion of the Secretary of Commerce and Labour upon the giving of a bond, approved by him in such amount and containing such conditions as may be prescribed by him, to the people of the United States, holding the United States or any State, territory, county, municipality or district thereof, "harmless against such alien becoming a public charge." The admission of such alien is a consideration for the giving of such bond, and suit may be brought thereon by the proper law officers either of the United States Government or of any State, territory, county, municipality, or district in which such alien becomes a public charge.

Under the provisions of the Insanity Law of New York State the State Hospital Commission has established a *Bureau of Deportation* (formerly known as the "Board of Alienists") to examine insane, idiotic, imbecilic and epileptic immigrants, insane "aliens" (unnaturalised resident foreigners), and insane "non-residents" (persons having no legal settlement in the State), and to attend to their deportation or removal. The Commission has permissive powers under the statute to expend from the appropriations for the use of the State Hospitals a reasonable sum in its endeavour to secure legislation from Congress to provide more effectually for the removal of alien and non-resident insane; and the Commission tries to secure continued official recognition of the Bureau by the proper authorities of the United States and other countries. The Bureau of Deportation, which is provided with offices in New York City, consists of a Medical Examiner and such number of Medical or Lay Deputies as may be necessary. The members of the Bureau are whole-time officials appointed and working under the regulations of the Commission, who define their duties, and employ additional persons to assist them in these, e.g., interpreters, stenographers, etc. The cost of the Bureau of Deportation is met from special appropriations for the purpose, and amounts approximately to £13,000 per annum, of which £8000 is expended on the

repatriation and transfers of alien and non-resident insane, £2500 on the salaries of the Medical Examiner (£1000) and Deputies, and the remainder on the services of the interpreters, stenographers, etc., and on office expenses, e.g., rent, telephone, postage, stationery, etc. The Medical Examiner must be a reputable physician, a graduate of an incorporated medical college, of at least ten years' experience in the practice of his profession, and of at least five years' experience in the care and treatment of the committed or alleged insane in the New York State Hospitals or elsewhere. He holds office "during good behaviour," but is removable by the Commission for cause, stated in writing, after being given opportunity to be heard thereon. The Bureau inspects the methods and facilities for examining immigrants for mental disease and defect at the Port of New York, reports to the Commission thereon, and also on the prevalence of insanity among aliens and the foreign born population of the State, and makes recommendations as to the means by which insane, idiotic, imbecilic and epileptic aliens may be deported. The Bureau also examines alien and non-resident insane persons and alleged insane persons in the State Hospitals and other public Institutions for such persons, for the purpose of determining whether they are suitable cases for deportation under the Immigration Law, or for removal under the Insanity Law to other countries; and the superintendents or persons in charge of such hospitals and institutions must notify the Bureau of all such cases coming under their jurisdiction, and give all possible help and information to accomplish the deportation or removal of such aliens and non-residents. The Bureau notifies the proper authorities having control of the enforcement of the immigration laws at the ports of entry of such immigrants as are found to be insane, idiotic, imbecilic or epileptic, and such aliens as are or become public charges, or who are in the country in violation of law, and arranges for their deportation in accordance with the provisions of such laws. In the case of non-resident insane persons, the Bureau notifies the Commission of the location of such, and in all suitable cases the Commission grants the Bureau the necessary authority for their investigation and removal.

Upon the request of any indigent insane persons, or the written consent of their relatives, legal representatives, or properly qualified friends, and subject to the approval of the Commission, the Bureau may remove such patients to any country, State or place to which they properly belong; and in making such removals and transfers the Bureau must, so far as is practicable, employ nurses, and in the case of female patients must employ female nurses or attendants, unless the medical superintendent certifies that such patients are fit to travel alone with safety. The Medical Examiner and Deputies of the Bureau have powers to administer an oath when necessary to persons giving information relative to cases under investigation.

Manhattan State Hospital, Ward's Island, New York City.

Dr William Mabon, the Medical Superintendent, very kindly showed me the salient features of this mammoth institution, second in size only to Central Islip, the largest of the New York State Hospitals, but equivalent as regards its accommodation and annual numbers treated to at least the two largest English county asylums or the six largest Scottish asylums combined. Manhattan S. H. has certified capacity for 3596 beds (male 1303, female 2293), but at the time of my visit had 4800 patients (men 1900, women 2900), being thus greatly overcrowded by about 600 of each sex. The patients comprise more than 2000 Roman Catholics, less than 2000 Protestants, and approximately 1000 Hebrews or Jews. All are of the poor and indigent class, there being no room for private patients, and all come from Manhattan, Richmond and the Bronx Boroughs of Greater New York. Thirty to forty voluntary patients are admitted in each year. The average annual admission rate is 1800, of whom about 1600 are admitted through the Psychopathic or Observation Wards of Bellevue Hospital, and this probably explains the relatively low recovery rate—19 per cent. of the direct admissions (that is, excluding transfers). There are about 530 deaths yearly, or approximately 11 per cent. of the daily average population. The grounds extend to 245 acres, of which 66 are cultivated, including gardens of 20 acres for the supply of fresh vegetables to the institution. The patients are accommodated in 22 houses, the largest containing 1206 beds, and the smallest 20 beds, the latter being one of the "Camps" referred to later.

In addition to 34 visiting or consulting physicians and surgeons, including many of the well-known specialists in New York, the resident medical staff of the Hospital comprises 30 physicians, all fully qualified, and graded as

follows:—1 Medical Superintendent, 2 First Assistant Physicians (for men's and women's divisions respectively), 1 Director of Clinical Psychiatry, 1 Pathologist, 6 Senior Assistant Physicians, 8 Assistant Physicians, 1 Woman Physician, 7 Medical Internes, 2 Special Medical Attendants, and 1 Clinical Assistant. During my visit I met the Director of Clinical Psychiatry, the Pathologist, and several of the Senior Assistant Physicians. In addition to the physicians there are 830 persons (410 men and 420 women) employed in the service, including a nursing staff of 520 (400 day, 120 night) and 310 other employees. There is considerable difficulty in obtaining suitable men and women for the nursing service. The nursing of male patients by female nurses is successfully carried on in five of the men's wards. The Training School for Nurses is under the charge of a lady Principal, who trains the male and female "attendants" for graduation as "nurses," and there are about 90 graduates (70 women and 20 men) at present in the service. The graduates ("alumni" and "alumnae") of the School last spring started the publication of "The Manhattan State Hospital News," a periodical of interest and amusement to past and present graduates and members of the staff, on the lines of the school and college magazines in America. The Matron of the Hospital supervises the female wards and the housekeeping and bedding of the whole institution, and is also the Director of Women's Industries.

In the Reception and Hospital Building hydrotherapy is extensively used, in the form of baths (in the proportion of 3 intermittent and 2 continuous out of every 5 baths prescribed), Scotch douche, needle bath, and hot and cold packs. In those cases of continuous bath treatment in which the skin shows a tendency to become macerated or soft, boggy and sodden, or to exhibit crops of boils (furunculosis), an ointment is used consisting of alum, zinc oxide, lanolin and vaseline. Electrotherapy is also employed, and recently two rooms have been equipped with modern appliances for the purpose. The Reception and Hospital services are very busy owing to the large number of admissions. The Director of Clinical Psychiatry (Dr George H. Kirby) holds daily medical staff conferences, from 8.30 to

10.15 a.m. on six days in each week, to consider the diagnosis, prognosis and treatment of all new admissions and other special cases. These clinics, of which there are three on the patients of each sex weekly, afford ample opportunity for interchange of opinion and the elimination as far as possible of the personal equation in forming diagnoses, etc., and at them many of the cases are reviewed for purposes of revision of diagnosis or alteration of treatment, and the cases are finally re-considered prior to discharge. The admissions suffer chiefly from manic-depressive psychoses (20 per cent.), dementia praecox (18 per cent.), dementia paralytica (14 per cent.), senile psychoses (9 per cent.), and alcoholic psychoses (8 per cent.). Owing to the impossibility of obtaining suitable interpreters for patients speaking Central European and Oriental tongues, there is often difficulty in diagnosing and classifying their psychoses. Dr Kirby supervises the clinical work of the Hospital wards, including the history-taking and examination of the patients, and he trains the medical internes and gives an afternoon lecture and demonstration once weekly to the junior medical staff. About 50 major surgical operations are performed annually in the Hospital.

Accommodation is provided for 360 patients (180 of each sex) in "Camps" for "open-air treatment," two of these (one for each sex) being reserved for tubercular patients, of whom about 150 are treated therein yearly, and the others being utilised for retarded convalescent, debilitated and untidy, and acute and delirious patients. The "Camps" are wood and glass pavilions, *inside which* the bed cases are treated; but in summer those not confined to bed are able to sit outdoors most of the day and are greatly benefited thereby. These "Camps" specially interested me, for it will be noticed that the patients therein do not derive the benefit of open-air treatment until they are able to be out of bed and to sit outside, and that the bed cases are treated indoors, and not outdoors, as in the open verandahs used in the sanatorium or open-air rest treatment of active insanity introduced in 1906 at Ayr District Asylum and since 1908 at Crichton Royal. The wood and glass "Sanatorium" erected in 1902 at Crichton Royal, and

originally intended for the isolation and treatment of tubercular patients, was probably the first structure erected for this purpose at a mental hospital, and was in use for several years before the present "Camps" at Manhattan were built; and it was used in the same way, the bed patients being treated inside and only allowed outside when able to be up and about. The "Camps" were preceded by canvas "Tents," which seem to have been introduced originally as an emergency measure to meet the stress of over-crowding in the Hospital, but later, owing to their obvious disadvantages in wet and stormy weather and the difficulties of proper ventilation, were replaced by the more substantial wood and glass pavilions. Still it may be put to the credit of the "Tents" that they no doubt suggested the idea of open-air treatment, and it is fitting that, just as "Tents" suggest "Camps," their successors should now be known under the name of the latter.

The Hospital Laboratory for pathology and clinical pathology is located in the adjacent Psychiatric Institute already referred to. The Pathologist (Dr Charles I. Lambert, recently appointed First Assistant Physician to Bloomingdale Hospital) is also one of the Neuro-pathologists of the Institute, two-thirds of his salary being paid by the Hospital and one-third by the Institute. He holds weekly conferences and demonstrations in the Institute theatre for the medical staff and physicians from the other State Hospitals, at which are shown the relationships between the clinical and the post-mortem findings. There are about 100 autopsies annually, and he is helped in this work by the Assistant Physician for Autopsies of the Institute, and by a mortuary man, two technicians, and stenographers. In addition to the bunsen burners ordinarily used in laboratories, gasoline torches are also employed, a useful substitute where gas is not available.

In the Kitchens and Wards aluminium steam kettles are used instead of copper in order to save tinning. In the Laundry men work in the wash-house, and women in the rest of the building, about 180 patients being employed under a staff of thirty. Washing is done for 5600 persons, and about 8 million pieces are laundered annually. The

Laundry equipment includes amongst other appliances (1) an "Annihilator" mangle with one large cylinder and six rollers (supplied by the American Laundry Machinery Coy.); (2) a "Conveyer" for drying articles; and (3) a "Tumbler" into which washed articles, after removal from the hydro-extractors or wringers, are put and shaken out of creases and dried by circulation of hot air. Outdoor and indoor occupations for the patients are also provided in the gardens and grounds, workshops, sewing rooms, etc.

The Industrial Building is one of the special features at Manhattan State Hospital. It contains the factory for making everything required by the New York State Hospitals in the way of clothing, except (1) underwear, which is made in a mill under the Prisons Department; and (2) stockings, which are made in a mill at Utica State Hospital. Boots and shoes are also manufactured. In the tailor department of the factory there is an electric cutter which cuts 26 pieces of cloth at a time, e.g., for shirts. The Supervisor of the Industrial Building also teaches the crafts and arts carried on therein by the staff and some selected patients.

Occupational Therapy in the various arts and crafts and also useful industrial pursuits are extensively carried out by means of classes in various wards. On the women's side there are 13 such classes under the supervision of a whole-time instructress. On the men's side, in an observation and semi-convalescent ward above the men's reception ward, there is one occupation class, supervised by the female charge nurse, who had a taste for art work and had a short course of training. She has developed there a regular arts and crafts department and exhibition, including painting in oils and water-colours, drawing, lettering, mottoes, faked pictures (made of pieces of absorbent cotton wool, feathers, plush, doll's hair, etc., painted in various colours if necessary), picture puzzles, fret-work, chessmen, etc., all kinds of waste-materials being used. This department is self-supporting, the articles being bought by the staff and by the patients' relatives.

The Assembly Building has a fire-proof chamber for the apparatus for moving pictures, which are a very popular form of entertainment. Many good theatrical, vaudeville

and concert companies have given performances, and Harry Lauder is said to be the most popular entertainer that ever came to the Hospital.

The Steamer "Wanderer" during the summer season makes four afternoon excursions weekly on the river, taking each time about 200 patients with their nurses and supervisors and an accompanying physician. These excursions are much appreciated by the patients and staff.

Every few days deportable patients leave the Hospital through the agency of either the Department of Immigration or the Bureau of Deportation, and about 200 insane alien patients are deported yearly from the Hospital in this way.

Utica State Hospital, Utica, New York State.

Dr Harold L. Palmer, the Medical Superintendent, most kindly showed me round this well-known institution which, opened in 1843, is the oldest State Hospital in New York State and the cherished training school of many of America's most distinguished medical superintendents and psychiatrists. The frontage of the original building is dignified and classical, with its massive portico supported by six large doric columns. The Hospital is situated on the west side of the town, on its grounds of 455 acres (340 of which are cultivated), and in 1912 the Hospital property was considerably enlarged by the purchase of the Marcy farm estate, 6 miles farther to the west, extending to 947 acres (615 of which are meantime under cultivation). The institution property thus has a total acreage of 1402, of which 955 acres are cultivated. Marcy is finely situated on ground sloping towards the south-east and looking down the Mohawk Valley. The Hospital has certified capacity for 1321 beds, but at the time of my visit had 1600 patients. Its annual admissions average 400, including about 10 voluntary cases yearly; the patients are admitted mostly from their homes, also from psychopathic wards, as at Syracuse, and still at times from gaols and poorhouses. The recovery rate is 25 per cent. of the direct admissions, and the death rate from 8 to 9 per cent. of the daily average population. The deportations from the Hospital vary from 15 to 20 annually.

The medical staff numbers 9, viz., 1 Medical Superintendent, 1 First Assistant Physician, 2 Senior Assistant Physicians, 2 Assistant Physicians, 1 Woman Physician, and 2 Medical Internes. The nursing staff number 180 (145 day, 35 night), and the rest 130, the total number of employees being 310 (150 men, 160 women).

The new Reception Building for admissions and con-

valescents is the most popular with the patients and their relatives, and is provided with verandahs. Patients are admitted to one of the wards on the upper floor, and when well enough are removed to a ward on the lower floor with "open" doors. Hydrotherapy in the form of continuous baths and packs is extensively used; but the opinion was expressed that hydrotherapy was now on the wane in American psychiatric practice owing to the occurrence of occasional fatalities. The medical staff conferences for the discussion of the diagnosis and treatment of the patients' maladies are held in the Reception Building. The psychoses of the admissions are chiefly of the following groups:—Mania-melancholia, dementia praecox, senility, alcoholism, and general paresis. Gynecology is attended to by the Women Physician, and visiting specialists attend to affections of the teeth, eyes, ears, nose and throat. The Hospital has a Laboratory for routine and research pathological work, and a Training School for Nurses, from which about 15 graduate annually. The principal recreations and amusements of the patients are baseball, basket-ball, dances, moving pictures, concerts and theatricals; but the auditorium of the Assembly Hall is now too small for the increased population.

At Utica State Hospital the occupations of the patients are provided mainly on the farms and gardens, although the usual indoor occupations in the wards, kitchens, laundry, sewing-rooms and workshops are also followed. But special features at the Hospital are its Manufacturing Departments or Industries, which for economic reasons make and supply certain products for all the New York State Hospitals, the factories being run mainly by paid employees, and the products being supplied on orders at slightly over cost price, just enough profit being added to maintain the machinery and plant. The Industrial Building contains on the ground floor (1) a Knitting Mill for making men's and women's hose, e.g., stockings, etc.; (2) a Factory for making brushes, brooms and mats, and for repairing chairs, e.g., re-caneing of seats; and (3) a Factory for making shoes and slippers; and on the upper floor (4) a Printing and Binding Workshop, in which are overtaken the printing, ruling and bind-

ing of all official stationery, blank forms, books, ledgers, journals, etc., required by the State Commission and Hospitals, including, it may be added, the quarterly State Hospital Bulletin. Similarly the Store House prepares and supplies on order the Coffee and Spices required by the sister institutions. The green coffee beans are bought and shipped from Santos in Brazil and roasted at Utica; and the spices, e.g., cloves, cinnamon, ginger, pepper and mustard, are bought and shipped whole and ground at Utica before distribution.

Before closing this brief account of my visit at Utica it may be interesting to mention that on the afternoon of 21st March 1913 a cyclone visited the Hospital. Although it lasted only a few minutes and had only a narrow path it did much damage to the buildings and grounds, knocking down chimneys, breaking windows, smashing the conservatories, uprooting trees, and snapping through a large elm across its thick bole. Mercifully we are saved from such experiences in the old country, which is free of typhoons and cyclones and seldom visited even by a hurricane.

Binghamton State Hospital, Binghamton, New York State.

Dr Charles G. Wagner, the Medical Superintendent—and the much esteemed Secretary of the American Medico-Psychological Association—very kindly showed me the main features of this finely situated institution on a hill overlooking the town. The property covers 1363 acres, of which 950 are under cultivation. The Hospital's certified capacity is for 2110 beds, and 2400 patients were resident at the time of my visit. The annual admissions average 350, including about 20 voluntary cases; and the recovery rate is approximately 26 per cent. of the admissions exclusive of transfers, and the death rate 8 per cent. of the average daily population. There are about 10 deportations annually. The medical staff numbers 14, viz., 1 Medical Superintendent, 1 First Assistant Physician, 3 Senior Assistant Physicians, 6 Assistant Physicians, 1 Woman Physician, and 2 Medical Internes. The nursing staff numbers 350 (300 day, 50 night), and the rest of the staff 120, the total number of employees being 470 (270 men, 200 women). Notwithstanding the improved scales of pay since April 1913, changes in the nursing and domestic staffs are still very frequent.

The Reception Hospital for the admissions, called Fairmount, has 80 beds, 40 for each sex. The psychoses of the admissions are chiefly those of mania-melancholia, dementia praecox, senility, general paresis, and alcoholism. Hydrotherapy, under the charge of 4 specially trained bath attendants (2 men and 2 women) is extensively used, in the form especially of continuous baths and warm or cold wet packs, but also of the needle spray, fan douche, and hot air cabinet. Massage is also much used. The female patients receive these treatments in the forenoons, and the men in the afternoons. The wards for convalescents are in the main building of the Hospital; but a notable feature is the "Pine

Camp " branch of rustic wooden houses for 30 convalescents with their 5 attendant nurses, beautifully situated two miles distant on the bank of the Susquehanna River, to which the women in summer and the men in autumn go for a few weeks' change and recuperation. " Pine Camp " is very popular, and the patients convalescing there pass the time boating, fishing, bathing, playing games and reading. " Pine Camp " was originally started in 1908 with canvas tents, which were replaced later by the present wood and glass houses. Another feature is the large pavilion with open-air verandahs for tubercular patients, 50 of each sex, called Edgewood. It is finely situated on a terrace cut out on a wooded southern slope, and so faces the south and is sheltered from the north. Physical re-education by means of drill and gymnastics, and occupation therapy in arts and crafts classes and in the usual industrial and economic pursuits are freely employed, as are also outdoor occupations on the extensive farm, garden and grounds. There is a good dairy herd of Holsteins.

A special feature of the Hospital is its Chemical Laboratory, which undertakes the analyses of the various supplies of all the New York State Hospitals, including their foods, drugs, chemicals, fuels, oils, paints, waters, etc.

The medical staff meet four times weekly to discuss the diagnosis and treatment of the newly admitted and other special cases, and also the work of the pathological laboratory and the autopsies (which are made in about 75 per cent. of the deaths), and outside physicians are invited to these conferences. Surgical operations, and the treatment of teeth, eye, ear, nose and throat conditions are carried out by specialists from the town, who attend the Hospital weekly.

There is a Training School for Nurses and also a School for Attendants, both under the supervision of a whole-time lady Principal who gives instruction in the classroom and the wards. The School for Attendants (male and female) is compulsory for all entering the nursing service owing to the frequency of the changes therein. The course of instruction is continuous during the year, being the same in each quarter of 13 weeks, and if an attendant fails in the

written examination at the end of a quarter, he has to attend the next course and continue so doing until he passes the examination. The quarterly course consists of a preliminary lecture on the Hospital rules and ward duties by the First Assistant Physician, of lectures, exercises by question and answer ("quizzes") and practical work twice weekly by the Physicians and by the Principal of the School, and of daily demonstrations in the wards by the Supervisors. An important part of the instruction is embodied in the "Don't Book" of rules, etc., used for many years at Binghampton.

The Training School for Nurses (male and female) has a two years' course, with preliminary and final examinations twice yearly, at the beginning and end of the school year in September and May respectively, and grants the State Hospital Diploma in the nursing of mental and nervous disorders. This course is optional, but before joining the Training School a candidate must show evidence of sufficient general education, as by having attended an approved high school for at least one year, or by passing an entrance examination for the purpose, which is also held twice yearly, namely, in September shortly before the beginning of the school year or in May shortly after its close. The Training School has both a Junior and a Senior class, and the course of instruction includes, in addition to the usual theoretical teaching by means of text books, lectures, "quizzes" and demonstrations, practical lessons in nursing, hydrotherapy, massage, bandaging, preparation of antiseptic solutions and surgical supplies, operating-room technique, examination of urine, and cookery, and of course practical instruction at the bedside in the several and varying wards through which each candidate passes in the course of his or her training and service. It is being proposed to extend the course to three years for the better educated nurses, the additional year to be taken in an affiliated general hospital, with a view to enabling them to become candidates for State registration.

Buffalo State Hospital, Buffalo, New York State.

In the absence on vacation of Dr Arthur W. Hurd, the Medical Superintendent, Dr George W. Gorrill, First Assistant Physician, and two of the Senior Assistant Physicians, Dr Joseph B. Betts and Dr Christopher Fletcher, very kindly showed me over this attractive Hospital, which is situated well within the west part of Buffalo, now a large city of 400,000 inhabitants. When the Hospital was opened thirty-three years ago, in 1880, it was fully 3 miles from the centre of the city. Its estate extends to 183 acres, of which 65 are under cultivation. Its certified capacity is for 1684 beds, but at the time of my visit there were about 2070 patients resident. The Hospital serves the district formed by the Counties of Erie and Niagara. The annual admissions average 400, including fully 40 voluntary cases, and the recovery rate is approximately 32 per cent. of the direct admissions exclusive of transfers, and the death rate is 7.5 per cent. of the average daily population. The resident population comprises about 1000 Roman Catholics (including many Poles), and 1000 Protestants (including German Lutherans, and Methodists, Episcopalians and Presbyterians), the Catholics and Protestants, as is common in State Hospitals of New York and the other States, using the same building for religious services, which as a rule is the assembly hall for entertainments. At Buffalo the "Amusement Hall and Chapel" is seated for about 650 persons. If any religious body wishes to have a distinct church or chapel at a New York State Hospital, it must provide the funds for the building, the State Commission sanctioning the site if available.

The medical staff numbers 11, namely, 1 Medical Superintendent, 1 First Assistant Physician, 4 Senior Assistant Physicians, 3 Assistant Physicians, 1 Woman Physician, and 1 Medical Interne. Dr Gorrill also acts as clinical

director, and Dr Betts as pathologist. The nursing staff numbers 200 (160 day, 40 night), and the rest of the staff 180, the total number of employees being 380 (180 men, 200 women). There are two large and comfortable Homes for the nurses (women) and unmarried attendants (men), the married attendants residing on the estate or in town. Changes in the nursing staff are more frequent among the men than among the women, and it is easier to obtain women than men for the service, although there has been an improvement in these respects in the male nursing staff since the inauguration of the new scale of wages last April.

The psychoses of the admissions are chiefly those of mania-melancholia, dementia praecox, alcoholism, senility and general paresis. The Reception Hospital and Infirmary for new admissions, called Elmwood, has 230 beds, 115 for each sex, and is well-equipped for hydrotherapy and electrotherapy, and with operation rooms, clinical and pathological laboratory, and lecture theatre for students and nurses. Apart from the general treatment by rest, dieting, aperients, tonics, etc., hydrotherapy is employed in certain cases in the form of the continuous bath or the hot pack. The baths are preferred to the packs, but require more nurses. Prolonged baths are not approved, the continuous bath usually lasting not more than six hours. Packs are not regarded as a form of restraint, and require fewer nurses. Cold packs are not employed, the hot packs, lasting two hours, being prescribed only in certain cases, e.g., very excited, violent, destructive, or delirious and confused patients. There are two Pavilions for the isolation and treatment of tubercular men and women; but apart from some balconies enclosed with wire caging, the facilities for open-air treatment are meantime restricted, and it is hoped to extend these considerably in the near future by the provision of verandahs at several of the existing buildings. An interesting feature of the Hospital from 1908 till spring 1913 was the convalescent farm branch at Wilson on the shore of Lake Ontario, which not only greatly benefited the health of the patients staying there, but was also run at a profit. Unfortunately the farm was only held on lease, recommendations and appropriations for its purchase having been twice refused by

the Legislature and Governor of the State; and in April 1913 it was bought by an outside party at nearly twice the figure at which it could have been originally purchased for the Hospital. Occupations, both indoor and outdoor, are freely prescribed for the patients, and there is a good circulating library.

Another special feature of the Hospital is its Training School for Nurses, which was the first to be established by a State Hospital in America, namely in 1884, shortly after the inauguration of that at the M'Lean Hospital for private patients in Massachusetts. After the establishment of the Training Schools for Nurses at the M'Lean Hospital and Buffalo State Hospital, they were started in other New York State Hospitals, and after 1896 became compulsory by statute in New York State. The Buffalo Training School, which has always maintained a high standard, has an elaborate course of instruction given to senior and junior and probationer classes by the physicians, supervisors and head nurses, and it has graduated 440 nurses during the past thirty years.

The Hospital also maintains a Dispensary or Out-Patient Department with a social worker at the Medical College in Buffalo, which is under the charge of the city examiner in psychiatry, a former physician of the Hospital. Many indigent persons also seek advice yearly at the Hospital itself, and many of the city cases are still admitted from the police station, in violation of the Insanity Law of the State. In order to correlate and rectify these matters, Dr Hurd has for many years urged the establishment of a psychopathic department in connection with the medical school and general hospital in Buffalo. He was for a long time Professor of Psychiatry at Buffalo University and held his clinics at the State Hospital; and since his retirement from the chair this clinic has been continued at the Hospital by his successor, Dr Matzinger. Apart from minor gynecology which is carried out by the Woman Physician, major surgical operations, treatment of eye affections and dentistry are attended to by visiting specialists from Buffalo.

Hudson River State Hospital, Poughkeepsie, New York State.

Poughkeepsie lies on the east bank of the Hudson River, 75 miles north of New York City and fully half-way to Albany, the Capitol of the State. The river takes its name from the famous British navigator Henry Hudson, who more than three hundred years ago, and while in the Dutch East India Company service, explored its course as far as Albany; and along its banks in those days dwelt the Mohicans, the Delamares and the Iroquois, immortalised by James Fenimore Cooper of boyhood days. So, choosing the water route in preference to the railroad, I sailed from New York up this majestic river in the S.S. Hendrik Hudson (which was stated to have accommodation for 5000 passengers), and passing through its wide bay-like expansions at Tappan Zee and Haverstraw Bay, and its fine "Highlands" stretch of twelve miles with beautiful hills on either side and with West Point, the well-known Military Academy of the States, on the west bank of this picturesque section, I duly arrived at Poughkeepsie, the headquarters of iceboat sailing in winter when the Hudson is frozen solid. Here I was most kindly met and welcomed by my hospitable host and guide for the day, Dr Charles W. Pilgrim, the Medical Superintendent of Hudson River State Hospital, and by Mr T. E. M'Garr, late Secretary of the State Hospital Commission.

Hudson River State Hospital has a very fine situation above the east bank of the river, about two miles north of Poughkeepsie. Its property covers about 870 acres, of which 476 are under cultivation. Its certified capacity is for 2709 beds, but at the time of my visit 3130 patients were resident, comprising Protestants, Roman Catholics and Hebrews, and including about 20 patients of the private class. The annual admissions average 600, including fully 40 voluntary cases, and the recovery rate is approximately 24 per cent. of the admissions exclusive of transfers, and the

death rate 8 per cent. of the daily average population. Fully 40 cases are deported yearly to foreign countries. The psychoses of the admissions are mainly those of dementia praecox, mania-melancholia, senility, alcoholism, and general paresis.

The medical staff numbers 20, viz., 1 Medical Superintendent, 1 First Assistant Physician, 4 Senior Assistant Physicians, of whom one is the Pathologist, 8 Assistant Physicians, 4 Women Physicians, and 2 Medical Internes. The nursing staff numbers 380 (310 day, 70 night), and the rest of the staff 240, the total number of employees being 620 (340 men, 280 women). Notwithstanding the improved scale of pay since 1st April 1913 there are frequent changes in the nursing staff, especially among the men, and although there are many applicants it is difficult to secure the type that takes a liking to the work and so remains in the service. The Training School for Nurses, established in 1886, is under the charge of a lady Principal, and grants a diploma after two years' training and the passing of two examinations, and there is also a short initial course of lectures and ward work for those entering the service, before they proceed to the Training School proper. The medical staff hold two or more clinical conferences weekly to discuss the diagnosis, treatment and prognosis of the new admissions and other special cases; and once monthly they hold a pathological meeting at the Laboratory, at which abstracts of the clinical facts in fatal cases are correlated with the chief post-mortem findings. Autopsies are made in about 50 per cent. of the deaths, and the Laboratory is well-equipped for pathological work in morbid anatomy and histology macro- and micro-photography, etc., and also for clinical pathology. Apart from the minor gynecology carried out by the women physicians, the major surgery, ophthalmology, and dentistry are performed by visiting specialists.

The Reception Hospital for new admissions of both sexes is a three-storied building, well-equipped with continuous baths and other forms of hydrotherapy, and at the time of my visit was being extended and provided with roomy verandahs. There is a separate sanatorium for tubercular patients. The buildings for the chronic and dis-

turbed cases have also been recently extended and provided with workrooms for mending clothes, and also for arts and crafts work in the form of basketry, rug-making, linen weaving, and reed and raffia work. The industrial and economic occupations in workshops and on the farm and gardens are well developed, and special features are the nice villas or "cottages," on high ground about two miles from the main hospital, chiefly for quiet working patients, who have their own garden and farm plots to look after. The patients are well catered for in the way of recreations and amusements, e.g., reading room and circulating library, dances, concerts, card parties, and excursions to the county fair, and the popular trolley rides in summer, and sleigh rides in winter.

After showing me the chief features of this attractive Hospital, with its magnificent views, Dr Pilgrim very kindly motored me and Mr M'Garr in the afternoon to my next objective, the Matteawan State Hospital at Fishkill-on-Hudson, 15 miles south of Poughkeepsie. On the way, by a slight detour 2 miles east of Foughkeepsie, we passed Vassar College, the "Girton College" of the U.S.A., founded in 1861 by the Englishman Matthew Vassar, and the oldest of the American Colleges for Women. It already comprises more than 20 buildings, with fully 100 teachers and 1000 students.

Matteawan State Hospital, Fishkill-on-Hudson, New York State.

On arrival at Matteawan State Hospital we were met by Dr Raymond F. C. Kieb, the recently appointed Medical Superintendent, and by Dr Charles H. North, the Medical Superintendent of Dannemora State Hospital. Matteawan and Dannemora State Hospitals, opened in 1892 and 1899 respectively, are under the management of the Superintendent of State Prisons, and are for the custody, care and treatment of the criminal insane of New York State. They take the place of the original State Lunatic Asylum for Insane Convicts at Auburn, N.Y., which was founded in 1855 and opened in 1859, and was the first institution of the kind in the United States, being established with the object of protecting society at large and the ordinary insane in asylums from the violence of dangerous lunatics, and of securing for the latter kindly care and proper hospital treatment. The present State Prison at Auburn, with its 1200 convicts (sane), is well known for its silent system of discipline that forbids conversation between prisoners. The name of the original asylum at Auburn was changed in 1869 to the State Lunatic Asylum for Insane Criminals, and under an Act of 1886 provision was made for its replacement at Matteawan, and after the opening of the new buildings there in 1892, its name was changed in 1893 to the Matteawan State Hospital.

Dannemora State Hospital at Dannemora, which is about 250 miles due north of New York City and about 100 miles due south of Montreal and the St. Lawrence, is for the custody and care of male convicts who have been declared insane while serving sentences for the more serious crimes or felonies. It has certified capacity for 358 beds with a population of 500 patients, and there is a staff of 4 physicians (1 Medical Superintendent, 1 First Assistant

Physician, and 2 Assistant Physicians), and 90 employees (80 men, 10 women).

Matteawan State Hospital, at Fishkill-on-Hudson, about 60 miles due north of New York City, is for the custody and care of men and women who have been committed as insane on orders of courts of criminal jurisdiction, or have become insane while undergoing sentences for petty crimes or misdemeanours, or have shown criminal tendencies while under treatment in other State Hospitals. The Hospital, which is finely situated on the east bank of the Hudson, has certified capacity for 617 beds with a population of 850 patients (700 men and 150 women). The medical staff numbers 7, viz., 1 Medical Superintendent, 1 First Assistant Physician, 1 Senior Assistant Physician, 2 Assistant Physicians, and 2 Medical Internes. There is great difficulty in obtaining and retaining men in the medical service at Matteawan. The nursing staff numbers 100, namely, 70 men and 30 women, of whom 75 are on day duty (50 men, 25 women), and 25 on night duty (20 men, 5 women), and the rest of the staff numbers 80 (60 men, 20 women), the total number of employees being 180 (130 men and 50 women). The changes in the nursing staff are very frequent, it being very difficult to attract to the service the type of men and women who wish to remain in it. They have the same scale of pay as in the other State Hospitals, notwithstanding that the work is less attractive and more dangerous.

Since the opening of Matteawan, about 40 per cent. of the admissions have been foreign born. The annual admissions average about 100 and the recovery rate is approximately 31 per cent. of the admissions, and the death rate 3 per cent. of the daily average population. The psychoses of the admissions are chiefly those of dementia praecox and those arising from inebriety and "constitutional inferiority." The crimes of the resident population are chiefly burglary, robbery and larceny, murder, manslaughter, assault, drunkenness, arson, rape and forgery.

Dr Kieb very kindly showed me over the Hospital, which had recently attracted considerable public attention in connection with the well-known Thaw case. I saw where Thaw

had been accommodated and the place whence he had escaped. The Hospital is somewhat behind in equipment, but the patients' occupations are being developed more freely than hitherto, especially indoors in the wards, but also on the farm and gardens and in the workshops. The Hospital property covers 483 acres, of which 260 are cultivated. A Training School for Attendants has also been established. The physicians meet twice weekly in conference to review the medical aspects of the cases submitted, including new admissions and impending discharges.

HOSPITALS FOR THE INSANE, PROVINCE OF ONTARIO, CANADA.

Canada as a whole has been developed more slowly and less intensively than the United States and, as in the case of the latter, during the earlier years of its colonial settlement and growth those who had the misfortune to become mentally afflicted were incarcerated in gaols and poorhouses under similar disgraceful conditions of neglect and cruelty until well on into the 19th century. Toronto, the capital of Ontario, the most populous Province of the Dominion, lies on the north shore of Lake Ontario towards its western end, almost due north of Buffalo and the mouth of the Niagara River on the southern shore of the lake, and is very rapidly increasing in size and population. The city, which is extending landwards in all directions from the lake front, already covers about 10 miles from east to west, and the University and Parliament Buildings, which in the latest edition (1907) of Baedeker's Canada are shown in the north section of the plan of the city, now lie about midway between its northern limit and the lake. Its population, mostly Protestants of British stock, is now about 350,000 and is increasing at the rate of 15,000 annually.

Apart from two private Sanitaria for mental invalids, "Homewood" at Guelph, opened in 1884, and "Simcoe Hall" at Lake Simcoe, opened in 1912 (combined capacity 140 beds, patients 105), a public Hospital for Epileptics at Woodstock, opened in 1906 (208 beds, 204 patients), and a public Hospital for Mental Defectives at Orillia, opened in 1876 (740 beds, 814 patients), there are eight public Hospitals for the Insane in the Province of Ontario, with a combined official capacity for 5695 beds, and a population of fully 5900 patients, these eight Hospitals being full and some of them overcrowded. They are situated at Toronto (opened in 1850), Kingston (known also as "Rockwood," with separate section for criminal insane, opened in 1859),

London (1861), Hamilton (1876), Mimico (1890), Brockville (1894), Cobourg (1902), and Penetanguishene (1904). All of the above institutions, public and private, are now under the control and supervision of the Provincial Government, acting through the Lieutenant-Governor of the Province (Sir John Morison Gibson, K.C.M.G.), and the Department of the Provincial Secretary (The Honourable W. J. Hanna), with the Inspector of Prisons and Public Charities (Mr Edwin R. Rogers), and the Medical Inspector of Asylums (Dr R. W. Bruce Smith). The above 10 public Hospitals for poor and indigent residents of the Province are provided and maintained from appropriations passed by the Legislative Assembly of Ontario and raised from assessments in each district of the Province, and are thus Provincial or Government institutions. The Government fixes the per capita rate of maintenance for the public patients. In the 8 public Hospitals for the Insane the average gross cost of maintenance per patient per day is about 50 cents, equivalent to say 2/- a day or £36 a year, of which on the average fully one-fourth is recoverable from patients and from profits on the hospital farms, leaving a net per capita cost of maintenance payable by the Province of approximately £26 a year or 10/- a week, exclusive of the capital cost of providing the accommodations (lands, buildings, &c.) at the various hospitals. The present provincial asylum system for the care of the public insane in Canada, which may be said to correspond to the state hospital system in the United States, followed the passing of the British North America Act of 1867 confederating the Provinces, Canada becoming a Dominion on the First of July (" Dominion Day ") of that year. Prior to 1867 the care of the insane was the joint affair of the United Provinces of Upper and Lower Canada. " 1913 " has been a red letter year for the insane in Ontario, for it has seen the passing of several important Acts relating to their welfare, and so initiates an era of great progress and promise for psychiatry in the Province. Among the improvements and reforms embodied in these recent statutes may be specially mentioned the following:—(1) The replacement of the term " asylum " by " hospital." (2) Provision for the admission of voluntary

patients; any person suitable for care and treatment in a mental hospital who voluntarily makes written application on a prescribed form and is mentally competent to do so may be received and detained therein, and may not be detained more than five days after having given notice in writing of his desire to leave the hospital. (3) The bringing of Sanitaria for private patients under the supervision of the Provincial Secretary's Inspector, who makes one inspection yearly, and of a Board of Visitors, who make four inspections yearly; this Board consists of the judge of the county or district court, the clerk of the peace and the sheriff of the county or district, and two legally qualified physicians, and it is illegal for any of the Visitors to have any pecuniary interest in the sanatorium, or for either of the physicians to certify a patient for admission into it. (4) The automatic appointment of the Provincial Secretary's Inspector as *ex officio* the Committee of any insane or alleged insane person detained as such and having no Committee, and his continuance as the Committee unless and until another Committee is appointed by the High Court of Division. (5) The statutory prohibition of the confinement of any alleged insane person in a lock-up, gaol, prison or reformatory, pending the determination of the question of the mental condition and the arrangements for removal, if necessary, to a Hospital for the Insane, which must be made through the Provincial Inspector and the Superintendent of the Hospital. This implies that municipalities must provide suitable quarters and custody for the temporary detention of alleged insane persons who are destitute. (6) Legislative sanction, permissive not compulsory, for the corporation of any city with more than 100,000 inhabitants to provide, subject to the approval of the Lieutenant-Governor in Council, a " Reception Hospital " for the observation and treatment of insane and alleged insane and nervous invalids, such Reception Hospitals to be under the same Government supervision and administration as the provincial Hospitals for the Insane, and to have similar conditions of admission. Toronto is already taking steps for the establishment of a Reception Hospital in the city in the near future, in co-operation with the authorities of Toronto General Hospital and Toronto

University, and when this plan materializes the Reception Hospital will function as a Psychiatric Clinic.

In Ontario the preliminary expenses in connection with the medical examination and removal of a patient to the Hospital for the Insane of the district are paid by the patient if he has sufficient means or by his friends if they are willing, and the formalities for his admission are arranged through the family physician with the hospital superintendent. In destitute cases such expenses are paid by the Council of the Municipality, whose official head authorises the arrangements for examination and travel. In the case of an alleged dangerous insane person, information is lodged with a Magistrate, who may issue a Warrant for the patient's apprehension and commit him to the custody of some suitable guardian, in which case the Magistrate notifies the medical examiners, and on receiving their certificates he sends them and all necessary information to the Provincial Inspector, the costs in such cases being charged to the County, City or Town in which the patient resided.

The Bulletin of the Ontario Hospitals for the Insane, a journal devoted to the interests of psychiatry in the Province, is published quarterly. It is printed by Order of the Legislative Assembly for the Department of the Provincial Secretary, and contains chiefly papers by the physicians on the staffs of the Hospitals for the Insane, and also occasional papers or addresses by well-known physicians in Great Britain and other countries on matters of special interest in mental and general hospital practice.

Hospital for the Insane, Toronto.

Dr J. M. Forster, the Medical Superintendent, very kindly showed me over this Hospital, the oldest one of its kind in the Province, and I also met Dr Harvey Clare, Assistant Medical Superintendent, and the 5 Assistant Physicians. It is situated in the south-west quadrant of the city near the lake, between Queen Street West and King Street West, opposite the Central Prison and the Mercer Reformatory which lie on the south side of the latter street nearer the lake. A former wing of the Mercer Reformatory is used as a part or branch of the Hospital. The Hospital was opened in 1850 under the name of "The Provincial Lunatic Asylum," it being the first institution to be constructed for its particular purpose in Ontario, and it was not completed till 1871, when it was renamed "The Asylum for Insane, Toronto." Prior to 1850 the original practice of housing the insane in the county gaols was legalised in 1830 by an Act of the House of Assembly of the Province of Upper Canada, under which the Provincial Government became responsible for the accommodation and maintenance of the public insane. In 1839 an Act was passed authorising the erection of an asylum proper. In 1841 a temporary asylum for nearly 100 patients was found by the use of the former old York prison on the north side of King Street East, and in 1846 additional accommodation was required and provided by the use of the east wing of the former old Parliament Buildings in Front Street facing the harbour. Thus the asylum proper authorized under the 1839 Act did not materialize till 1850 with the opening of the existing Hospital in the city. This Hospital is now regarded as out of date and too much enclosed by the buildings of the growing city, and shortly after Dr Forster's present appointment in 1911 the Provincial Government decided to sell the property and to replace it with an up-to-date mental hospital

at Whitby, 30 miles to the east of the city on the north shore of Lake Ontario, and its erection has now been commenced.

The present Hospital in Toronto, a white-brick building, has a central five-storied portion surmounted by a dome and lateral four-storied wings relieved by two projecting blocks. It has 852 beds (426 male and 426 female) and nearly 1000 patients (about 500 of each sex). The annual admissions average 330, of whom about one-third are still sent in under warrant from Toronto gaols; but during the few months since the new legislation of 1913 came into force, several voluntary patients have been admitted. The public patients come chiefly from the City of Toronto, but, subject to there being room for them, private or paying patients may be admitted from any part of Ontario. The recovery rate is 25 per cent. of the total admissions, and the death rate 8 per cent. of the average daily population. About 30 patients are deported annually to other countries. The psychoses of the admissions are chiefly those of dementia praecox, mania-melancholia, senility, alcoholism, and general paresis. The medical staff consists of 5 physicians, viz., 1 Medical Superintendent, 1 Assistant Medical Superintendent, and 3 Assistant Physicians, one of whom acts as Pathologist. There are daily conferences of the medical staff, to discuss new and special cases. Since Dr Forster's appointment, and pending the erection of the new Hospital at Whitby, he has been provided with residential quarters in Toronto, and the superintendent's house has been converted into a "Home" for 30 nurses. The Assistant Superintendent receives a salary of £300 a year, with quarters and board for himself, wife and family. The Nursing Staff numbers 100, viz., 40 attendants (men) and 60 nurses (women), and the other employees 55, viz. 25 men and 30 women, the total number of employees thus being 155 (65 men and 90 women). The annual rates of pay of the attendants vary from £48 to £96 in special cases, and of the nurses from £35 to £60 in special cases. There are many changes among the employees, and owing to the frequency of these amongst the attendants the female nursing of male patients was started in 1912 in the men's admission ward and has proved very successful. There

is a Training School for Nurses, who have to pass 3 examinations (primary, intermediate and final), but many of the graduates leave the Hospital service to take up private mental nursing. Training Schools for Nurses in all the Ontario Hospitals for the Insane are compulsory by statute, the examination papers being set by a central board appointed by the Provincial Secretary.

The proposed new Toronto Hospital for the Insane at Whitby, Ontario. Early in 1912 the Provincial Government purchased a fine site for this proposed Hospital for 1500 patients near Whitby, 30 miles east of Toronto. The property, which comprises about 640 acres of very fertile land suitable for farming and gardening operations, slopes towards the south-east and commands wide views of Lake Ontario, which bounds it on the south, and of Whitby Harbour, which bounds it on the east, the town of Whitby on the Grand Trunk Railway adjoining it on the north, and orchard and farm lands on the west. On 29th April 1912 the carpenter and 7 male patients from the Toronto institution, who were temporarily accommodated in cottages on the property, commenced the erection of a Farm or Colony Camp, which was soon completed and occupied by 30 other working and convalescent male patients who, under the supervision of the institution gardener, cultivated a lot of eight acres and have supplied the parent institution with fresh vegetables since the summer of 1912. Similarly in 1912 the dairy herd from the Toronto establishment was placed on the farm at Whitby, from which the daily milk supplies have since been delivered. Last spring the construction of the permanent buildings of the new hospital was begun and is now going on apace. While in Toronto I met at the Parliament Buildings Mr S. A. Armstrong, Assistant Provincial Secretary, Mr E. R. Rogers, Inspector of Prisons and Public Charities, Dr R. W. Bruce Smith, Medical Inspector of Asylums, and Mr James Govan, Provincial Architect, who has prepared the plans of the new Whitby Hospital under the personal supervision of Mr Armstrong aided by Dr Forster and various Provincial officials. It promises to be a splendid institution, designed and constructed on the most modern lines for its purpose, and well worthy of the City of Toronto. As regards

its general lay-out, it is on the "village" or "colony" plan, the buildings being grouped into two distinct sections, "hospital" and "industrial." (1) The "hospital" section proper, for all new patients and for all who are specially ill physically or mentally for the time being, that is, for all patients who require sick nursing and special treatment and observation, occupies the south portion of the grounds adjoining and overlooking Lake Ontario. This section comprises, in addition to the administration offices at the centre in front, an admission hospital and two convalescent villas for each sex on either side nearest to the lake, an "acute" hospital for each sex lying farther back to the north, and in the middle between these two sets of hospitals, their central kitchen and dining rooms, and a medical building containing lecture room, laboratories, operating room, &c. Occupying the west portion of the hospital section is placed a detached group of 4 cottages for private patients, and occupying the east portion next to Whitby Harbour are a formal garden and conservatory and the residences for the married officials. (2) The larger "industrial" section, for able-bodied working and easily managed patients requiring mainly general supervision, and for ageing and infirm patients requiring care and nursing but not special medical treatment, lies to the north of the "hospital" section, and comprises two groups of buildings, one for each sex, the men's to the west and the women's to the east. Each group consists of a ring of seven "cottages," with their central kitchen and dining rooms in the middle of the ring, and an infirmary placed at the side of the ring next to the mesial or north-to-south axis of the lay-out of the institution. The hospital and industrial sections are separated from one another by the athletic and recreation grounds, and by a central group of buildings consisting of quarters for unmarried doctors (north), nurses' home (south), skating and curling rink, gymnasium and bowling alley and recreation building (east), and chapel and concert hall (west). Tubercular and isolation hospitals for each sex lie to the north of the industrial section, on either side of the mesial axis. The kitchen garden and green-houses, and the power station, workshops, laundry, bakery and stores lie to the east of the industrial section, and are

approached by a railway branch from Whitby; and to the south of these are the houses for the married tradesmen and attendants, and a home for unmarried attendants close to the recreation ground. There are also a wharf and boat-house on the adjoining shore of Whitby Harbour with service road to and from the stores, &c. The farm lands with steading occupy the rest of the property to the north of the institution buildings. All the buildings for patients are to be fireproof in construction, and not more than two storeys in height; and special attention is being given to the important matters, related to the Canadian climate, of the orientation of the buildings towards the south so as to catch all available sunshine during the winter months, and of their heating and ventilation, especially during the same season when windows have to be shut in Ontario during severe spells of cold weather. The hospitals and infirmaries are to be liberally provided with sunrooms, and there will be the usual equipment for hydrotherapy, electrotherapy, &c. The erection of the buildings, road-making and constructional work generally will be largely carried out by means of prison labour. A temporary camp for about 100 prisoners with their guards is already nearly completed, and most of the building materials are to be supplied from the Central Prison Farm at Guelph. The new Whitby Hospital for the Insane is meantime planned to accommodate 1500 patients, but provision has been made for any necessary extension in the future without disturbing the original design of the lay-out.

Hospital for the Insane, Mimico, Toronto.

This Hospital with its attractive buildings is beautifully situated on the north shore of Lake Ontario about 5 miles west of Toronto. It was opened in 1890, and originally it was intended to serve, as in the case of the Willard and Binghampton institutions of New York State, as an asylum for chronic patients from the other public asylums of the Province, and it was administrated to begin with as an industrial branch of the Toronto Hospital for the Insane. About five years later, however, and as occurred in the case of Willard and Binghampton State Hospitals and for similar reasons, among which one of the chief was the strongly felt objection to sending patients who do occasionally recover to an institution in which there was no apparent prospect of cure, it was made an independent hospital with its own district for the treatment and care of all the destitute insane sent therefrom. It now serves a wide rural but sparsely populated territory extending northwards from Lake Ontario to the Cobalt district and Hudson Bay, and westwards around the north shores of Lakes Huron and Superior to the borders of Manitoba in the Winnipeg region.

In the absence on vacation of Dr N. H. Beemer, the Medical Superintendent, Dr Forster of the sister institution in Toronto, kindly took me over the Hospital, which is on the "villa" or "cottage" plan, the various houses being connected by underground passages for purposes of inter-communication, transport of meals from the central kitchen, and conveyance of water mains, hot water pipes, electric light cables, &c. The property at the Hospital buildings occupies about 60 acres, but the Hospital estate also includes two neighbouring farms of about 125 and 75 acres, on the larger of which are residential houses for the farm working patients and farm staff, the total property of the Mimico Hospital thus extending to about 260 acres. The Hospital

has 660 beds (340 male and 320 female) and 670 patients (345 men and 325 women). Owing to the pressure on the accommodation it has become necessary to remove mildly demented patients to country "Houses of Industry" or poorhouses. The annual admissions average 165, of whom about one-half are still committed by warrant from county gaols. The practice of receiving voluntary patients was in operation in Mimico for a considerable time before the enabling legislation of the present year as regards voluntary public patients came into force. The psychoses of the admissions are chiefly those of dementia praecox, mania-melancholia, and senility. The recovery rate is 29 per cent. of the total admissions, and the death rate 7.5 per cent. of the average daily population. About four cases are deported annually. The medical staff consists of 1 Medical Superintendent, 1 Assistant Medical Superintendent, and 2 Assistant Physicians. The nursing staff number 68 (34 attendants and 34 nurses), and the other employees 40 (25 men and 15 women), the total number of employees thus being 108 (59 men and 49 women). There are many changes amongst the staff, and most of the graduates from the Training School for Nurses obtain more lucrative appointments elsewhere. I was pleased to meet at Mimico Hospital a former probationer nurse from Crichton Royal whose father was the much respected head painter at the latter for over thirty years. The patients' houses are all provided with spray baths, but continuous baths and other forms of hydrotherapy are used in the reception wards for each sex located in two of the houses. The grounds at Mimico Hospital have been much beautified by the planting of ornamental trees and the attractive lay-out of winding roads and walks, and special features are the fine park and the recreation ground on the south side of the Hospital buildings with their wide and pleasant prospects across Lake Ontario.

Before leaving Toronto I visited the magnificent new *Toronto General Hospital*, recently opened, on 19th June 1913, by the Lieutenant-Governor of Ontario. Its foundation stone was laid on 11th April 1911 by Earl Grey. It has 700 beds and cost £700,000 and functions as the teaching hospital of the Medical School at Toronto University. I had

the pleasure of meeting Dr Charles K. Clarke, Superintendent of the Hospital and Professor of Clinical Psychiatry, and one of the Editors of the American Journal of Insanity, and formerly Superintendent of the Ontario Hospitals for the Insane at Rockwood, Kingston (1885-1905) and Toronto (1905-1911). He kindly showed me over this splendidly equipped up-to-date institution, which has a nearly completed pavilion for private patients, in which the rates to be charged will probably vary from about £3 to £20 per week.

HOSPITALS FOR THE INSANE, PROVINCE OF QUEBEC, CANADA.

Choosing the longer but more attractive route by water (390 miles) from Toronto to Montreal, I travelled by steamer down the spacious Lake Ontario and the noble St. Lawrence River, passing through its beautiful "Lake of the Thousand Islands" and its succession of powerful rapids, the most exciting of which are reserved to the last, the far-famed "Rapids of Lachine" close above Montreal. Jacques Cartier explored the St. Lawrence as far as Quebec in 1534 and Montreal in 1535, but the earliest French settlement was not made till 1608, namely by Champlain who founded Quebec in that year; this fortress city and stronghold finally fell to the British under Wolfe in 1759, after which, in 1763, the vast territory of "La Nouvelle France," which included the Great Lakes, was ceded by France to Great Britain, and then divided into the two Provinces of Upper and Lower Canada, known respectively since the British North America Act of 1867 as the Provinces of Ontario and Quebec. The Province of Quebec, which is about thrice the size of the British Isles, is larger than that of Ontario but less populous; and its population, as contrasted with the characteristic Protestant British of Ontario, is roughly three-fourths Roman Catholic in religion and French in stock, but like that of Ontario is also increasing rapidly. Montreal is the largest and main commercial city not only of the Province of Quebec but of the whole Dominion, and its rapidly expanding population of about half a million is also predominantly Roman Catholic of French extraction, though relatively less so than in the Province generally.

Religion and race have been the dominating factors of the lunacy policy of Quebec, the only Province of the Dominion which does not provide government or state institutions for the care of its public insane, although it

contributes towards the maintenance of the public patients under a per capita system of "contract" with the owners of the asylums (which receive private as well as public patients), the general effect of which is that the "public" asylums of Quebec have functioned as "provincial" institutions, as indeed they became technically in 1867 on Confederation of the Provinces. There are six asylums in the Province of Quebec, namely 5 Roman Catholic and 1 Protestant. All may be said to owe their origin to charity or charitable motives, but whereas the former and older institutions are owned by Roman Catholic proprietors who derive pecuniary benefit or profit from their working, the last and youngest hospital, which was founded by public subscription, is owned and managed by a corporation of Protestants who derive no such benefit, any annual surplus of income or revenue over expenditure being devoted entirely to the benefit of the hospital and its patients, as in the case of the Royal Asylums in Scotland and the Registered Hospitals in England. The history of the evolution of the asylums and of the care of the insane in the Province of Lower Canada or Quebec is of special interest, as it clearly illustrates the drawbacks and dangers of an imperfect state system of "contract" with pecuniarily interested parties for the maintenance of insane patients of the poor and indigent classes. Such contract systems, especially if inadequately financed and insufficiently supervised, and whether in the case of public or private patients, are radically wrong in principle, inasmuch as in practice they tend to subordinate the interests of the patients to those of the proprietors, and either tempt or possibly compel the latter to economise, not only in measures of proper treatment for the patients (thereby also retarding progress in medicine and psychiatry), but even in the primary matters of the proper nursing and attendance, feeding, clothing, housing, and personal care and welfare of the patients. In the Province of Lower Canada or Quebec the faulty government "contract" system, which attained notoriety under the name of the "farming" system, was largely responsible for the perpetuation long after its day, and to an aggravated degree, of the former deplorable neglect and cruel treatment

of the insane in cells and mechanical restraints, so vividly and pathetically described by Dr D. Hack Tuke after his visit in 1884 to the two asylums of the Province at that time, namely at Beauport, Quebec, and at Longue Pointe, Montreal. Since its origin about 1800 the government "contract" system, which still exists, has been much improved by changes in lunacy legislation from time to time, and especially since Dr Hack Tuke's condemnatory account of the above asylums and of the "contract" system.

Roman Catholic Asylums.

During the early pioneer stages of the 150 years of the French settlement and possession of the country there was naturally no provision in the Province for destitute invalids, bodily or mental, and as time went on gaols and houses of correction were the only receptacles available for the latter. Later in the 17th century certain charitable and philanthropic Roman Catholics founded small general hospitals for the sick and poor, including the insane, and put them under the charge of hospital nuns, e.g. the Hôtel Dieu at Quebec and at Montreal managed by the Grey Nuns or Sisters of Mercy, and that at Three Rivers, about midway on the St. Lawrence between these cities, managed by the Ursuline Nuns. These general hospitals or nunneries, which were thus voluntary charitable institutions, gradually increased in size and importance during the 17th and 18th centuries, during which period the unfortunate insane in them, in accordance with the ignorance of the age—which regarded insanity as a visitation or plague and the victims mostly as harmful and malicious creatures allied to criminals—and in keeping with the prevailing practice in all civilised countries, were simply kept in safe custody, incarcerated in miserable cells, cruelly restrained in mechanical appliances, and abominably neglected in the matters of cleanliness, clothing and feeding. Owing to the increasing numbers of their insane inmates and the limited resources of the Nunneries at Quebec, Montreal, and Three Rivers, the Legislative Council of Lower Canada began about 1800 to authorise appropriations for the maintenance of the insane of the Province on a

capitation basis in these establishments, contracting to pay the Sisters for the board, lodging, clothing, attendance and custodial care generally of the inmates, but making no provision for the governmental supervision, as by visitations and inspections, of the actual care of the insane in the Nunneries, which of course was still simply custodial in nature, with no understanding of insanity as a disease, requiring medical treatment and skilled nursing, and frequently curable. The humane and moral treatment of the insane, begun independently by Pinel in France and Tuke in England during the last decade of the 18th century, took many years to spread in civilised countries, and even in the British Isles seclusion in cells and mechanical restraints were freely resorted to during the first half and more of the 19th century. The more enlightened and humane treatment of the insane was long in reaching the Province of Lower Canada, in which the steadily increasing inmates of the Nunneries continued to be woefully neglected and maltreated on the traditional lines. Their lamentable condition gradually became a reproach to the public, and it is not surprising that about 1830 the Grey Nuns at Montreal gave up the care of the insane of the district, who were then quartered in the city gaol as they used to be some two hundred years before. The insane of the Province still increasing and their conditions becoming worse, under the urgent pressure of public feeling and opinion in favour of the provision of a special asylum for the insane of Lower Canada, and the Legislative Council of the Province being unwilling to provide such asylum, in 1845 the Governor-General of the United Provinces of Canada took action by promising the support of the Government to remove the insane to such an asylum when provided and to contract for their maintenance in it, and by making such an agreement with a private party willing to provide the asylum, namely, Dr James Douglas of Quebec, known as the Pioneer Alienist of the Province. For this purpose Dr Douglas and other two leading physicians of Quebec as his fellow-proprietors in the venture bought an old mansion-house and property at Beauport, on the left or north-west bank of the St. Lawrence about three miles below Quebec, and by the autumn of 1845 there were

removed to it all the insane from the Nunneries at Quebec and Three Rivers and the gaol at Montreal, and the proprietors appointed a resident physician. Under their government contract for the maintenance of the public patients, the proprietors of Beauport Asylum undertook to provide medical treatment in addition to lodging, food, etc., and governmental supervision was provided in the form of a Board of Commissioners. A few years later the original asylum, already overcrowded, was replaced by a new building about a mile nearer the city, which was opened in 1850 under the name of the *Quebec Lunatic Asylum*. It is the oldest asylum in the Province, and is still commonly known as *Beauport*, and since its erection it has been considerably enlarged. In 1859 the Asylums and Prisons of the United Provinces of Upper and Lower Canada were put under the control of a Board of Inspectors, which, however, Beauport being a proprietary institution, had no powers of interfering with its management by the owners, but merely those of inspection and report to the Governor-General. In 1865 the Government insisted on the appointment of a government visiting physician nominated by the Governor-General but paid by the proprietors of Beauport. On Confederation in 1867 a new Board of Inspectors was appointed by the legislature of the Province of Quebec, in place of the former Board for the United Provinces; and in 1879 the old Board of Commissioners was abolished, and an additional government visiting physician was appointed for Beauport.

The Sisters of Providence at Montreal, a religious community founded there early in the 19th century by the widow of a philanthropic merchant to carry out educational and charitable works for the benefit of the poor and mentally afflicted, in 1852 moved their quarters from the city to the village of *Longue Pointe*, where they opened a small asylum for the defective and insane, on the left bank of the St. Lawrence about five miles below Montreal. No doubt there was a distinct local demand for such an institution, seeing that the Sisters of Mercy at Montreal Nunnery had given up the care of the insane fully twenty years before, and that the majority of the insane of the growing city and district were now being accommodated in the provincial asylum at

Beauport, Quebec, fully 180 miles distant and already overcrowded. This demand increased as time went on, and with it the response of the Sisters of Providence who, acting under agreement and "contract" with the government, replaced the original asylum by a much larger building, which was opened in 1875, a government visiting physician being appointed under the terms of the contract.

About 1880, both at Beauport and Longue Pointe, the difficulties between the government and the proprietors regarding the management of the asylums gradually developed, and were fairly obvious with on the one hand the proprietors and their own paid physicians insisting on their own rights of domestic and medical management, and on the other side government visiting physicians with little or no powers of medical administration, and a board of inspectors with merely duties of inspecting and reporting but no powers of interfering in the management or of enforcing their recommendations. The government found fault with the care of the patients, who were still being grossly neglected and extensively confined in cells and mechanically restrained, and so virtually accused the proprietors of not fulfilling their "contract"; whereas the proprietors virtually accused the government of breaking their "contract" by interfering with the proprietors' rights to manage their own affairs. The crisis came in 1884 after Dr Hack Tuke's historic visit and indictment, which was followed by an appeal by the Medico-Chirurgical Society of Montreal to the Government to take action. In 1885 an Act was passed vesting the control, and especially the medical control, of the asylums in the Government, acting through (1) the Provincial Secretary; (2) the Board of Inspectors, who visit and inspect the asylums and report to the Provincial Secretary; and (3) the Medical Superintendent and Assistant Physicians, who are appointed and paid by the Province, and in each asylum have complete control of its management as regards the admission and discharge, treatment and care of the patients, and also power to report to the Government either any failure of the proprietors to carry out their recommendations, or anything they consider detrimental to the welfare of the patients or institution. These statutory provisions,

especially those relating to the medical control and management of the asylums, were at first firmly resisted by the proprietors, but were embodied in the next and subsequent "contracts" with the Government, and as the result of these reforms the condition of the institutions and the treatment and care of their inmates have been greatly improved. Beauport Asylum in 1893 was purchased by the Sisters of Charity of Quebec who are its present owners. It now has fully 1350 patients and is overcrowded. In 1890 Longue Pointe Asylum, which then had fully 1300 inmates, was completely destroyed by a disastrous fire, 75 patients and 5 of the Sisters losing their lives. Temporary wood pavilions were hastily erected and served for some years; but eventually a new institution built in stone on the pavilion plan, with accommodation for 2000 patients, was completed and opened in 1901, at a cost of well over £200,000, the Sisters of Providence obtaining a government loan for the purpose, with improved contract terms to enable them to repay it. This is the existing Longue Pointe Asylum, which has considerably more than 2000 patients and is overcrowded. It has a double staff of physicians appointed and paid the one by the Government and the other by the proprietors, and in addition a consulting staff of specialist physicians and surgeons attached to the Notre Dame Hospital and Laval University at Montreal; and recently a Nursing School has been established for the training and examination of the nuns.

Apart from Beauport and Longue Pointe, the two main Roman Catholic Asylums of the Province, there are other three smaller institutions belonging to Roman Catholic proprietors, namely:—(1) St. Julien Asylum for idiots, owned by the Sisters of Charity of Quebec, and situated about fifty miles south of Quebec, at Lake William in Megantic County. It was opened in 1873, and now has fully 150 inmates, and is overcrowded. Since the 1885 Act it has had a government physician. (2) St. Anne's Hospital and Asylum for idiots and epileptics, at St. Paul's Bay on the left bank of the St. Lawrence about thirty miles east of Quebec, founded in 1889, and owned by the Little Franciscan Sisters of Mary, a French Canadian order. It has about

170 patients of both sexes, and a government physician. (3) St. Benedict Joseph Asylum, on the left bank of the St. Lawrence about four miles below Montreal, close to Longue Pointe Asylum, the medical superintendent of which and a government visiting physician forming its medical staff. It is a small hospital for the accommodation of fully 100 private patients, and it was established in 1885 by its owners, the Congregation of the Brothers of Charity, a monastic order founded in Belgium fully a century ago.

Protestant Hospital for the Insane, Verdun, Montreal.

The Protestant Hospital for the Insane, usually known as Verdun Hospital owing to its location in the municipality of that name, is finely situated on the left bank of the St. Lawrence about four miles above Montreal, opposite the foot of the Rapids of Lachine. It was opened in 1890, and owed its origin to a leading Protestant citizen of Montreal, Mr Alfred Perry, who had long realised the wrong principles and pernicious effects of the government system of contract with pecuniarily interested proprietors and managers for the maintenance of the public insane of the Province in the existing Roman Catholic asylums. So he started and led through to a successful issue his objective and movement for the foundation and establishment of a separate charitable incorporated hospital for the treatment and care of all the insane of the several Protestant denominations in the Province of Quebec, the movement being based on the following principles:—The hospital for the reception of the Protestant insane of the Province to be founded by means of a public charitable appeal for donations and subscriptions from Protestants, those responding to be incorporated for the purpose of foundation and along with their successors to form the Protestant corporation of the hospital; the hospital to be owned and managed by the said corporation, acting through a Protestant board of governors resident in the Province of Quebec and a board of managers elected therefrom; the corporation to conduct the hospital, and to have powers to make bye-laws, rules and regulations for its management, in conformity with the statutory provisions of existing and future lunacy legislation of the Province; all revenue of the corporation to be expended solely on the provision and maintenance of the hospital and the treatment and care of the patients, and not to be applied in any way with a view to making a “profit” out of the patients or for the pecuniary benefit of the members of the corporation;

and the corporation to submit to the Lieutenant-Governor and Legislature annual statements of the condition of the hospital and of the revenue and expenditure of the corporation. As the "father" of the Hospital Mr Perry was largely instrumental in obtaining its Act of Incorporation, which was passed by the Government in 1881. The movement was undoubtedly accelerated by the publication of Dr Hack Tuke's report in 1884 on Beauport and (especially) Longue Pointe Asylums, in which many Protestants were confined, and was materially supported by the Government who in 1887 assisted the subscribed funds of the Corporation by a donation of fully £3500 and a loan of £3000. Under the terms of the first agreement or contract between the Government and the Corporation for the maintenance of the poor and indigent Protestant insane of the Province, which was made shortly after the opening of the Hospital, the Corporation undertook to receive all the public Protestant insane sent to the Hospital and to give them proper treatment and care, and the Government undertook, in addition to the per capita payments, to maintain intact the Protestant constitution of the Hospital and the rights, powers and privileges secured under its Act of Incorporation; and in conformity with the provincial lunacy statute the Government took over the control of the medical service, it being understood that it would appoint as its medical officers of the Hospital the duly qualified physicians recommended by the Corporation.

At the opening of the Hospital in 1890 the liability or indebtedness of the Corporation amounted to £10,000. Since its opening the extensions made from time to time to meet the urgent requirements of the growth of its population could not have been materialised without the aid of the Government, who empowered the Corporation on these occasions to issue a series of bonds or debentures, secured by mortgage on the property of the Hospital and guaranteed as to principal and interest by the Government. Since 1895 the Government has paid the interest on the bonds which have been issued by the Corporation and amount at present to about £65,000 of indebtedness, the effect of which is that the payment by the Government under the existing contract

of about £28 per public patient per year is increased to an annual capitation sum of £33, which nevertheless is considerably below the annual cost of maintenance of the public patient, the deficit being met out of the yearly subscriptions and legacies to the Hospital. The Hospital has a growing Endowment Fund of about £38,000, contributed by various liberal benefactors and invested in bank, railway and industrial stocks. The Hospital has also received occasional generous donations in the form of additions to its lands, buildings and equipment, the principal donors being Mr John H. R. Molson, who gifted the gymnasium with bowling-alley and curling-rink in 1892; Mr G. B. Burland who gifted the equipment of the pathological laboratory in 1898, and a detached and furnished residence for the medical superintendent in 1905; and Dr James Douglas—son of Dr James Douglas of Quebec, the founder of Beaufort—who made the handsome gifts in 1907 of the “ Douglas Farm ” of 60 acres adjoining the property on the east, and again in 1911, located on the same farm, and in memory of his father, the “ Douglas Memorial Hall ” with special entrance lodge and gateway in keeping with the Hall. These generous donations, considerably exceeding £30,000 in value, have provided the Hospital with much needed and greatly appreciated improvements and, along with the subscriptions and legacies of others and the helpful aids of the Government, are a gratifying index not only of the just estimation of the Hospital’s fine record of work since its opening, but also of the public confidence in its management.

The Hospital Corporation meets annually in February, when the Board of Governors elects its honorary Officers (namely, President, two Vice-Presidents, Treasurer, and Secretary) and the honorary Managers, the Board of Management consisting of the Managers and Officers, none of whom is paid for his services or permitted to sell supplies to the Hospital. The Board of Governors meets quarterly, and the Board of Management fortnightly; and the Government Inspectors pay official visits quarterly. The Medical Superintendent, as the government official in charge of the Hospital, has complete control of the treatment and care of the patients and of the running and discipline of the

hospital management in its various aspects and details for the welfare of the patients.

I was sorry to miss Dr Thomas J. W. Burgess, the much esteemed Medical Superintendent of the Hospital since its opening, but in his absence on vacation his deputy, Dr C. A. Porteous, First Assistant Physician, and also Drs. H. V. Robinson, and P. Nase, Second and Third Assistant Physicians, very kindly showed me over the institution. The Hospital has 700 beds and 670 patients, of whom the males and females are approximately equal in number. About two-thirds of patients are public and one-third private. The annual admissions average 240, of whom fully four-fifths are of British extraction and chiefly Canadian born from Montreal city and its adjoining municipalities, and nearly one-fifth are foreign born and mainly Russian. Although only those of the Protestant denominations of the Province are admitted as public patients, some of the private patients received are of the Roman Catholic faith. From ten to twenty voluntary patients of the private class are received annually, but public patients are not admissible on the voluntary footing. The formalities for the admission of certified patients are somewhat formidable, and in the case of public patients include the completion of the following six forms or certificates, all of which (except Form E.) must be sworn to before a Justice of the Peace, Recorder, Superior Court Commissioner, or Notary Public, and then lodged with the Medical Superintendent, in order that he may satisfy himself that they are in order before he notifies the applicants when to bring the patient to the Hospital:— Form A is the application by the relative, guardian or friend for the admission of the patient; Form B is the medical certificate of insanity by a physician, only one such certificate being required in the case of a public patient (two such certificates however being necessary in private cases); Form C is a continuation of the medical certificate by the same physician, giving the history of the case; Form D is a certificate by a clergyman who must state with what Church he is connected; Form E is a certificate by the Mayor (or in his absence a Councillor) of the municipality from which the patient is sent; and Form F is a certificate by the

Secretary-Treasurer or Clerk (or in his absence the Mayor) of the same municipality. Forms D, E, and F—which are not required in private cases—state the financial position of such public patients, and the names and addresses of those bound by law to support them, namely, father, mother, husband, wife, or children; and any Mayor, Alderman, or Secretary-Treasurer refusing to sign Form E or F is liable to a fine of 20 dollars. In the case of private patients Form A, two Forms B, Form C, and also a bond or agreement as to the rate of payment are necessary, and only one of the physicians requires to sign Form C. The rates of board for private patients, which are payable monthly in advance, vary from 21 to 65 dollars per calendar month (or approximately £50 to £156 per annum), the minimum rate for a private patient from outside the Province of Quebec being 40 dollars monthly (or £96 yearly). Accounts are sent only to those in arrears. All payments for board are made to the Medical Superintendent, and ordinarily no refund is allowed if a patient is removed before the end of any month. The psychoses of the admissions are chiefly dementia (acute, chronic and senile), melancholia, mania, and “toxic” and congenital psychoses, general paresis being relatively infrequent (about 2 per cent.). The recovery rate is approximately 34 per cent. of the admissions, and the death rate 12 per cent. of the average daily population. From ten to twenty patients are deported annually to other countries.

Of the four resident physicians of the Hospital, the Medical Superintendent and First and Second Assistant Physicians are appointed and paid by the Government, on the recommendation of the Corporation; that is, they are governmental or provincial officials, but are not pensionable by the Government, and there is no provision for the retirement on annuity of the Hospital staff. The Third Assistant Physician is appointed and paid by the Corporation. In addition to the resident medical staff there is an honorary visiting and consulting staff of specialist physicians and surgeons, holding professorships or lectureships at M'Gill University and attached to Montreal General Hospital or Royal Victoria Hospital. Dr Burgess and Dr Porteous give the

course of lectures and clinics on mental diseases at M'Gill University and Verdun Hospital. There is also a Training School for Nurses at the Hospital, with senior and junior classes, and the lectures are given by the resident physicians from October to April, and also by the members of the visiting staff each monthly in rotation. As in most of the mental hospitals I visited, at Verdun there are many changes among the nurses as also among the other employees.

As regards the methods of treatment employed at Verdun Hospital, apart from rest in comfortable and hygienic surroundings with suitable dieting and medication during the acute and active phases of the psychosis, in accordance with the spirit of the foundation of the Hospital the dominant principle followed since its opening has been that of the humane and moral treatment of the mentally afflicted as carried out in practice by the system of "non-restraint" and the giving of as much of the joy of freedom in the individual case as is compatible with safety and propriety. Consequently occupational, recreational and social therapy are well organised. From 50 to 60 per cent. of the patients are occupied daily and usefully in the various workshops and workrooms, and on the farm and gardens. Baseball, cricket, football, golf, skating and tobogganing are the principal outdoor games and recreations; and there is an extensive annual programme of dances, concerts, entertainments and other indoor amusements, amongst which the moving pictures in the Douglas Memorial Hall are specially popular. The Annual Sports are one of the chief events of the year for both patients and staff, and specially interesting features of these are the exhibits of industrial handiwork and of the farm and garden products, and the awarding of prizes for these as well as for the sports events. The Religious Services on Sundays are also a prominent feature of the life of the Hospital, these being divided among the different denominations on a proportionate basis, the Anglican, Presbyterian, and Methodist services being held more frequently than the Congregational, Baptist, and Unitarian. The Roman Catholic patients are visited by their own clergy.

The buildings at Verdun Hospital for the accommoda-

tion of the patients are five in number, namely:—(1) The Main Buildings, three-storied, with administrative offices and assistant physicians' and matron's residential quarters, kitchen and dining-rooms at the centre, on the top floor of which are two large observation dormitories for newly admitted public patients, and on either side two wings with the wards for private patients. (2) The Infirmary, two-storied, for 10 public patients of each sex requiring special medical or surgical treatment, with open-air balconies on both floors, diet kitchen, operating room, and in the basement the pathological laboratory and autopsy room. The Infirmary has a staff of female nurses with a general trained nurse in charge. (3), (4), and (5) East and West Houses, two-storied, and North-West House, three-storied, for public patients, mostly the subjects of chronic psychoses and requiring observation in closed wards; but two of the wards for the more reliable and trustworthy cases have open doors.

The power station, laundry, and water-tower are situated behind the foregoing. The Douglas Memorial Hall for dances, concerts, theatrical and allied entertainments, is a handsome one-storey fireproof building in red brick and stone, with accommodation for an assembly of fully 600 persons, and cost about £12,000. The spacious arched recreation room, with excellent floor for dancing, has a well equipped stage with dressing rooms at one end (above which are the caretaker's residential quarters), and at the opposite end a special balcony for the moving picture apparatus. There are also cloak rooms and lavatories, and in the basement a supper room with kitchen and serving room. The Hall is steam-heated and electric-lit from the power station.

As soon as finances permit, it is hoped to provide the other buildings which the Hospital requires for its satisfactory completion, namely, a nurses' home, a large industrial workshop, a sanatorium for tubercular patients, cottages for married employees, a summer house for female patients, and two residences for the wealthy class of private patient of each sex, who in the absence of such accommodation at present go to the private sanatoria of Ontario or to the United States.

SOME GENERAL IMPRESSIONS.

(1) Being on my first visit to America from our island home, I was naturally soon impressed after arrival in New York and the United States by the vast size of the country and of its population. Realising the polyglot character of the latter, and that the United States is a confederation not only of political states but also of the many peoples of many nationalities and races with their varying sentiments, prejudices and outlooks, I also realise the inherent difficulties of the union of races and welding of nationalities into a single great Nation having a common national sentiment and outlook. Hence one appreciates the political significance and importance, indeed necessity, of such national celebrations as "The Fourth of July," and of the frequent exhibition and waving of the "Stars and Stripes." Even we of Great Britain, a much older Nation with a young and developing Empire, wave the "Union Jack" (symbolic emblem and name!) and celebrate our "Empire Day," formerly Queen Victoria's birthday, with a view to fostering the common racial and national spirit of community between the home country and the dominions and dependencies across the seas.

(2) The cost of living in the United States and Canada is approximately twice as high as that in the home country, and the wages paid in the mental hospital services are similarly about double those paid at home, the general level of wages in the United States hospitals being higher than in the Canadian institutions.

(3) The rapid and remarkable increase of the population of the United States has been the dominating factor in the evolution of the care of its public insane, and has influenced psychiatry there in many ways and continues to do so. This is the real explanation, in my opinion, of the general adoption in the United States of the principle of the

care of its public insane by each State; the translation of this principle into practice became compulsory in the several States as each gradually found the former and smaller authorities of its constituent counties and municipalities quite inadequate to deal with the growing and urgent problem; whereas in the older home country with its less phenomenal increase of population, the care of the public insane by the counties and cities and parishes or unions has been found adequate, backed by financial aids from the Government. The striking increase of the population of the United States is certainly the main explanation of the great size of many of its public mental or state hospitals, and of their frequent over-crowding. The urgency of these problems has had further effects, and has led our American friends to tackle these difficulties with characteristic practical-mindedness and promptitude.

(4) Thus as regards the *treatment* of the public insane in the State Hospitals, there is in the first place a relatively large staff of physicians, especially strong in the receiving services for new patients, the object being to concentrate on them in particular the efforts of treatment and nursing as long as the chance of recovery remains. Rest, dieting, medication, massage, hydrotherapy, occupational therapy (industrial and diversional), recreational and social therapy, are the chief methods employed, hydrotherapy in its various forms and diversional occupations being specially in vogue, and also in some hospitals electrotherapy and mechanotherapy, physical drill and gymnastics. Although sanatoria for the isolation and treatment of the tubercular insane are frequently provided, the application of sanatorium methods in the treatment of the ordinary and non-tubercular insane, by rest in bed in the open air during the acute or active phases of the psychosis and prior to convalescence, has been commenced in only a few hospitals. The nursing of male mental invalids by women in hospital wards is frequently practised, and is recognised as a distinct advance in the care of the insane. Notwithstanding well organised Schools of Training for Attendants and Nurses, in many cases affiliated with those of general hospitals, there are frequent changes in the personnel of the nursing (and also

domestic) services of the mental hospitals in the United States, as also in Canada.

(5) As regards *study and research and teaching* in mental diseases in the United States, the urgency of the problem of the insane has thoroughly aroused the interest of the profession and the public in these matters. In order to promote their efficiency the physicians of the State Hospitals have to pass a series of state examinations in order to qualify for entrance and promotion in the hospital services, and importance is also attached to the publication of original papers in the medical journals. There is no doubt that the United States is thoroughly alive to the importance of research in psychiatry. This is evidenced not only by the existence in the larger State Hospitals of such posts as the director of clinical psychiatry and the pathologist, these scientific appointments being specially sanctioned by the State, but also by the provision of well-equipped laboratories in all the State Hospitals, and by the establishment by the State of such undertakings as the Psychiatric Institute at Ward's Island in New York City, and the modern Psychopathic Hospitals at Ann Arbor in Michigan and Boston in Massachusetts; and to these must now be added the munificent private bequest of the Phipps Psychiatric Clinic of the John Hopkins Hospital at Baltimore in Maryland. The literary output of the above public mental hospitals and clinics is already very extensive and steadily increasing, and shows assuredly that the spirit of research and enlightenment into the darkness and tragedy of mental illness is astir and active. Further, and this is also a rational and logical effect of the urgency of the problem of the insane in the United States, the spirit of research within recent years has taken a more definite trend into the investigation of the causation and prevention of mental disease, as being as important as the prosecution of its cure and perhaps even more so from a national aspect. Hence the birth and growth of a significant national movement in favour of the promulgation of knowledge and education in the matters of the preservation of mental health and the prevention of mental illness, and the foundation in 1909 of a "National Committee for Mental Hygiene." In this connection it is being

more clearly realised that mental disease is not merely a matter of the mind of the individual but also of his environment, that it is often a medico-social ailment rather than a purely medical malady, and so among the latest developments in the curative and preventive measures adopted by the public mental hospitals and clinics are the advent of the social or eugenics worker, who studies the home and working environment of the mental invalid, and the establishment of dispensary clinics and out-patient departments, which catch the mental invalid in the early stages and in many cases help him to cut short his trouble.

(6) Whereas the hospitals for the public insane in the United States are in many cases huge institutions and frequently overcrowded, those for private patients are mostly limited in size and not crowded. Apart from the smaller proprietary sanatoria and retreats, the larger hospitals for private patients, those corresponding to the Royal Mental Hospitals of Scotland and the Registered Mental Hospitals of England, and like them incorporated charitable institutions, are excellent establishments for their purpose, and compare very favourably with the best of the above hospitals in Great Britain. They are well-equipped for the curative treatment and comfortable care of their patients, and they have relatively stronger medical and scientific staffs than our corresponding hospitals, and their literary output of research work, which is of high standard, is much more abundant.

(7) Canada in her Provinces of Ontario and Quebec is likewise solving the problem of the care of her public insane. The solution has not been so urgent as in the United States owing to the lesser urge of her expanding population; and further, it has been eased inasmuch as both before and since the British North America Act of 1867 the care of public insane has been a provincial or government concern, and was never undertaken by the counties or municipalities. Each of the two Provinces is solving its public problem in its own way, race and religion with their varying outlooks being determining factors in the solution. Protestant and more populous Ontario has 10 institutions for its public mental invalids, mostly of moderate size and overflowing,

and Toronto, its capital, is leading in the van of psychiatric progress. Roman Catholic Quebec has two relatively large proprietary mental hospitals for the public insane of the dominant faith, both over-crowded; and there is an incorporated charitable Protestant hospital, of moderate size and almost full, for both the public and private insane of the Protestant minority in the Province.

(8) Lastly, while none of the Mental Hospitals and Clinics visited in the United States and Canada has a central recreational and therapeutical building of the comprehensive type proposed for Crichton Royal, not one fails to possess one or more of its constituent features, some possess several of these, and in a few there are suggestive new features worthy of consideration when the time comes for the materialisation of the proposed building.

APPENDIX.

(A) The Average Annual per Capita Cost of Accommodation (land and buildings) and Maintenance (food, clothing, management, etc.) of Public ("pauper lunatic") Patients in the 20 District Asylums of Scotland for the year May 1912 to May 1913, during which the Average Number of Patients Resident in them was 10,353, was as follows (56th Annual Report of the General Board of Commissioners in Lunacy for Scotland, p. lvii.) :—

(1) Annual Assessment per Patient to provide Land and Buildings—£17 9s 11d.

(N.B.—These assessments for providing Accommodation are levied on lands and heritages within Lunacy Districts which possess District Asylums.)

(2) Net Annual Cost per Patient of Food, Clothing, Management, etc.—£27 3s 9d.

(N.B.—The cost of Maintenance is paid mainly out of the Poor Rates of the Parishes in the Lunacy Districts, supplemented by a Government Lunacy Grant from the Local Taxation (Scotland) Account)

(3) Total Cost per Patient for the year 1912-1913—£44 13s 9d.

(B) Annual Salaries (Pay and Emoluments) in 1913 of Officials and Employees at Crichton Royal, Dumfries. (N.B.—These correspond to the standard of the larger Royal and District Asylums of Scotland, and are of interest for purposes of comparison with those in the mental hospitals visited in the United States and Canada, in which countries both wages and the cost of living are approximately twice as high as in the home country) :—

Assistant Physicians, £150 to £250, with board, lodging, laundry and attendance.

Laboratory Physician, £300. Laboratory Assistant, £60 to £65. Laboratory Boy, £13 to £26.

Matrons, £84 to £120, with board, lodging, laundry and attendance.

Assistant Matrons, £50, with board, lodging, laundry and attendance.

Head Attendant, £110, with free house and garden.

Attendants (male)—Single, £30 to £60, with board, lodging, laundry and uniform jacket. Married, £50 to £60, with board, uniform jacket, free house and garden.

Nurses (female), £20 to £40, with board, lodging, laundry and uniform.

Domestic Staff.—Head Cooks, £40 to £78, with board, lodging and laundry. Other Cooks, £20 to £30, with board, lodging and laundry.

Kitchenmaids, Housemaids, Hallmaids, etc., £12 to £26, with board, lodging and laundry.

Laundresses—Head Laundress £40, and others £12 to £26, with board, lodging and laundry.

Stenographer and Typist (female) £60, with board, lodging and laundry.

Telegraphist and Telephonist (female) £36, with board, lodging and laundry.

Hall Porter, £60, with free house and garden, and uniform.

Garden Staff.—Head Gardener £100, with free house and garden, fuel and vegetables. Other Gardeners, £52 to £80, with free house and garden.

Stables Staff.—Head Coachman, £86, with free house and garden, fuel and livery. Other Coachmen, £60, with free house and garden (or lodging and laundry), and livery.

Garage Staff.—Head Chauffeur, £78 to £104, with free house and garden, fuel and livery. Other Chauffeurs or Motor Lorrymen, £52, with waterproof and leggings.

Farm Staff.—Farm Manager, £180, with free house and garden, fuel, milk and potatoes. Blacksmith, £80, with free house and garden. Gamekeeper, £65, with free house and garden. Other Farm Servants, £52 to £60, with free house and garden. Farm Boys, £20 to £26, living with parents on Estate.

Works Staff.—Clerk of Works, £200, with free house and garden, fuel and vegetables.

Assistant Clerk of Works, £65. Masons, £80 12s to £88 8s.

Joiners, £80 12s to £83 4s, with free house and garden.

Plumber, £80 12s, with free house and garden.

Slater, £80 12s. Plasterer, £78.

Electrician, £104 to £120, with free house and garden.

Engineer, £77 12s, with free house and garden.

Engineman and Stokers, £60; or £60 with free house and garden.

Stores Staff.—House Steward, £270, with free house and garden, fuel and vegetables. Clerks, £60 to £100. Apprentices, £13.

Storekeeper, £80, with free house and garden.

Assistant Storekeeper, £46 16s.

Baker, £91, with free house and garden.

Assistant Baker, £78.

Butcher, £46 16s, with board, lodging and laundry.

Upholsterer, £78, with free house and garden.

Cabinetmaker, £78.

Tailor and Cutter, £88 8s.

Dressmaker, £40, with board, lodging, laundry and uniform. Assistant Dressmaker, £18, living at home on Estate.

Shoemaker, £48, with board, lodging and laundry.

Coalman, £60.

N.B.—Those in the above list shown with no emoluments receive pay only, and live out. The expression “ free house and garden ” means house (unfurnished) free of rent, rates and taxes, and repairs, with water and light, wash-house for laundry, and garden for vegetables; the head officials although supplied with vegetables have gardens for the culture of flowers.

INDEX.

- Admissions (psychoses of), 82, 89, 109, 157, 162, 168, 171, 174, 181, 186, 200.
- Aeolian, 43.
- Aerotherapy (see Open-air Rest, Sleeping, etc.).
- Albany Hospital, Pavilion F, 107.
- Alcoholics, 21, 81, 174.
- American Journal of Insanity, 29, 66, 108.
- American Medico-Psychological Associations, 123, 164, 187.
- Ann Arbor Psychopathic Hospital, 76, 205.
- Animal Experiments, 43.
- Armstrong, Mr S. A., 182.
- Arts and Crafts (see Occupational Therapy).
- Athletic Sports, 201.
- Attendants (see Staffs of Hospitals and Clinics).
- Attendants' Homes, 74, 168.
- Auburn State Prison, 173.
- Baltimore, 22, 27, 34.
- Baseball, 30, 92, 114, 162, 201.
- Basket Ball, 56, 116, 162.
- Baths and Bath-Houses (see Hydrotherapy).
- Bean Bags, 116.
- Beauport Asylum, 190-4.
- Beemer, Dr N. H., 185.
- Bell, Dr Luther, 61.
- Bicycling, 116.
- Billiard Rooms, 31, 43, 56, 93, 116.
- Binghampton State Hospital, 124, 126, 164, 185.
- Bloomington Hospital, 111, 114.
- Blumer, Dr G. A., 66.
- Boards of Managers of State Hospitals, 135.
- Boston, 70, 72, 76, 86, 95.
- ,, Psychopathic Hospital, 76.
- ,, State Hospital, 70.
- Bowling Alleys, 31, 93, 116.
- Brockville Hospital for Insane, 177.
- Brush, Dr E. N., 29.
- Buffalo State Hospital, 125, 167.
- Bulletin of Ontario Hospitals for Insane, 179.
- Burgess, Dr T. J. W., 199.
- Butler Hospital, 59.

Calisthenics (see Gymnasia)

"Camps" for Open-air Treatment, 157, 165.

Canada, Provincial Asylum System, 177, 188, 206.

Card Rooms (for cards, chess, draughts, etc.), 31, 56, 93.

Case-records, 14, 21, 29, 56, 89.

Chapin, Dr J. B., 48.

Chronic Services and Wards, 12, 73, 172, 202.

Clare, Dr Harvey, 180.

Clarke, Dr C. K., 187.

Clinics (psychiatric or psychopathic), 19, 21, 29, 52, 76, 88, 107, 130, 149, 169, 178, 205.

Cobourg Hospital for Insane, 177.

Cold Storage, 26, 32, 33.

Commitment of Insane, Alleged Insane, Temporary Care Patients, Defectives, etc., 11, 35, 65, 80, 81, 87, 103, 127, 199.

Concerts (see Recreational Halls).

Conferences of Medical Staff in each Hospital and Clinic (noted under each).

Conferences of New York State Hospital Commission with State Hospitals, 133, 138.

"Contract" or "Farming" System in Quebec Public Asylums, 189, 191.

Copp, Dr Owen, 52, 56, 71.

Cost of Living in U.S.A. and Canada, 203.

Cost of Maintenance per Public Patient in U.S.A. and Canada, 19, 73, 122, 177, 198.

Cost of Accommodation and Maintenance per Public Patient in Scottish District Asylums, 208.

Cowles, Dr Edward, 86, 88, 90.

Crichton Royal, Salaries at, 208.

Cricket, 56, 201.

Criminal Insane and Defectives, 12, 102, 120, 129, 173.

Croquet, 30, 92, 114.

Crownsville State Hospital, 22.

Cyclone at Utica, 163.

Dances (see Recreation Halls).

Dannemora State Hospital, 120, 173.

Deck Games, 46.

Deportation of Patients, 150, 152.

Diversional Occupation (see Occupational Therapy).

Dix, Miss Dorothea L., 9, 124.

Douches (see Hydrotherapy).

Douglas, Dr James, 191, 198.

Drawing (see Occupational Therapy).

Drill, Physical (see Gymnasia).

Driving Exercise, 93, 114, 117.

Dunton, Dr W. R., 30.

- Education of Defectives and Normals, 97, 99.
 Electrotherapy, 41, 53, 54, 79, 92, 93, 116, 156, 168, 184.
 Emoluments of Hospital Officers and Employees, 141, 144.
 Employees (see Staffs of Hospitals and Clinics).
 Epigrammatic Texts, 32.
- Factories in State Hospitals, 133, 159, 162.
 Feeble-minded, 95.
 Fernald, Dr W. E., 95.
 Fishkill-on-Hudson, 173.
 Folk Dancing (see Gymnasia).
 Football, 201.
 Forster, Dr J. M., 180.
 Franklin, Benjamin, 44, 67.
 Frost, Dr H. P., 73.
- General Impressions, 203.
 Golf, 92, 114, 201.
 Guelph ("Homewood") Sanitarium, 176.
 Gymnasia (for Calisthenics, Folk Dancing, Gymnastics, Mechano-therapy, Physical Culture and Drill, Swedish Exercises, etc.), 31, 36, 39, 53, 56, 68, 79, 92, 93, 98, 99, 115, 116, 165.
- Hamilton Hospital for Insane, 177.
 Herring, Dr A. P., 22.
 Hickling, Dr D. P., 20.
 History of Care of Insane, 123, 176, 189, 190, 203.
 Hoch, Dr August, 149.
 Homeopathic State Hospitals, 121, 125, 126.
 Hopkins (John) University and Hospital, 34.
 Hudson River, 170.
 Hudson River State Hospital, 125, 170.
 Hurd, Dr A. W., 167.
 Hurd, Dr H. M., 123.
- Hydrotherapy (Baths, Douches, Sprays, Plunge and Swimming Pools, Wet Packs, etc.), 16, 20, 26, 29, 36, 38, 39, 53, 68, 74, 78, 79, 80, 82, 92, 93, 108, 116, 156, 162, 164, 168, 171, 184, 186, 204.
- Hydrotherapy, Baths, Continuous Warm Water, 16, 20, 26, 29, 38, 39, 53, 74, 78, 92, 116, 156, 162, 164, 168, 171, 186.
- " " Shower and Spray, Hot and Cold, 16, 20, 26, 29, 39, 54, 164.
- " " Sitz or Hip, 16, 39.
- " " Radiant Heat (Electric Light), 39.
- " " Hot Air ("Turkish"), 16, 20, 39, 54, 164.
- " " Hot Vapour ("Russian"), 29, 39.
- " Douches, Needle, 16, 20, 29, 39, 54, 156, 164.
- " " Perineal, 39.
- " " Wave, 29, 39.

- Hydrotherapy, Douches, Scotch, 16, 20, 29, 39, 156.
 ,, Plunge Pools, 29.
 ,, Swimming Baths, 54, 68.
 ,, Wet Packs, Hot and Cold, 16, 39, 54, 156, 162, 164, 168.
- Immigration Law (U.S.A.), 150.
 Insanity Law (New York State), 126.
 Interpreters, 152, 157.
- Jelliffe, Dr S. E., 14.
- Kieb, Dr R. F. C., 173.
 Kingston ("Rockwood") Hospital for Insane, 176.
 Kirkbride, Dr T. S., 48.
 Kirkby, Dr G. H., 156.
 Kitchens, 158.
- Laboratories (Bacteriological, Chemical, Clinical, Pathological, Psychological, etc.), 13, 26, 29, 41, 42, 53, 63, 73, 78, 79, 80, 88, 89, 115, 117, 158, 162, 165, 168, 171, 202, 205.
 Lantern Exhibitions (see Recreation Halls).
 Laundries, 55, 75, 158.
 Lawn Tennis, 30, 56, 92, 114.
 Lectures for Patients (see Recreation Halls).
 Lecture Theatres for Students, etc., 42, 79, 92, 168.
 Libraries, General and Medical, 15, 26, 42, 79, 88, 93, 98, 169, 172.
 Literary Output of Hospitals and Clinics, 14, 29, 42, 88, 205, 206.
 London Hospital for Insane, 177.
 Longue Pointe Asylum, 190-4.
- MacDonald, Dr Carlos F., 126.
 M'Garr, Mr T. E., 122, 170.
 M'Lean Hospital, 86.
- Mabon, Dr W., 155.
 Manhattan State Hospital, 126, 155.
 Manufactures in State Hospitals (see Factories).
 Maryland, 22, 27, 34.
 Mason and Dixon's Line, 22, 51.
 Massachusetts, 70, 76, 86, 95.
 Massachusetts School for Feeble-minded, 95.
 Massage, 16, 29, 36, 39, 53, 54, 74, 92, 93, 109, 116, 164.
 Matteawan State Hospital, 120, 173.
 Mechanotherapy (see also Gymnasia), 39, 56, 79, 93, 116.
 Medical Superintendents, Duties of, etc., 136.
 Medicine-ball, 56, 116.
 Mental Defectives, 95.
 Mental Nursing, 109.

- Meyer, Dr Adolf, 43.
 Mimico Hospital for Insane, 177, 185.
 Mitchell, Dr Silas Weir, 57.
 Montreal, 188.
 Morton, Dr T. G., 44.
 Mosher, Dr J. M., 108.
 Moving Pictures (see Recreation Halls).
 Music and Music Rooms (see Recreation Halls).

 National Committee for Mental Hygiene, 205.
 Natatori (see Hydrotherapy, Swimming Baths).
 Negro Insane, 11, 12, 20, 22, 50.
 New York City, 120, 155.
 New York Hospital, 111, 113.
 New York State, 107, 111, 120, 155, 161, 164, 167.
 New York State Hospital Commission, 120, 126, 131, 138, 149, 150, 152.
 New York State Bureau of Deportation, 150, 152.
 " " " Insanity Law, 126.
 " " " Lunacy Service, 131, 139.
 " " " Hospitals, 120, 135, 136, 155, 161, 164, 167, 170, 173.
 " " " " Bulletin, 150.
 Niagara, 167, 176.
 North, Dr C. H., 173.
 Nurses (see Staffs of Hospitals and Clinics).
 Nurses' Homes, 41, 63, 67, 108, 168, 181.
 Nursing of Male Insane by Women, 17, 40, 53, 74, 109, 110, 202.

 Object Teaching, 98.
 Observation or Psychopathic Wards, 20, 76, 107, 130, 155.
 Occupational Therapy—Ordinary and Diversional (Arts and Crafts, etc.), 17, 23, 25, 29, 30, 36, 38, 41, 53, 54, 55, 68, 74, 93, 116, 159, 165, 168, 171, 175, 201.
 Officers and Officials (see Staffs of Hospitals and Clinics).
 Ontario, 176, 179.
 " Hospitals for Public Patients, 176.
 " Sanitaria for Private Patients, 176, 178.
 Open-air "Camps," 157, 165.
 Open-air Rest Treatment, 17, 53, 67, 105, 116, 162, 165, 168, 171, 202.
 Open-air Sleeping, 67, 68.
 Operating Theatres, etc., 17, 69, 157, 165, 168, 171, 202.
 Orderlies (see Staffs of Hospitals and Clinics).
 Organ (Pipe), 43.
 Orillia Hospital for Mental Defectives, 176.
 Out-patients' Clinics and Dispensaries, 36, 41, 83, 96, 168, 205.
 Over-crowding in New York State Hospitals, 120, 121.

 Packs, Wet (see Hydrotherapy).
 Painting (see Occupational Therapy).

- Palmer, Dr H. L., 161.
 Pavilion F, Albany Hospital, 107.
 Penetang Hospital for Insane, 177.
 Penn, William, 46.
 Pennsylvania, 44.
 „ Hospital, 44.
 „ Hospital for the Insane, 44.
 Pensions, 15, 145, 200.
 Perry, Mr Alfred, 196.
 Petrol Gas, 33, 158.
 Philadelphia, 44, 57.
 Phipps Psychiatric Clinic, 34.
 Photography, 43, 57, 79, 171.
 Physical Culture and Drill (see Gymnasia).
 Picture Collections, 93.
 Pilgrim, Dr C. W., 170.
 Politics and Lunacy Appointments in U.S.A., 122.
 Polyglot Population of U.S.A., 203.
 Poughkeepsie, 170.
 Prefatory Note, 3.
 Private Patients, 11, 29, 34, 37, 49, 50, 64, 86, 102, 107, 117, 120, 181, 190, 199, 206.
 Prizes for Industrial Handiwork, etc., 201.
 Protestant Hospital for Insane, Verdun, 189, 196.
 Providence, 59.
 Psychiatric or Psychopathic Clinics (see Clinics).
 Psychiatric Institute, 149.
 Psychoanalytic Review, 14.
 Psychotherapy, 36, 83.
 Public Patients, 11, 20, 22, 34, 37, 50, 51, 64, 102, 107, 118, 120, 181, 190, 199, 206.
 Purchasing Committee for New York State Hospitals, 132.
 Quebec, Province of, 188.
 „ „ Protestant Hospital for Insane, 189, 196.
 „ „ Roman Catholic Asylums, 189, 190.
 Quoits, 116.
 Rates of Board of Private Patients, 34, 35, 51, 64, 73, 86, 118, 200.
 Ray, Dr Isaac, 61, 62.
 Reading Rooms, 56, 116, 172.
 Reception Services and Wards, 12, 32, 38, 73, 78, 156, 161, 164, 168, 171, 202.
 Recreational and Social Therapy (see also Recreation Halls), 19, 29, 54, 68, 92, 99, 159, 172, 201.
 Recreation Buildings and Halls (for Concerts, Dances, Lantern Exhibitions, Lectures, Moving Pictures, Music, Theatricals, etc.), 19, 30, 31, 43, 55, 68, 79, 93, 115, 159, 167, 202.

- Religious Services and Chapels (see also Recreation Halls), 79, 93, 99, 167, 201.
- Research and Teaching in Mental Diseases, 205.
- Rest Treatment, 15, 29, 36, 116, 200.
- Retirement on Annuity of New York State Hospitals Employees, 145.
- Riding Exercise, 93.
- Rogers, Mr E. R., 177.
- Roman Catholic Asylums, 190.
- Roof Gardens, 37, 79.
- Rules Committee for New York State Hospitals, 139.
- Rush, Dr Benjamin, 45.
- Russell, Dr W. L., 117.
- St. Anne's Hospital and Asylum, 194.
- St. Joseph Benedict Asylum, 195.
- St. Julien Asylum, 194.
- St. Lawrence River, 188.
- Scottish District Asylums, Cost of Accommodation and Maintenance per Public Patient in, 208.
- Séguin, Dr E., 95, 97.
- Sheppard and Enoch Pratt Hospital, 27.
- Simcoe Hall Sanitarium, 176.
- Skating, 69, 92, 201.
- Sleigh Rides, 172.
- Smith, Dr R. W. B., 177.
- Social Service Workers, 15, 41, 79, 83, 84, 85, 96, 103, 168, 205.
- Social Therapy (see Recreational Therapy).
- Solaria or Sunrooms (see also Roof Gardens), 32, 38, 56, 184.
- Southard, Dr E. E., 83.
- Squash Rackets, 68.
- Staffs of Hospitals and Clinics (e.g., noted under each, the number of Physicians, Scientists, Nurses, Attendants and Orderlies, and other Officials and Employees; their Grading, Salaries, Changes, etc.).
- State Care of Insane, 123, 203, 204.
- Steamboat Trips, 160.
- Stereopticon, 42.
- Superannuation of Staffs (see Pensions).
- Swedish Exercises (see Gymnasia).
- Templeton Colony for Feeble-minded, 105.
- Theatricals (see Recreation Halls).
- Tobogganing, 92, 201.
- Toronto, 176.
- " General Hospital, 186.
- " Hospital for Insane, 176, 180, 182.
- Training Schools for Nurses and Attendants in Hospitals and Clinics (noted under each).

- Training in Arts and Crafts for Nurses and Attendants, 30, 55, 92.
 Trolley Rides, 172.
 Tubercular Insane, 204.
 Tuke, Dr D. Hack, 190, 193, 197.
 Tuttle, Dr G. M., 88.

 United States, 203-6.
 ,, ,, Immigration Law, 150.
 Utica State Hospital, 125, 161.

 Vassar College, 172.
 Verdun Hospital, 189, 196.
 Volley Ball, 56.
 Voluntary Patients, 29, 35, 65, 80, 87, 117, 130, 161, 164, 167, 170,
 177, 181, 186, 199.

 Wagner, Dr C. G., 164.
 Ward's Island Psychiatric Society, 149.
 Washington D.C., 9.
 ,, ,, Asylum Hospital, 20.
 ,, ,, Government Hospital, 9.
 West, Benjamin, 46.
 West Point, 170.
 Whitby Hospital for Insane, 181, 182.
 White, Dr W. A., 9, 14.
 Willard State Hospital, 125, 126, 185.
 Williams, Roger, 59.
 Woodstock Hospital for Epileptics, 176.

 Zander Apparatus (see also Mechanotherapy), 39, 93.

