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READ AT THE

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PROGRESS IN THE CARE AND TREATMENT OF THE INSANE DURING THE HALF-CENTURY.*

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On this fiftieth anniversary of our Association it is fitting to review the half-century's work in the care and treatment of the insane in this country. This is a time to take ourselves seriously to account, and if we have not made due progress in the great purpose of our organization, we should profit by a frank confessing of the things we have left undone; if, perhaps, some advancement has been made we may take pride in it and thank those who have gone before us, and who led the way.

The limits of this paper permit the discussion of little more than therapeutics proper, with only such reference to questions touching the general care of the insane as will naturally arise in such a review as this must be. We must first note the conditions under which the founders of the Association began their work in 1844. It is needful to consider what was their understanding, and that of their time, of the nature of insanity, although it is but to recite well-known facts of history. Then we may review more justly what they did for the care and cure of those afflicted with this gravest of human maladies. We know that the rational doctrine of Hippocrates and the other founders of medicine, that insanity is caused by disease, was lost in the superstitions of the middle ages. In the revival of civilization in Europe in the eighteenth century, and even before that time, a number of men in its greater countries sought to ameliorate the condition of the insane. The stories of Pinel and Tuke, and what they did one hundred years ago, are our household words; for them it was reserved to make the beginnings of a true reform, not only by taking humane care of the insane, but by treating them as subjects of bodily disease.

But it was twenty-five years later, in France, after Pinel's great triumph at the Bicêtre, that the next advance was made under the influence of his pupil, Esquirol, who began his lectures on the treatment of insanity in 1817. While Pinel had advanced the care

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and treatment of the insane, he knew little of pathology and got his psychology chiefly from the philosophers. Esquirol advanced the pathology of insanity, and was the prime mover in the second phase of the great reform. But progress in the hospital care of the insane was very slow in France; as in other countries. It was not until 1838 that Esquirol's labors secured the passing of the law by which the modern treatment of insanity in a humanitarian spirit was effectively organized in that country, on a sound basis. There followed then the building of new asylums, with proper treatment by physicians in charge, and better food and attendance.

In Germany, early in the century, Heinroth and others developed Pinel's treatment, but taught the psychic theory of the common origin of insanity and sin. But Reil had then freed psychiatry from the theory of Locke, that there is nothing in the insane but a change in the working of the intellect. In the third decade Jacobi (and Van der Kolk, in Holland) opposed Heinroth's theory, and sought to establish the relations of mental to bodily disease, advocating the material and practical ideas of John Hunter and Bichât. But Jacobi did not regard the brain as the organ of mental activity, and believed the causes of insanity were to be found in the disorders of the organs of respiration and circulation, and especially of the large intestine. It remained for Griesinger to demonstrate the inadequacy of these views, in 1845; and as the "greatest of modern alienists," he first established the diagnosis of diseases of the mind upon an exact basis of scientific research and sound pathology. The teachings of Pinel and his pupil, Esquirol, were received by the civilized world with enthusiasm. The development of "exact medicine" through the introduction of natural science in the third and fourth decades, both in Germany and France, contributed greatly to the establishment of the new science of psychiatry, and its emancipation from the bonds of the metaphysicians, who still claimed all knowledge of mental physiology. The Germans interested in mental science went to Esquirol and his disciples, and there got the instruction and inspiration that promoted the building of hospitals for the insane in Germany, according to the modern ideas which Griesinger first clearly taught. He was greatly aided by his illustrious contemporary, Virchow, the acknowledged head of exact medicine of the present day. That this great leader is still living, points the interesting fact that psychiatry is one of the youngest of the medical sciences.

In Italy, at the end of the eighteenth century, Morgagni, the

originator of scientific pathology, had taught that the brain was the seat of mental diseases and proposed a mild and rational treatment. Chiaruggi also had undertaken the reform of the Florentine asylum by substituting a humane and judicious treatment in place of that based on superstition and cruel ignorance. After that a few asylums were built in Italy, but it does not appear that any important influence was exerted by Italian teachings as to the nature and treatment of insanity and the care of the insane, before the beginning of the half-century that is now ending.

In England, after William Tuke had built the Retreat at York, in 1796, progress was very slow in mitigating the severity of the confinement of the insane in jails and alms-houses. Up to 1828, when the first commission was appointed to look after pauper lunatics in London, the only act in force provided for their being "locked up and chained" in secure places. In 1837 Doctor Browne wrote that many of the worst faults existed in asylums, and few had the confidence of the public. In 1842 there were one hundred and sixty-two asylums, public and private, in England, and the abuses were so great and frequent in them that the Lunacy Commission was then appointed which has accomplished so much for England and the whole civilized world. But the great advancement of the reform was due to Connolly, who, inspired by Hill's attempt at Lincoln Asylum, began his work at Hanwell in 1839, with the introduction of the non-restraint system.

The foregoing summary will serve to indicate the ideas of the nature of insanity that were held by enlightened physicians and philanthropists in civilized foreign countries, during the half-century preceding 1844. That the advanced views of these reformers were only exceptionally in effect, is amply shown by the general continuance in those countries of the deplorable lack of humane hospital care. The prevailing ideas of the treatment of insanity, especially outside of the asylums, were equally unsatisfactory, although it had then come to be generally accepted by medical men that mental disorders are symptoms of bodily diseases. Pinel and Tuke had learned that the insane require "supporting treatment," and set themselves against the abuse of depletion by blood-letting, evacuation, and low diet. Esquirol, writing in 1816, describes in the strongest terms of reprobation the excesses to which this practice was carried, not only by physicians in general, but in the asylums in France. But while he agreed with his master that irritation is not inflammation, and that blood-letting is not necessary in the treatment

of insanity, he still held that it is indispensable in plethoric subjects when the head is strongly congested, and hemorrhages or habitual sanguine discharges have been suppressed*. Broussais, in 1828, held that insanity being an inflammatory irritation requires sedatives, counter irritants, and revulsion. He wrote that "profuse bleeding has been too much declaimed against since the days of Pinel, and his school has been too parsimonious of the blood of the insane." In the time before the adequate provision of special hospitals for the insane, many were treated in the general hospitals. The theory of depletion was the common one; and the practice of bleeding, vomiting, and purging pursued at Bethlem as late as 1815, revealed by Crowther, Haslam, and Munro, has been characterized by Doctor Earle† as absurd, and as a remarkable example of the adherence to traditional custom. But Morison, in 1826, and Prichard, in 1837, though disapproving of indiscriminate blood-letting, regarded it as serviceable or absolutely necessary in some cases of insanity. Burrows, writing as late as 1828, stated that "copious abstractions of blood are almost universally adopted in cases of insanity attended with symptoms of violence, and sometimes when the patient is tranquil. The practice has received the sanction of ancient authority, and is at present very universal." But he says, further, that having followed that example for a number of years, he modified his practice. Connolly, while he became convinced at Hanwell that "great blood-letting is rarely advisable, and generally dangerous in insanity, still believed that local bleeding, by leeches, is safe and serviceable in most cases."

German writers of the earlier decades of this century express like differences, and a gradual change of opinion, on this subject; and Zeller, in 1840, stated that "the idea of irritation has taken the place of that of inflammation," and that "topical bleeding as a revulsive is better and safer." In Italy the older ideas prevailed in the period of medical decadence of that country, even until its political regeneration. It is significant that the most distinguished personality of that epoch, the great Cavour, was a sufferer from nervous exhaustion, and died in 1861, after repeated blood-lettings. No one incident of the time did so much as that in arousing scientific medicine from its apathy.

The importance of this question of general depletion in insanity,

*Dr. Hack Tuke. *The Insane in the United States and Canada*, 1855, p. 22.

†Dr. Pliny Earle. "Examination of the Practice of Blood-Letting in Mental Disorders," *Am. Jour. of Ins.*, Vol. 10, p. 379.

by venesection and otherwise, justifies its being so fully noted here. The crucial question of its time was upon this practice, which greatly flourished before the first half of this century, and lingered even later than 1850; the battle was fought over it by rational medicine against ignorance and empiricism—of insanity as a disease of weakness of body against the lingering of the conception of some invading evil that must be heroically routed, as were the obsessions of an earlier age. The part it played in American medicine shows the influence of European teaching in one respect, and the independence of it in another, to the lasting credit of American alienists. This brings us to the consideration of the conditions in which the fathers of our Association were placed just preceding its foundation.

Rush was the "American Sydenham"; to mention his name is to recall to every physician the profound impression made by him not only upon general medicine in America, but upon the treatment of the insane. His professional career covered the period from 1769 to 1813, when he died; and among his extensive medical works the last one published was the "Observations upon Diseases of the Mind," in 1812. This great work is said by Ray to have been "the first of the kind in the English tongue displaying thorough observation and original thought."

Rush treated the insane in the Pennsylvania Hospital, and it is not necessary to repeat the well-known history of his faith in the lancet. He soon discarded the classification of diseases of his Scotch preceptor, Cullen, and made one of his own, including insanity. He lamented the slow progress of humanity, and most in behalf of the insane; he refers to the "humane revolution" in Great Britain, and states that a similar change had occurred in the Pennsylvania Hospital. "The clanging of chains and the noise of the whip are no longer heard in their cells. They now taste of the blessings of air and light and motion, in pleasant and shaded walks in summer, and in spacious entries warmed by stoves in winter." He had enlightened views of the importance of labor and diversion of the mind thereby, while he regarded insanity as sickness. But he had peculiar views as to its nature; he believed that its primary seat is in the blood-vessels of the brain. He employed bleeding in melancholia, and as the first remedy in mania, it being, as he believed, "an arterial disease of great morbid excitement or inflammation." In most cases he also prescribed blisters, issues, salivation, emetics, purges, and a reduced diet. Then after reducing the

action of the blood-vessels to a par of debility with the nervous system, he allowed stimulating food, drinks, and medicines, and a change of company, pursuits, and climate. He extols opium as "that noble medicine which has been happily called the medicine of the mind." He believed also that venesection was necessary in consequence of there being "no outlet from the brain to receive the usual results of disease or inflammation, particularly the discharge of serum from the blood-vessels."

These teachings of Rush long controlled the treatment of insanity by general practitioners in America. But these depletory and reducing means were practically discarded by the earlier alienists who came after Rush: The Frankford Asylum, opened in 1817, employed the mild method of the York Retreat in England, and exercised a most salutary influence by its example. At the McLean Asylum, in 1818, Doctor Wyman adopted the system of Pinel and Tuke, and was opposed to depletory treatment; and Doctor Bell in 1841 wrote that "the practice of bleeding, violent purgation, emetics, vesications, and derivations has passed away before the light of experience." In the earlier years of the Hartford Retreat, which was built in 1824, Doctor Todd insisted upon generous diet, and recommended a frequent resort to tonics and narcotics in the medical treatment of the insane. He found that it required considerable boldness and address to introduce this plan of treatment, contrary to the teachings of Rush. These rational views were advocated by Brigham, Ray, Bell, Kirkbride, and Curwen, and many others. But Earle, as late as 1854, found occasion for a strong protest [1, Op. Cit.] against the general practice of blood-letting in insanity as an error then generally prevalent.

The practical therapeutics of that time, from 1840 to 1850, may be summed up, truthfully perhaps, as follows, both for England and America: With the discarding of the theories of inflammation and depletion as the prime indications in insanity, the practice of a "supporting treatment" had come into favor, with medication aimed at meeting the symptoms as they appeared. About 1840 it was with many the rule of practice to regard it as an important first indication to meet the symptoms of local congestion, especially when there was evident determination of blood to the brain. But in the treatment of this condition only local bleeding was approved in the best hospitals, and that under many cautions against exhaustion or collapse. Emetics were regarded as useful in torpid states, as in melancholia with dyspeptic disorder. The best method was

to use tartrate of antimony, which was found most efficient often in mania. But care was to be taken not to be misled by the calmness thus produced, which arises from exhaustion.

Purgatives, laxatives, and enemata were used with much of the careful discrimination taught by modern therapeutists, the less drastic remedies being best approved. Preparations of mercury were used with more care than before that time. Opium, narcotics, and sedatives were in general use; these included hyoscyamus, belladonna, and conium. They were used to allay excitement or agitation, or as hypnotics. Opium and morphia, while their use was regarded as requiring discrimination, were believed to be liable to cause phrenitis in cases of cerebral congestion and great vascular action. When indicated, opium was given in large doses; but it was often contra-indicated for sleeplessness, if after taking it the patient should awake with increased excitement. Camphor was much used, and often combined with liquor ammoniæ acetatis, and was regarded as a valuable remedy.

Counter irritation was still prescribed to some extent. It is to be presumed that some in America followed an English authority of the time, and regarded blisters as beneficial in mania as revulsives, and as useful in melancholia by their irritation serving to divert the mind from its morbid train of thought. It was considered injurious to apply them to the head, as they increased the excitement of the cerebral membranes and interfered with the application of cold. Tartar emetic ointment, and the like, were used to maintain a steady counter irritation on the back of the neck in recent cases of insanity. Cold to the head, the douche for the same purpose, the warm bath, with friction of the lower extremities, were prescribed in appropriate cases. But the use of cold water was regarded as requiring caution, and unjustifiable as a mode of punishment.

In the search for data as to the practice of American alienists in the use of medicines during the last half-century, the case-records for seventy-five years of the McLean Asylum have furnished a mine of information. The general results of their examination in detail will be given here, as probably affording a fair example of American practice, and showing the changes in it.

In the period from 1840 to 1850 these records confirm the indications of the foregoing summary of the therapeutics of the time, except that there is proof, by negative evidence, of Doctor Bell's statement, already quoted, as to the disuse of "violent derivations." Tartar emetic ointment, applied to the spine, is once mentioned.

A common tonic was "red mixture" (conium and carbonate of iron). Quinine, arsenic, port wine, "brandy and bark" were prescribed. Chloric ether was sometimes given in agitated melancholia. Tincture of opium in one drachm to three drachm doses was prescribed for the excitement of mania, and sometimes in melancholia. It is noted in a case of puerperal insanity that "a previous attack seven years before had doubtless been prolonged by depletory treatment—bleeding, blistering, salivation, and starvation." It is interesting to note the use, in a number of cases, of inhalations of ether and chloroform to allay excitement and promote sleep. "Supporting treatment," with nutritious and liberal diet, was the regular practice. The writer recalls with interest his personal experience in the preparing and dispensing, as a junior officer at the Hartford Retreat, about 1860, of a very similar list of medicines. The terms "red mixture," "elixir pro," and "nux and gentian," are vividly remembered, as well as the consistent teaching and practice of the "supporting treatment."

Moral treatment was regarded in all the asylums as of the greatest value. Taking the practice of the McLean Asylum as an example of the views prevalent from its beginning, in 1818, to 1850, its records show that great attention was paid to occupation and recreation. Doctor Bell gave interesting accounts in his reports of the means for inducing patients to take exercise, in manual labor on the farm and in the carpenter's shop, walking in the gardens, excursions, in-door games, entertainments, etc. These methods were not unlike those employed in hospitals of the same class at the present day.

At the McLean Asylum, up to about 1865, there is little change noted in the records beyond the introduction of new preparations of iron, the occasional use of strychnia, etc. But in that year bromide of potassium appears as being prescribed for melancholia. The use of opium and morphia at that time had notably diminished to small doses, often combined with hyoseyamus; and these prescriptions were much less frequent. Chloral hydrate appears among the drugs given in 1871; but before 1890, this and the bromides were practically no longer prescribed. Cannabis indica was given for a time about 1880, but was quite abandoned, along with all preparations of opium, except codeia, which was used in the restlessness of elderly people to allay distress, and in some cases of melancholia. During the later period the newer preparations of iron, quinine, strychnia, etc., were commonly given. A rather increased use of

stimulants at one time yielded to the more common practice of frequent feeding, especially at night.

The therapeutic history of the last five years or more, of this hospital, shows an extension of the indications just noted; there was also a marked lessening of the use of hypnotics. Paraldehyde and urethan were not long used. Sulfonal then came in vogue, but after three or four years was practically disused as unsatisfactory because of its possible after-effects; it still appears to be used in many hospitals but there is evidence, in cases that come to them, that this and other like drugs are employed to excess. Then came chloralamid and trional, and these last are still prescribed for brief periods in severe cases. Hyoscyamine and the like were never used here beyond a few experimental doses. The same is true of hyoscin, although it is perhaps generally regarded as a useful drug. But gradually the practice has come to be the dependence upon food as the best tonic, and the best hypnotic, frequent feeding by night-nurses, with the warm bath as an adjuvant. A few sleepless nights were not regarded with anxiety, nor even a long continuance of small amounts of sleep nightly, as long as nutrition is maintained, as it more surely is when no poisons are given that impair the digestion and aggravate irritation by their after-effects.

After 1880 there was noted the increasingly diligent use of massage, sometimes faradism, and gentle gymnastics, with increasing amounts of exercise as it was borne. Absolute rest in bed in appropriate cases was prescribed, except when unendurable, because of distressing restlessness; but such rest was insisted upon, and modified to suit the case — till after midday, or after breakfast. The practice of this later period may be summed up as the further development of the "supporting treatment" that our fathers began early in the century. It became rational and scientific under the precise methods of the "rest treatment," with which the name of our illustrious countryman is always associated. The proof of the prevalence of these principles in the past practice among the insane is not wanting. A remarkable article was written in 1868 by Doctor Van Deusen, the superintendent of the Michigan Asylum for the Insane at Kalamazoo, entitled "Observations on a Form of Nervous Prostration (Neurasthenia) Culminating in Insanity." He wrote that his observations had led him to think that there is a disorder of the nervous system, the essential character of which is expressed by the term neurasthenia, and so uniform in development and progress that it may be regarded as a distinct form of disease.

He drew a graphic clinical picture, with a completeness of detail and an analysis of symptoms, that exactly accords with our present knowledge. He applied the term "neurasthenia" as an old term, taken from the medical vocabulary, and used simply because it seemed more nearly than any other to express the character of the disorder, and more definite perhaps than the usual term, "nervous prostration." The transitions from neurasthenia to melancholia and to mania were well described, with a clear insight into the concurrent bodily conditions; the motor and the sensory changes were noted, and differentiations were made between the various groupings of mental and bodily symptoms. The principles of the treatment of neurasthenia could hardly be better stated to-day, in the light of the present greater knowledge of these conditions. It is known that these views of Doctor Van Deusen's grew out of clinical observations at Utica Asylum some years before. It is interesting to note that they were published in 1869, before the appearance of Beard's original paper on neurasthenia; and that even the neurologists are not yet agreed as to the existence of such a disease.

It was the common teaching ten years ago, and by some even to the present time, that neurasthenia, as a distinct disease, rarely passes into melancholia. In this view it was hardly believed that the neurasthenic condition is the very soil out of which insanity grows. Hence there is progress made when it is shown that all insanity being nervous weakness somewhere, the fundamental principles of the treatment of the insane are included in the "rest treatment." Thus it has come to pass, at the end of the century since Pinel's and Tuke's "milder treatment," the great contribution to rational therapeutics, in the formalizing of the "supporting treatment," has aided in making a finality to the demonstration that acute insanity is a disease that presents various manifestations of pathological fatigue and should be treated accordingly. And as we change with the changing times, so "time brings in his revenges." A hundred years ago Rush contended against the humors in the blood which, being pent up in the brain, disordered the mind; and he sought to let them out with his lancet. Now we are beginning to believe that various toxæmias work derangement of nervous and mental function; and against the *depletion* so largely prescribed during the first half of our century, we set up the principles of *elimination* in the treatment of acute insanity. The alienists all through the century have held the advanced and

enlightened views of their times. They were leaders in their comprehension of nervous weakness, and in withstanding the evils of the depletory theories; they have kept pace with the logical advancement of the "supporting" method. We have now come to face with our modern problems: not only must we study the chemistry and physiology of nutrition and body weight, but the revelations of blood analysis are of vital importance as guides to treatment; and the study of the influence of infectious diseases, and the chemical pathology of diathetic disorders, point directly to the rational treatment of the mental derangements that depend upon auto-intoxication. The "new psychology" now presents itself as one of the newest of sciences for us; the beginnings of the adaptation of its precise methods to clinical purposes in the laboratories of our hospitals are only yet being made in Italy, Germany, France, England, and America, but they are full of encouragement. It is on these lines that there appear the most hopeful signs of progress. The advancements that have been made in the pathology of the nervous system have been very great in some directions, but the aid that was expected from anatomical pathology, in the treatment of mental diseases, has so far been disappointing. This subject, however, is not germane to the present discussion.

This review has been quite strictly limited to the therapeutics proper of our special work. But it has of necessity touched upon one of the burning questions of the whole century in the humane care of the insane, that of mechanical restraint. We have seen that our American alienists of the first half of the century were able to begin with the methods of Pinel and Tuke. Our first asylums were new then, and in them there was little to reform. In 1844 there were twenty institutions for the insane in the United States — nine of these were founded in the preceding five years. Doctor Bell then contended that, as compared with the European asylums of that time, no such abuses ever existed in American asylums that called for the great reform of non-restraint. It is not the place here to review that controversy of eighteen years ago. The truth lies somewhere between the opposing extremists among English and American alienists. Folsom has shown the fact of American leadership by the grand men who were numbered in the "original thirteen" of the founders of our Association; and that this leadership may be accounted as continuing about twenty years, covering the careers of Ray, Bell, Kirkbirde, and others. But in the half-century of events that we are now recounting, one hundred

and twenty-five institutions for the insane have been added to the twenty that before existed. In the marvelous growth of our country, with the immense influx of foreign population, and the rapid multiplication of the insane in hospitals, it has been an age of construction. Our States, municipalities, and asylum officers have been often overwhelmed with the problems of the mere housing of the insane. It was a question of great poverty in some of our States. We never fail to honor the noble woman, Miss Dix, when we think of the time of preparation that led to the building of our many great hospitals. We will all agree that in the struggle with the problems of construction, there were the inadequate provision of asylum accommodations that left the insane in alms-houses and jails, the slowness sometimes with which the legislators were enlightened, the interference of political interests that sometimes worked disaster and is still obstructive of progress. We will agree that there were many lamentable shortcomings in the care of the insane of our country. Doctor Tuke has done us the justice to say that the proper persons to be blamed are not the body of alienist physicians, but the mass of the people themselves. It is doubtless true that, so far as medical restraint is concerned, its use has been greatly lessened during the past ten years; by many it is practically not employed, and there has been a large growth of the humane spirit that surely comes with the knowledge gained through the greater experience in the care of the insane.

Moral treatment is better understood; it is being more generally recognized that everything available which includes healthful occupation for body and mind is a most salutary medicine for the mind diseased. While we have to lament that true progress is still sadly retarded in some of our States, where the best interests of the insane are sacrificed to political greed, there is growing evidence that our country as a whole is entering upon a new stage of progress in the care of the insane. With the incoming of a new era in the construction of hospitals there is already established a new movement for the perfecting of their use. This is animated by the spirit that leads us to keep in view the broadest principles of moral treatment, with all that this implies.

There is one other subject that has a large place in our history of the care of the insane, and is destined to have a more potent one. The problem of the nursing of the insane arose with Pinel. Tuke trained attendants at York at the beginning of this century. Jacobi at Siegburg, in the third and fourth decades, described the kind of

attendance he wanted for his patients as probably not to be had unless it was inspired by religious motives. Pastor Fliedner, at Kaiserswerth, in 1836, revived the Protestant nursing sisterhoods. Wyman, and Lee, and Bell described the humane service upon the insane by New England young men and women. Ray wrote of the ideal attendant, and Curwen published rules for their instruction. Kirkbride, in 1845, recommended the giving of systematic instruction to attendants. All this was before the middle of the century. In 1854 Browne lectured to his attendants at the Crichton Institution; yet later it was still doubted by many most thoughtful minds if the humane and sympathetic service required for the insane would ever be gained except it is prompted by the religious spirit. But Samuel Tuke had already, in 1841, expressed the doubt that there could ever be an adequate supply of such service.

Then came another noble woman — Florence Nightingale — who raised up one of the greatest reforms of our time — the reform of nursing in the general hospitals. The alienists had striven for this reform long before in the asylums, and now they strove the more. The recent work of Clouston and Clarke is now a matter of history; and for the last decade of the century, which Pinel and Tuke began, it was reserved to effectively establish a considerable number of organized schools for the training of both men and women as nurses for the insane. In 1892, the centennial of Pinel's great year, there were nineteen such asylum training-schools in America, all established within the previous ten years.

That this is but the beginning of as great a revolution in work for the insane as the like one is now coming to be in the general hospitals, no well-informed observer can for an instant doubt. Progress in our special work has been retarded, and in some vital particulars made impossible, through the lack of intelligent and faithful attendance. Now it is the nurses of a new order in our hospitals that make possible the new and better modes of treatment. We are stimulated to apply these better methods by having the means for applying them. This movement is filled with the largest promise of good to come by the multiplied power and inspiration it brings to physician and nurse; and it is big with blessings to the sick in mind who, even in their weakness, may know and be uplifted by the intelligent and sympathetic interest of those in whose care they are.

