

Stedman ^{in compliments of} (H. R.) H. R. S.

THE
FAMILY SYSTEM
AS AN
ACCESSORY PROVISION
FOR
OUR INSANE POOR.

✓
BY
HENRY R. STEDMAN, M. D., BOSTON.



[REPRINTED FROM THE SIXTH ANNUAL REPORT OF THE MASSACHUSETTS BOARD OF
HEALTH, LUNACY, AND CHARITY.]

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Among the variety of measures which have been proposed for the relief of our dependent insane, and of the Commonwealth of the burden which their proper care imposes, is one which, except for occasional recommendations by our Charitable Boards, has never been strongly advocated in this State, and has never met with general favor on the part of alienists at large, especially in this country.

The measure referred to is a system of boarding-out the quiet and harmless insane of the dependent class in private dwellings under official supervision, for the double purpose of relieving the overcrowded state of our lunatic hospitals and of improving at the same time the comfort and well-being of these patients.

While there has been the tendency, incident to the proposal of all novel beneficent schemes of any importance, to seek out and magnify their disadvantages, there has not been, regarding this measure, a corresponding inclination to investigate its merits. It has therefore happened that it has had but little justice done it.

It is taken for granted that the steady and rapid increase in the total number of the insane is generally known, and

that the overcrowding which now exists in all our institutions devoted to their care is appreciated. All who are acquainted with the requirements for meeting this state of affairs, are agreed that the relief to be afforded in this direction when the Westborough building is completed will be but temporary, as the institutions from which it will receive patients will soon be overcrowded again unless further precautions are taken. Asylum superintendents also recognize the importance of "providing for this increase as it occurs," instead of "repeating the past history of injurious overcrowding for years, and then extravagant construction for the great accumulation."*

It is not so generally known, however, that there is a large proportion of cases, both in and outside of lunatic hospitals, who do not require to be cared for in such establishments, although still in need of care and supervision. These are the demented and maniacal cases, who are quiet and harmless, and belong to the chronic class, which forms the bulk of the inmates of asylums. The number of these patients is not small, as will be seen. If they can be adequately and economically provided for outside of establishments, it follows that more room and better facilities will be obtained for the treatment of curable cases, and others in asylums, who are more or less dangerous, destructive and offensive, and for whom asylums are necessary. It is the object of this paper to show that it is practicable for a large number of these harmless incurables to be properly provided for in suitable families in this State, under systematic expert supervision.

Dr. Fraser, one of the Deputy Commissioners in Lunacy for Scotland, who, with his associate, Dr. Lawson, superintends the care of over eighteen hundred lunatics in private dwellings, in speaking of the imperfect knowledge possessed even by most asylum officials of the extent to which adequate provision for this class can be made in this manner, says:—
 "Further experience has proved to me, however, that no

* *Vide* Annual Report Danvers Lunatic Hospital for 1884, p. 22.

mere discussion of the subject can enable a person to appreciate the capabilities of this scheme of providing for the chronic insane, its present extent, and the good results which have been obtained from it. I am also convinced that a practical insight into its real nature is necessary to all concerned in providing for the insane. As it is out of the question for any one who has never inspected or studied asylums to speak intelligently of the care and treatment of the insane in asylums and the capabilities of such institutions to fulfil their humane purpose, in like manner it cannot be expected that the practicability and the advantage of domestic care can ever be properly understood by any one who has not carefully observed what is going on in those localities in which the system is in active working order. I would therefore recommend all interested in the question of how the ever-increasing number of chronic lunatics is to be provided for, and especially I would recommend medical officers of those asylums in which overcrowding is beginning to be felt, to make themselves, as far as they have the opportunity, practically acquainted with the condition of the boarded-out insane.* The writer, having gone over this ground after the manner indicated by Dr. Fraser, ventures to describe the system in vogue in Scotland, and afterwards to consider the subject in all its important bearings with reference to the feasibility of the adoption of a similar system in this State.

THE BELGIAN METHOD INFERIOR TO THE SCOTTISH.

Of the two representatives of the boarding-out system — viz., the Belgian (at Gheel) and the Scottish — there are several objections to the former as a model, beside the fact that the Scottish organization appears to possess all the advantages of the much-described Belgian colony, with none of its drawbacks. Among the considerations which would seem likely to discourage any would-be imitators of the Belgian settlement, and to deter the introduction of any such

* Twenty-fourth Annual Report of the Board of Commissioners in Lunacy for Scotland, p. 142.

system in this country, are : Its development from a popular superstition, and the fact that five centuries elapsed before it reached its present proportions and efficiency of management. Another objection may well have been raised, that so large a *single* community of insane people, although living in separate dwellings, would tend, by its increase, toward a greater aggregation than would be desirable. Another tendency to be feared from a single increasing community of this kind in a State, is the gradual diminution of interests outside of families in the way of employment, and the development of a race of mere keepers, so to say, in the place of a community interested in other pursuits as well — a result alike disastrous to patient and guardian. But the weightiest reasons for preferring the Scotch to the Belgian method, admirable though that is in many respects, are that in race, language, religion, characteristics, habits, and social conditions generally, the Scotch more nearly resemble our people. Moreover, the methods of providing for certain sane paupers in families, and the insane poor in asylums and almshouses, are theoretically the same in Massachusetts and in Scotland. The latter relations will be found to have important bearings.

Anticipating that the following account of the Scotch system may be objected to as far too detailed for the requirements of our subject, the explanation is offered that the opposition to the proposed scheme cannot, to our mind, be more effectively met than by demonstrating its successful operation in each and every particular in which its failure was predicted in Scotland, and is now predicted, if it should be adopted in this State. This is especially true of the matters of guardianship, supervision and expense.

AN ACCOUNT OF THE SCOTCH SYSTEM.

Statistics. — The average number of insane persons in asylums, lunatic wards of poorhouses, and private dwellings throughout Scotland during five years immediately preceding January 1, 1884, was 9,988. These comprise all lunatics under official cognizance. The average number of pau-

per patients living with relatives or strangers in private dwellings during this period was 1,600.

Distribution of Boarded-out Insane. — The latter are now distributed throughout the entire 33 counties of Scotland and the islands of Skye and the Hebrides, in nearly 500 parishes. The number of patients in each parish varies according to its population, size, and policy of its authorities, as well as the advantages possessed for the proper care of this class. The counties which have more than 100 lunatics distributed throughout their parishes are few. Dr. Fraser indicates the policy of the Lunacy Board in this direction when he says, in referring to the localities which are found to be most suitable for boarding-out the insane: “The people of these localities have now, I almost regret to say, become too eager for the charge of the chronic insane, and consequently the increase in the numbers resident in these places is, perhaps, leading to the formation of a larger aggregation than is desirable, and it may be soon necessary to do something in the direction of dispersing these aggregations.”* The diversity of sections to which patients are sent, is worthy of mention here, as showing that this class may be properly cared for in families, in spite of the fact that the physical conditions and social characteristics of the localities in which they are situated may vary considerably. Not only in the rural districts are these homes found for the insane, but many are even boarded-out in the heart of the city of Edinburgh, for example. In certain parishes it has long been customary to provide for their chronic insane in families, and the benefits of this arrangement being readily recognized, this arrangement soon causes an increase in the number of patients thus provided for. Other parishes have no such policy, but allow their insane to accumulate in asylums; but the number of such parishes is small and is diminishing every year, through the exertions of the Lunacy Board, and, more particularly, of its deputy commissioners.

Recent Increase in Numbers Due to Removals from Asylums. — There has been a steady increase in the number

* Twenty-fifth Annual Report of the Board of Commissioners in Lunacy for Scotland, p. 160.

of patients provided for in private dwellings since 1871, which has been particularly rapid during the last four years. This has been due, in great measure, to the recognition of the merits of this method on the part of medical officers of asylums and local inspectors of the poor. An instance of this is the fact that, in a single year (1882), 142 patients were removed from four overcrowded asylums to private dwellings, through the co-operation of the superintendents with those in charge of this department. They were induced to do this, however, only after having investigated the condition of, and the means of caring for, other cases in families. The combined daily average number of patients in these asylums was about 1,120, or several hundreds less than the number resident in the two largest lunatic hospitals in this State.

Account of a Number of Cases Boarded-out from the Fife and Kinross Asylum. — In this connection the testimony of Dr. Turnbull of the Fife and Kinross Asylum, one of the superintendents just referred to, is of decided value. After a careful and laborious inquiry into the operation of the boarding-out system, including visits to various parishes with one of the deputy commissioners, he decided to give it a trial, with the hope of relieving for the time, at least, the overcrowding at the asylum of which he has charge, and which contains about 300 inmates. The following extract is taken from a letter received recently : —

“Since March, 1882, there have been discharged as boarded-out patients from this asylum, 23 males and 29 females — total, 52. Some of these were taken off our books immediately on leaving the asylum, others were on trial by being put on pass or probation for a longer or shorter period, but all were finally discharged. Of this number four men and five women were afterwards sent back to the asylum. The reasons for their return were as follows : — In three cases it was due to relapse in the mental condition ; that is, they did well for several months, then had an access of excitement or of acute symptoms, such as happens often enough among the cases that are discharged as recovered, and therefore required asylum treatment once more. Another is a congenital imbecile who ought not to be in an asylum at all. The failure in his case

is due solely to the fact of the inspector and the guardian not doing their duty properly by him. He is in the asylum at present, but is to go out again very soon, and will I am sure do quite well under proper guardianship. The remaining five are classed as unsuitable, and in them the more particular causes of failure are as follows:—Two were, from the nature of their delusions and their general mental state, restless and noisy, refusing to work, and were very difficult to manage without skilled attendants. They were therefore bad selections. Another, although generally quiet and able to be useful, was of uneven temper, irritable, and inclined to strike a more demented case that was boarded in the same house with him. Another was sent back because, not being usefully occupied, he got into the way of riding too often to and fro on the engine of a side-line of railway which passed close beside his guardian's house, a rather dangerous habit in his case. The last of the five was a case of chronic dementia in a woman, who so far as her own mental condition was concerned was in every respect a most suitable case for boarding-out, but she had an indiscreet husband who visited her too often in her new home, and she was accordingly returned to the asylum to avoid any risks from that cause. I fear I have been far too diffuse in enumerating the causes of the return of the patients in the different instances, but I thought it was perhaps the best way of showing the causes of failure in boarding-out, and the conditions which have to be guarded against in selecting cases for the purpose."

In the reports of this asylum for the years 1882 and 1883 he also says of the results of this experiment :

"While of unusual service in relieving the pressure on the asylum space, the boarding-out system has also advantages from an economic point of view; . . . with our present rate of board the expense to the parish of boarding-out a lunatic is on the average considerably less than that incurred by keeping him in the asylum." . . .

"It is by the removal of these [boarded-out] cases that the tendency to accumulate in the asylum can best be combated . . . and further experience has confirmed my belief in the great utility of this system. In the great majority of the cases the results are very gratifying. . . . In nearly all of them the care and guardianship were satisfactory, and when such was not the case steps were taken for removal to other guardianship.

In a large number of cases the change of surroundings and mode of life with the consequent individualization has had a distinctly beneficial effect on the mental condition."

Patients from Other Sources. — But it is not alone from asylums that insane patients are drawn. A large proportion of them have never been committed to any institution, and have never required asylum treatment. For example, harmless imbeciles who, from their mental condition and poverty in their own families, might, if left to themselves, suffer exposure and annoyances, are placed in the homes and under the care of guardians of their own social condition, who are selected or approved by the Board of Commissioners in Lunacy, and come under its supervision.

Character of Cases Boarded-out. — The kind of cases selected for boarding-out are the chronic harmless maniacs or demented, and idiots and imbeciles; and an experience of many years shows that these classes are not only best adapted for this method of treatment, but in reality that they need no other. Of late years the number of cases of *acquired* insanity in private dwellings has considerably increased, owing to the discharge of chronic lunatics from asylums in greater numbers.

Availability of Guardians. — The selection of suitable guardians, an element of the utmost importance, is now a matter of little difficulty. In the first place the people are said to have overcome in great measure their distrust of the insane, so much so that it is sufficient for a single patient to be boarded out in a district to conquer the disinclination to take lunatics under their roofs, and in fact the inconveniences which were anticipated are not realized. During a visit made by the writer to Gartmore, one of these parishes, the eagerness of the cottagers to obtain patients for care was very apparent. Several of the guardians followed us to the door to beg the Deputy Commissioner to send them another patient, or to prefer the request of some less fortunate neighbor. In some quarters the reaction in the feeling of the inhabitants has been so general that the demand for

lunatic boarders far exceeds the supply. So much for the willingness of the residents to receive such boarders.

As to the proportion of *suitable* guardians to be found among so many applicants, it is enough to mention the experience of the inspector of the poor of the city of Edinburgh, according to whom the difficulty lies in supplying applicants with suitable patients. He has no difficulty in finding suitable persons as guardians, for these come to him without seeking. Those whom we had an opportunity of seeing evinced great interest in their charges. Their care of the patients also seemed to be kindly and intelligent, and the patients themselves, in many cases, showed marked fondness for their guardians.

In most of the houses the insane are cared for by the "gudewife." This arrangement allows the head of the family to keep at his work, and as the majority of these patients have no harmful propensities, and many of them are aged, not to mention a number who are able to earn their living, this division of labor is beneficial in every way.

The majority of the insane in private dwellings reside with strangers, and although the attempt is generally made to place them with relatives or friends, only a small proportion are so provided for. It is found where patients have long been inmates of asylums that the family tie has been broken in the interim, owing, perhaps, to the death of kinsfolk, poverty, indifference or family quarrels. These patients are subject to supervision as well as those who are boarded with strangers, but the allowance to the family from the parish or from government is restricted to an amount sufficient to save them from any loss on the patients' account.

Precautions against Pecuniary Gain at the Expense of the Patient. — It is hardly necessary to say that only by regular supervision, reinforced by the power to enforce the necessary requirements, that abuses, indifference or neglect on the part of the guardians can be prevented. In order, however, that the guardian may be less likely to be governed by motives of pecuniary gain, it is found best to make it a

requisite for the position that he or she shall be on the same social level as the patient. By so doing the patient is more readily and completely taken into the family, and becomes an object of general interest, care, guidance and watchfulness. This would not be encouraged by a guardian of a higher or lower social standing than that of the patient.

Surroundings of these Patients.—The surroundings of the patients in these houses are rude in the extreme, as might be expected among a class of people whose thrift consists in living comfortably and decently with what, to the visitor, seems the smallest allowance of the necessities.

To cite again the parish of Gartmore, a fair sample of such settlements, there was every evidence during our visit of the closest husbandry of small resources, the most meagre quarters, a scanty hoard of the most primitive appliances, and yet an absence of squalor, and no lack of such comforts for sane and insane as are deemed sufficient by that order of people and are so.

The town, if it may be called one, consists chiefly of a long, straggling street of one-story houses, containing, from two to three hundred people, and placed at the foot of the Grampians, far away from the city of Glasgow, the former home of most of these patients. The twenty-nine insane persons cared for here in the cotters' homes bore the aspect of content and good health, and participated, to a considerable extent, in the family matters. One melancholy patient, removed not long before from an asylum, was devoting herself to a child of her guardian, and manifesting a growing interest in her new life. A male patient proudly showed the Deputy Commissioner his earnings. Four demented women were seated at a table quietly enjoying, with the "gudewife," a simple but substantial and hot dinner, etc., etc. The absence of appeals and complaints, so apt to be made to officials on a protracted visit among the insane, was conspicuous.

Capacity of the Patients for Usefulness.—The usefulness of these patients as a whole is considerable, and is turned to good account by all concerned, patient, guardian and

ratepayer, the amount allowed for their support by parliament or the parish being regulated by their ability to aid in the work of the household or farm, and thus the burden of maintenance to the parish is lessened, the guardian has an extra "hand," and the patient enjoys the increased consideration of the family. The Commissioners' report for 1882 states, under this head, the opinion of Dr. Fraser, as follows:—

"It is common in my experience to note an increase of usefulness among chronic lunatics after they have been placed in private dwellings. The various duties of home life, the emergencies which are apt to arise in a household, and the different interests which a piece of land and all its gear possess, tend to wake up such capacity for work and usefulness as exists, and often produces a desire to help even in the most apathetic and demented."

Standard of Health Maintained.—The statistics of physical health and mortality are instructive, and speak well for the judgment of those engaged in selecting the patients for this method of treatment. In the year 1882, out of 758, or about one-half of all the boarded-out insane, 79.9 per cent. were reported as in good bodily condition, while a little under 50 per cent. of the 92 patients above 70 years of age were enjoying fair health.

Rate of Mortality.—The average mortality of the entire number for a period of three years was 5.1 per cent., as against an average of 8.2 per cent. in asylums; and the significant fact also appears, that the percentage of deaths from pulmonary consumption was 5.6 in private dwellings, as against 17.2 in asylums. Moreover, although the average number of these patients for this period has been 1,592, no suicides and but two accidental deaths have occurred.

Cost of Maintenance.—The cost of maintaining pauper lunatics in private dwellings in Scotland varies greatly according to the locality, the average weekly cost per capita ranging in 1883 from 85 cents to \$1.60. The computed average cost for maintenance in asylums was \$2.35; in private dwellings, \$1.33. This expense, as well as that for

clothes, is met in part from the local poor-rates, but largely from a parliamentary appropriation, and is regulated by the Board of Lunacy in each case. From the time the guardian who receives a patient under his roof applies for permission to do so, he is under supervision of the Board through one of the deputy commissioners, who, after a provisional sanction has been granted the guardian, makes a preliminary visit, reports to the Board as to the suitability of such provision, and afterwards includes him or her, if favorably reported upon, in his regular visits of inspection.

Penalties and Precautions against Neglect of the Patient. — Should a local poor-board be negligent, the Lunacy Board may compel those authorities to increase the amount of payment to the guardian, in case the unsuitability be due to parsimoniousness on their part. Moreover, unless the patient be comfortably clothed, housed and fed, treated in every way as well as the other members of the household, and receive such personal care and attendance as will insure their comfort and safety, the Board may and does withhold the parliamentary grant or appropriation by which the parishes are aided in supporting the patients. A threat of the latter procedure is usually sufficient to insure proper attention to the requirements of the Board. As a final resource, the Board may direct the removal of any of these patients to an asylum, when it becomes evident to them that their condition demands it.

With these penalties as safeguards, and through the careful supervision to which the guardians are subject, as will be shown presently, the opportunity for financial gain at the expense of the comfort of the patient would seem to be small, and facts might be furnished, would space allow, to show that it is so in effect.

Considerations determining Rate of Board. — The considerations which fix the rate of board in each case are various and refer to “(1) the obligation resting on the guardian to maintain the patient; (2) the ability of the patient to do useful work; (3) the necessity for providing special diet or nursing the patient; (4) the irksomeness of the duties which

the guardian may have to perform; (5) the extent to which the patient may interfere with the industrial productiveness of the guardian's household, and (6) the usual cost of living of the working classes in the district in which the guardian lives."*

The Economy of the Method.—An illustration of the economy of this method of providing for the chronic insane is furnished by a return from the city parish of Edinburgh, in which it appears that the average cost, inclusive of supervision and every other item of expenditure for the insane boarded with strangers, is, in round numbers, \$95 per year. The asylum rate during the preceding five years was \$135 per year, so the saving during these years was \$40 per year on each of the thirty-six patients, or a sum of more than \$8,000 in the expenditure of this parish in the course of five years.

Method of Supervision, Visitation, etc.—As to the vital requisite of such a system, adequate supervision, the facts are, in brief, as follows: Every pauper and private patient is boarded out only upon a permit from the Board, granted on two medical certificates of lunacy which also certify that the condition of the patient and surroundings generally are such as to ensure proper care and treatment in a private dwelling. This permit is provisional, and becomes invalid if the Deputy Commissioner finds the patient's condition unsatisfactory and no improvement seems probable. The number of patients who can be legally received into a single house is but one, unless the occupier holds a special license from the Board, in which case four is the limit allowed. It is seldom, however, that more than two are thus provided for, usually only one.

The duty of superintending the condition of these patients is mainly confided by the Board of Commissioners in Lunacy to the two Deputy Commissioners (not members of the Board), who receive salaries of £600 each. These gentlemen are physicians trained in the specialty of mental disease, and were

* Twenty-fifth Report of the Board of Commissioners in Lunacy for Scotland, p. xxxviii.

formerly successful superintendents of important asylums. These officials visit each patient under their charge once a year, although their visits to special cases are much more frequent. Moreover it has become a practice of the Deputy Commissioner to visit various asylums where the greatest need of room is felt, and to select, with the superintendent's advice and assistance, suitable cases for boarding out.

In addition to the inspection by the Deputy Commissioner, at least four visits a year must also be made by a medical man, appointed for that purpose by the parochial Board of the parish to which the lunatic is chargeable. It is also his duty at every visit to enter in a "Visiting Book for Pauper Patients in Private Dwellings," prescribed by the Lunacy Board and kept in every such house, a report of the condition of the patient, and any suggestions he may deem necessary.

Still further supervision is exercised by the inspectors of the poor, who are obliged to visit, at least twice a year, every patient in their respective parishes where they hold office, and to record their visits in the book just mentioned.

Unsatisfactory Cases. — It is acknowledged there are a number of such cases who are not satisfactorily cared for in this manner, but they are thought to be growing fewer, and the last report of the Board states that the improvement of their condition in general is steadily progressive, and is considered to be quite abreast of what is taking place in the care and treatment of the insane in the asylums.

Indications of the Success of this System in Scotland. — Before leaving this part of the subject, attention is called to the facts which indicate the success of the Scotch system, viz. : The large increase in the number of licensed houses, the evident content of the patients, and finally the growing sentiment among asylum physicians favorable to this mode of treatment, and the efforts now being made on all sides to take advantage of it.

Dr. Clouston's Views. — The eminent alienist, Dr. Clouston, superintendent of the foremost asylum in Scotland, who was, at one time, hardly to be counted among the advocates of the system, says, in a letter just received : —

“One of the parishes in Edinburgh has about one-fourth of all its insane boarded out with benefit to the patients and to the rate-payers. When the disease is acute, the patients are sent here. As they become quiet and chronic I select them and send their names to the Inspector of Poor, who finds suitable guardians. Some of those I select are sent back to the asylum, but no great harm is done. . . . Of late years, since it (the boarding-out system) was better understood, better organized and better supervised, the results have been good on the whole, and very good in some cases. Money has been saved, the patients have been sufficiently well cared for, and in many cases made happier, and asylums have been relieved from overcrowding, prevented from growing unmanageable in size, and have been left more to their proper work of treating the curable and recent cases. The rich, quiet insane have always been boarded out largely here and elsewhere. Why should not the poor have the same chance? I cannot imagine any country where a certain proportion and a certain kind of chronic and quiet lunatics and imbeciles should not be boarded out in private houses. Asylum life is, at best, an unnatural and an expensive thing, and, in my opinion, its undoubted benefits to most cases of insanity do not apply to certain of the more quiet and manageable patients.”

English Opinion of the System. — Further evidence of the success of the Scotch in this direction is found in the opinion in which their organization is held by some of their brother alienists in England. A reviewer in a recent number of the “*Journal of Mental Science*,” in the course of a criticism of this feature of the Scottish lunacy administration, makes reference to the Parliamentary Grant before mentioned, and its beneficial influence in helping to maintain the boarded-out cases, while in England only the patients in asylums profit by it. This difference is thought to result in a very obvious benefit to the rate-payers in Scotland and, probably, advantage to a certain class of patients, and the conclusion is reached that it is difficult to suggest any very practical objection to the extension of the Scotch system to England. This is also a fitting place to refer to an objection which is sometimes made to the adoption of the boarding-out system

for the insane elsewhere, viz.: That it has been tried in England, and found to be impracticable, and of doubtful advantage to the patients. If the preceding criticism of the plan is not a sufficient answer, one may be found in the fact that pauper patients in private dwellings do not appear on the registers of the English Board of Lunacy, that there is no direct supervision of them by the commissioners, and that the visitation of them does not fall within their duties. There is, consequently, no system in selecting guardians to take care of boarded-out cases, and no proper oversight of them after they are boarded out. It seems needless, therefore, in the face of these facts, to claim that any "system" of the sort has yet been developed in England.

CONSIDERATION OF THE CHIEF OBJECTIONS TO THE SYSTEM.

The objections to the method are of two kinds: —

1. General ones, condemning its employment under any circumstances.
2. Those referring only to its applicability to this State.

The more important of these will be considered, although some are included which may seem trivial, except, perhaps, to the general public, who would justly require to be satisfied of the merits of any scheme which so closely concerns them, and without whose sympathy and assistance little can be achieved.

The Effect on the Families Themselves. — The success of such a course has been doubted by some on the ground of its bad influence on the families themselves in which these patients are placed. It is admitted that in some instances the arrangement is of mutual benefit; but it is

thought that in the majority of cases it may be of more than dubious advantage to the family, whatever it may be to the patient and the taxpayers. Without discussing this question in its wider aspects as a social and philosophical problem, but applying the test of practice, analogy and every-day experience, it will, I think, be seen that the grounds for any such misgivings are more apparent than real.

In the first place, patients with tendencies of obviously harmful nature are, or should be, sent to asylums. Cases of idiocy and dementia, also, of very repulsive habits and appearance, and who are included among those known in asylum parlance as "harmless," are, nevertheless, plainly unfit for family life. Moreover, the interest and solicitude, perhaps also the self-sacrifice and pride, which the care of suitable patients may awaken in a household, whether the interest be due to kindly or pecuniary motives, are certainly beneficial influences, and would seem to more than counteract any demoralizing tendencies springing from the insanity of the patient.

Again, the practice of placing in families sane dependents among whom are depraved vicious children, "juvenile offenders," and female convicts, has long been extensively employed. Such inmates of a household surely might have a bad effect on it, if any; but it has been found to be inappreciable.

Finally, Dr. Lawson's opinion, drawn from an oversight of about eight hundred patients so situated, is as follows. He says:—

"While in some cases the question of the effect upon the families themselves may be regarded as an open one, there can, I think, be little doubt that, in the majority of cases in which insane persons are neither dangerous nor of indecent tendencies, their presence amongst sane associates is either productive of no harm or is actually beneficial."

Danger of Neglect or Abuse of Patients.—This objection is due in great measure to reports of occasional cases

of extreme neglect or other ill-treatment of insane persons at home by their relatives. In their ignorance perhaps, they conceal and shamefully neglect or even abuse these unfortunates, rather than endure the supposed stigma of having an insane relative in an asylum, or in order to keep the patient from asylum treatment and its imagined cruelties, or from various other motives. Such wrongs (which occur *for want of* official oversight) naturally create a sensation and excite just indignation. On the other hand, properly treated cases, which might illustrate the advantages of domestic care, seldom come to the surface, from a desire of concealment on the part of relatives, etc. Thus it happens that a calm examination of the value of domestic care and its humanizing influences is sometimes set aside, the possibility of utilizing these advantages under a system of official supervision is scouted, and the unwarrantable conclusion is reached that a reckless abandonment of the insane to private care is advocated.

To the second class of objections belong the following:—

The Difference between Scotland and this State in Social Conditions and Methods of Lunacy Administration.—Most of the arguments advanced against the project under consideration refer solely to its applicability to our own institutions. By far the strongest of these relate to the differences in social conditions, national characteristics, and method of lunacy administration. Any one who has closely investigated the subject will admit that the respectable families among our poorer class of working people, in which might be found the best guardians for such cases, are too well-to-do to be influenced by the pittance from the Government, which is a considerable assistance to the Scotchman in like station. The latter has long been inured to laboring hard for small results, and cannot afford to neglect any opportunity for gain. Moreover, it often happens that his position, as a paid guardian, raises him in social importance among his neighbors. For the American, however, other

and more congenial employment is more available, and fear of losing caste with his neighbors is a more potent influence in the other direction. Again, the rigor of class distinctions in Great Britain tends to keep the lower orders as a class at one level of life, causing their occupations to change vastly less than with us, and their ambitions to be fewer. Consequently a family system of the kind advocated would seem more likely to have stability and to flourish in such a soil than when planted among a more shifting and restless people, who are less content with a little. These views seem, in theory, unassailable. As a matter of fact, however, *sane* dependents, as we have just indicated, have long been "placed out" in families in this and other States, and in countries differing widely in the characteristics alluded to. The recompense to the guardian has often been surprisingly small, and the care of many of their charges has been trying in the extreme. Nevertheless, this method has proved so advantageous that it is being daily more and more fully acted upon. Again, it seems probable that guardians receiving into their families young women who have been "placed out" from a reformatory prison would not be less likely to suffer in their neighbors' good opinion than others taking charge of boarded-out patients from an asylum.

With regard to the methods of lunacy administration employed in the two countries, it may be said that it is chiefly the difference between wise and imperfect legislation that places the condition of the insane in private dwellings in Scotland far in advance of that of the same class in England. So also in Massachusetts, judicious legislation is vital to the success of our scheme, and should be joined to competent and thorough management from the outset of its establishment.

Number of Cases Likely to be Small and Room for Improvement Slight.—There is every variety of opinion as to the number of insane persons available for this kind of care. The view of the Illinois Board of Commissioners, as expressed in their last Report, is that the number of insane people in that State who might be properly cared

for in private dwellings is comparatively small. The cases referred to, however, are those whose condition would allow them to be taken into families without systematic official supervision. The legislature is warned of the danger of "leaving the insane to the uncontrolled and often misdirected impulses and ideas of their friends." Under such conditions the number boarded out would necessarily be small. Dr. Quinby, of the Worcester Asylum, in a recent paper devoted to a careful consideration of the best methods of providing for our chronic insane, disapproves of the system here proposed, advancing, among other reasons, the opinion that, although "it would not be very difficult to find places in desirable families [in this State] for a certain limited number of quiet, cleanly demented, capable of partially paying for their support by their labor, such patients could not," he thinks, "well be spared from the hospital, for they contribute largely toward reimbursing the State for their support by the work which they perform; while, on the other hand, their condition would not be materially improved by the proposed change, as most such inmates of our hospitals are but little restricted in personal liberty." Dr. Goldsmith, of the Danvers Hospital, on the other hand, in the Report of that Institution for 1884, advocates a system of boarding-out certain of the insane, and he thinks that "in a few years several hundred would be found thus cared for economically on the part of the State and comfortably for themselves, if the cases should be carefully selected and the system judiciously pushed." The class of patients he would select would be chiefly women, and preferably those who, being advanced in years, would probably be kept nearer their home by their physical infirmity. He also considers it probable that the practice would spread from family to family.

This element of elasticity is one of the great advantages of such a system, as will be seen.

Three hundred and eighty inmates of the Taunton Lunatic Hospital, 150 at Worcester, 100 at Danvers and 89 at Northampton, a total of 719 in a combined hospital population of

about 2,575, are considered "harmless" by the superintendents of those institutions. The number of quiet, cleanly demented patients in these hospitals, whose liberty is but little restricted, and who do what might be called remunerative work for those institutions, is quite small. Consequently, leaving such patients out of the category, it is reasonable to suppose that among the entire number (3,250) of the insane inmates of the establishments in our State, 500 or 600 suitable cases might be found among, we will say, 900 of the harmless, chronic patients, who would answer the requirements of such a provision.

However much acute insanity may vary in different countries in the activity of its symptoms, the *chronic* insane are pretty much the same everywhere. At all events, the characteristics of the chronic lunatics seen by us at the Fife and Kinross Asylum, and afterwards successfully boarded out, as before mentioned, differed in no respect from the class designated "harmless" who are now at the Danvers Hospital in this State.

A further contingent ought justly to be furnished from among the insane in certain of our city and town almshouses, in some of which they are subject to the evils of overcrowding, or suffer serious discomfort, to say the least, owing to the ignorance of the superintendents of the requirements of the insane.

Nor should the possibility of improving by this means the condition of this class of the insane be ignored. Any radical change is of course out of the question, but there can be no doubt that domestic treatment frequently results in increased intelligence, usefulness and bodily health through the individualization which it makes possible. The fact that more "attendant-power," as it has been aptly termed, is available in private dwellings than in asylums, would lead one to expect better results in the former. Thus, instead of thirty or forty patients, under the care of two or three attendants, as is the case in many of our asylum wards, single patients in private dwellings would each be under the

charge of one or more members of the household, and among vastly more natural surroundings.

The Impossibility of Obtaining Suitable Guardians. — This has been found to be the main argument against the movement in whatever country or locality it has been attempted. In practice it has been found to be a groundless objection. As might reasonably be expected, the introduction of a few quiet and but little objectionable insane patients into families in any well-selected locality, is not a difficult matter, and this footing, once gained, has opened the way for a few others demanding more attention. The popular distrust, which is due to ignorant fear of the insane, is soon dispelled by slight acquaintance with the disposition and conduct of a class of the insane in whom loss of mental and bodily activity are leading characteristics. Although there is little enough to attract one in such cases, it is a mistake to give the impression, as do some objectors, that patients of this class retain enough mental vigor "to call forth the exercise of most if not all of the Christian virtues." This criticism should be applied to asylum cases only.

The Large Amount of Supervision Required. — Those who are only acquainted with the oversight and care of the insane as it exists in asylums, find it difficult to understand how anything short of an equally large amount of supervision and the most unremitting vigilance can ensure the well-being of insane people in private dwellings. With a full appreciation of the value of careful supervision, and realizing that the success of any such organization as the one proposed would largely turn upon the efficiency of this part of its mechanism, it is yet conceivable that there is danger of overdoing in this direction from an exaggerated idea of the requirements of this class of patients. The endeavor should be to resist the tendency that is shown in this demand for constant and rigorous inspection to gradually introduce the wholly official administration, of which the asylum is the type, in the place of a domestic administration officially supervised, which is the essential merit of private-dwelling

care. The object of the latter is to have the patient received into a family on as nearly equal terms as his or her condition will allow, to share, as far as possible, in the domestic interests and comforts. This end would be defeated, should the guardian and charge come to occupy merely the positions of attendant and patient, as in asylums. Consequently, it would seem that the interests of such patients might be sufficiently guarded by a system of central and local visitation, through which the condition of each one of them should be inspected once a month, and oftener in cases demanding special attention.

Undue Expense to the State. — Unless the public and its representatives can be convinced that any proposal for providing for its insane will not involve great expense, it would be folly to advocate it. The day of costly establishments has passed, and lavish outlay in that direction has not been found productive of the hoped-for results to the patient, while the effect upon the community has been to arouse distrust, and to bring more strongly to the front purely economical considerations. In the matter under consideration, indications point to a decided saving in the cost of the support of the State's insane, should such a system be adopted. The expense of supporting the boarding-out insane in Scotland, is, in itself, no criterion; but some idea of the probable cost in this State may be obtained by comparing the rate, *per capita*, of patients in asylums and of those in private dwellings in that country. The average yearly cost will then be found to average, at the least, a third less in favor of the latter class. Why, in this State, the weekly rate for boarded-out patients should be higher than that which the towns are obliged to pay for their charges in asylums (\$3.25), remains unexplained.

Possibly at the outset a larger allowance might be necessary in order to overcome the prejudice which might arise against caring for the insane in this way. It may, however, be predicted with confidence that the ease of dealing with them would, before long, become generally recognized. In this

case, it is probable, in view of what has been stated, especially with regard to the character of many other dependents now boarded out in the State, that suitable guardians might be found to whom three dollars a week for each patient would be an object, especially where it should be found expedient to board two patients in one family.

By far the greatest financial advantage to the State, and it is one that is generally recognized, lies in the fact that no expense in the way of construction would be necessary by this method of provision. Moreover, a successful organization of this kind would result in postponing the erection of additional buildings, a step which seems inevitable from the rapid accumulation of insane persons in the State. This result might be expected from a system by which the quiet and harmless insane may be, at the time such change becomes necessary, taken from overcrowded asylums and distributed throughout the State in families. In other words, it is an institution of unlimited capacity in its particular direction if rightly conducted.

FURTHER EVIDENCE IN THE CONDITION OF CERTAIN DEPARTMENTS OF OUR STATE CHARITIES OF THE FEASIBILITY OF ADOPTING THIS SYSTEM.

If in spite of the foregoing facts and opinions the system should still fail to recommend itself, the success of certain organized methods of charitable administration which are in operation in this State ought to have great weight, with the most sceptical, in its favor, for the reasons which will appear.

In its Second Annual Report the Board of Charities of this State, through its Chairman, the late Dr. Samuel G. Howe, made an earnest and forcible plea for the separation and diffusion of the dependent classes of the State Institutions, and advocated, among other remedial agencies, the use of the family for this purpose.

Youthful offenders in the Industrial School and Reformatories, dependent children in almshouses, and harmless incurables in asylums, were alike suggested as proper subjects for family care. The success, also, of any such undertaking

was predicted on the ground that it was based on natural principles. Since that time, nearly twenty years ago, this means of provision for the *sane* dependents above mentioned has been adopted, and the practice of placing in families these children and youths, of ages varying from three to eighteen years, has become most extensive. So far, therefore, as the sane poor are concerned the prediction may be said to have been fulfilled, as the plan has been found to be highly advantageous to the dependent and the State. On the other hand, the proposal then made for a similar disposal of the harmless insane has met with little or no encouragement. The reason for this, it will be said, lies in the want of parallelism between poor children and poor lunatics as to their care and treatment. Let us see if this argument is well grounded in fact. In the following year the same Board called attention to the exertions being made by the Commissioners of Lunacy in Scotland toward boarding out the insane, and the probable success of the scheme in prospect. It has been shown how widely that practice has since been extended in that country and how thoroughly have been realized the expectations concerning it. Now it is a well-established fact that for more than thirty years previously the boarding out of pauper children of the lowest classes had been customary in Scotland and that it led to a trial of a similar procedure, by certain inspectors of the poor, with quiet and harmless lunatics. This experiment proved satisfactory; the organization became more and more extensive and efficiently administered, until now it is a most valuable adjunct. Here, therefore, is a case in point of the rise of a system of boarding out the insane from a similar method of dealing with sane paupers.

METHOD OF ADMINISTRATION.

Considering it now established that the conditions are favorable for the initiation of our scheme, there remains to be discussed the means by which the system may be successfully administered. Any recommendations giving all the details of legislation and administration necessary to its furtherance would be of little value, as the various minor

complications likely to arise touching legal enactments and prevailing methods of management in different departments cannot be foreseen. The main requirements, however, in these directions are, first, that such a system should be controlled by the Central Board; and secondly, that it should be under expert supervision. This is indispensable. To be more explicit, the supervision should be intrusted to one or more physicians skilled in dealing with the insane, and practically acquainted with their requirements. The reason for this will be obvious when we recall the early experience at Gheel, and many other places, where the attempt has been made to care for the chronic insane without that precaution. In Gheel, abuses were rife until the colony was placed under systematic medical and expert supervision. Then, only, did it begin to properly serve its useful purpose in the novel manner which made it famous. Again, the care of the insane in almshouses throughout this country has been a chapter of evils, from first to last, wherever it has lacked expert oversight. Further explanation of the necessity of this safeguard would be superfluous, although the reasons for it are numerous and weighty.

In addition to the direction of the organization through expert agency under the control of the central Board, regular, local visitation by a medical practitioner, living near each collection of cases, would be of great advantage for obvious reasons. Other visits could be entrusted to reliable non-professional individuals willing to engage in such work, or, where practicable, to local overseers of the poor. As a final requisite the Board should have, beside the necessary appropriation for the provision proposed, the aid of statutory enactments in enforcing its requirements. These might take the form of penalties in the way of withdrawing pecuniary aid from those in charge of patients, and of removing the latter to asylums.

SUMMARY AND CONCLUSIONS.

It follows from the foregoing observations, especially in view of the great need that exists of additional provision for the chronic insane poor of the State in lunatic hospitals, that : —

1. A large proportion of these patients do not require asylum treatment, who, nevertheless, cannot for various reasons be suitably provided for among their relatives or friends.

2. Experience, both in this country and abroad, justifies the belief that suitable families can be found in this State to undertake the care of these cases.

3. If placed in these families under systematic expert supervision and regular and competent visitation, these patients would be more comfortable than they now are ; those who need it most could receive more effective treatment in the lunatic hospitals ; and the expense to the State and the towns for the harmless insane would be considerably lessened.

Finally, the early adoption, on a small scale, of the method proposed is earnestly advised, trusting to judicious management for its rapid extension.

