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Remarks on Institutions for the Insane,  
with Special Reference to the Most  
Natural and Satisfactory Methods of  
Serving Food to their Inmates.

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## Remarks on Institutions for the Insane, with Special Reference to the Most Natural and Satisfactory Methods of Serving Food to their Inmates.\*

By H. A. BUTTOLPH, M. D., LL. D., Short Hills, N. J.

**G**ENTLEMEN: A wide difference exists as to the form, size, arrangement, construction and management of hospitals and asylums for the insane, by architects and physicians in this and in other countries, who have been engaged in designing and conducting them.

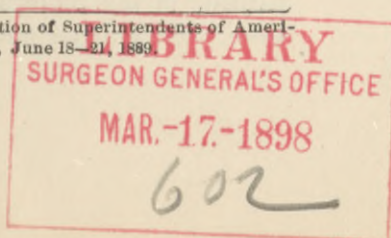
Confining the discussion at this time mainly to the subject proposed, the service of food to the insane, I would say, that, so far as the question relates to the inmates of different institutions, it may be varied to suit the plan and capacity of buildings and the ease of the service, *provided* that the class or classes and condition of the patients treated are such as not to suggest interference with this liberty. What then is the practical point to consider in this regard, preliminary to the decision of the question?

Primarily, it is a question intimately connected with the classification of patients, and as such, it becomes of great practical importance to their safety, welfare and progress toward recovery, if curable, and to their comfort and contentment if otherwise.

In most of the State institutions of this country and in all of the corporate, mixed classes of patients are received, that is, those supported by friends, and others by the public authorities.

Aside from this distinction among the inmates, the general basis of classification is the state and stage of disease, as it affects the minds and influences the conduct and habits of individual patients.

\* Read at the annual meeting of the Association of Superintendents of American Institutions for the Insane, at Newport, R. I., June 18-21, 1889.



While the minds and feelings of some of the insane are directly and very greatly interested and occupied by the character of their associates, surroundings and methods of management, etc., others, from difference in mental constitution, previous habits and associations, as well as the form of mental disorder with which they are affected, pay far less attention to these questions in their bearing on their situation and daily life.

Still other individuals and classes—and this relates to all persons, who from depressing and otherwise modifying influences of diseased brains on the mental state, have no observation nor thought in regard to their situation, readily accept and, without question or feeling, whatever is proposed, and yield to the direction of the current that moves them, as readily and fully as would an inanimate object on the surface of the water. Admitting the importance of attention to the recognized distinctions in the character and condition of insane patients, as above described, it is easy, even for a non-professional person to comprehend the great importance of attending strictly to the principles of correct classification in institutions for their care and treatment.

In applying these principles the statements heretofore made are well established, that in most of the State institutions and in all of the corporate in this country, patients are found who represent the several divisions in social life outside of the institutions; also the various mental states resulting from the influence of disease. I will here add, that, in the institutions of New Jersey, to which I will specially refer for illustration, this state of things largely exists, through the working of the very humane law providing for the treatment of a class termed "indigent" and supported at the public charge, only while residents in asylums. Hence, they are not regarded and should not be treated as paupers. In addition, therefore, to a pretty large percentage of private or paying patients in the State asylums at Trenton and at Morristown, a very large number, indeed, a large proportion of

inmates in both institutions, are admitted under the provisions of this law. Many persons of this class are very well connected socially, while many have become insane directly through loss of property and the embarrassments incident to a change of circumstances from affluence to indigence. Belonging to this class are many individuals, who are in a condition of mind to feel their misfortunes and state of dependence most keenly, whether in the acute or chronic stage of their malady, and consequently, to be influenced favorably or otherwise by any and all depressing or disturbing influences connected with their associations and treatment.

To meet this want, extra facilities for classification were provided in both of these buildings; there being in the former arrangements for twelve, and in the latter for eighteen full and twenty partial classes of patients of each sex, besides six suites of rooms for the accommodation of special cases and their attendants.

Among the most important, indeed, essential facilities for carrying out the system perfectly, are dining-rooms for each class, or twenty-four in the former institution, and thirty-six in the latter, for general purposes, and six for the special wards. Ample facilities are also provided for the easy and prompt distribution of food to each of the several departments, through the agency of hand-cars supplied with closed tin vessels, and in conjunction with elevators in each section of the building, passing from the first to the fourth stories as occasion requires.

The general dining-rooms are supplied with steam-heated tables for keeping food warm, also with china-closets, tables, chairs, etc. Under this arrangement, the individuals of each class who are associated at other hours of the day, in employment, conversation, reading or amusements, are able to go easily, quietly and quickly to their meals in the wards where they belong, without being disturbed by contact with those of another ward or class, and have the further advantage of service while at the tables by their own attendants, who can give such

adapted care and attention as each may require and also supply such extra diet to individuals, as may have been prescribed by the physician, on account of sickness or other cause. Such are the facilities offered by these institutions in their original construction and that exist at this time, for fully maintaining the classification and comfort of their inmates while at their meals. Judging from ample opportunities for observing the methods of serving food in public institutions abroad, also from a prolonged experience in conducting them in this country, I am satisfied that the system of serving it in ward dining-rooms, in all institutions in which *mixed* classes of patients are received and treated, is an arrangement as well adapted for the purpose as it is possible to make, especially in institutions of the *form, elevation and extent* of those named. Of late it has been proposed to substitute in the institution at Morristown, a system of assembly dining-rooms in detached pavilions, to be located on the grounds in the rear of the sections of the present building, and nearly associated with the kitchen now in use or with one to be specially provided for the purpose. If this plan is adopted and carried out, patients of both sexes who are strong enough and who are in a suitable condition otherwise, to comply with the arrangement, will be required to do so. The advantages claimed for this method are greater facility and economy in the distribution of food from the kitchen, also for its inspection by an officer, while the patients are at their meals.

That the convenience of one or two persons who have a general oversight of food supplies, would be promoted by this, compared with the method now in use, may be admitted, but what importance should be attached to the mere convenience of such an official, in contrast with the very great *inconvenience* caused to *hundreds* of insane men and women, in going to and from their meals, to rooms so remote, from their lodging and other apartments? That this method, to a small extent, may be economical, might be true, taking one view of the subject, the less

subdivision into parts in sending it from the kitchen. In another aspect, however, which is far more just, the wholesale method of its distribution on the tables, by persons not familiar with the habits of eating of individual patients, might lead to much greater waste than occurs when it is done by attendants in ward dining-rooms, who know the peculiar habits and wants of individual patients and supply them accordingly. Again, if it be the duty of a given officer of the institution, as the warden, to inspect and supervise the quantity and quality of food—also its preparation by the overseer of the cooking department—could not such inspection be made far more successfully in the kitchen itself, and with the added advantage of having mistakes corrected by the cook, at that stage of the service? The truth of these suggestions is so obvious as to require only to be stated to be accepted by all who have judgment and practical knowledge of necessary details.

Recurring again to another branch of the subject, it may be stated, that aside from the objections already made and insisted on as connected with the classification of patients by this method of food distribution, another and more obvious ground of complaint and criticism, would be the greatly increased difficulty and danger to many of the less strong and partially demented patients, in going to and from their meals three times a day, from all parts of a *four story* building nearly 1400 feet long in a direct line, to outside dining rooms, located, as before stated, only or mainly with reference to convenience in serving food from the kitchen. Verily, this would be bringing the "mountain to Mahomet," in good earnest.

If it be asked how the patients from the several wards and stories of the building are to reach dining-rooms thus situated, it may be answered that after descending to the ground-floor of each of the twelve sections of the building in which patients are situated, the distance would be made over open or covered walks, if so prepared, through the grounds; or by a method less exposing

to health, but infinitely more confusing to the minds of the insane, making the passage by going forward from the extremities of each remote section, from which patients are taken, in a zig-zag manner, through main and connecting corridors, to the point or points of connection of the building with the outside structures. This mode of being drawn or driven to and fro, of course involves the intermingling of diverse classes of patients on the line of movement both ways, and would be an apt illustration of "Bedlam broke loose," six times a day.

There would be brought in contact with patients of the most intelligent, orderly and convalescent classes on the way to and from the dining-rooms and while at their meals, such of the excitable, irregular, feeble, untidy, demented or epileptic classes that might be selected, having in view the greatest possible number for the purpose of demonstrating the utility and economy of this method. When it is stated that one of the declared objects in making such arrangements is to vacate as large a number of the ward dining-rooms as possible (to increase the lodging capacity of the house by filling them with beds), the tendency would be often to include patients of doubtful character or condition for the exposure and effort required. Aside from this, however, so many of the old, feeble and demented cases would of necessity, still take their meals in the ward dining-rooms as before, that a large reduction would have to be made in the estimate of space thus gained for lodging purposes.

Unfortunately, however, the house would very soon be overcrowded, by adopting such policy, and its best hygienic condition greatly impaired thereby.

While it may be quite true, that reasons exist for early action by the State authorities, for providing increased accommodation for the insane, such method for doing it would only prove of a temporary and questionable character.

The original plan of the asylum at Morristown was for 600 patients, which at the time it was made, in

1868-9—by Samuel Sloan, architect, of Philadelphia, and myself—was considered as many as could be properly associated in one building, intended to receive *mixed* classes of patients. During the progress of the work of construction, however, the commissioners, architect and builders having it in charge, decided to make such changes in the original plan of building as would make it practicable to finish and use the attic as a fourth story, thus increasing its available capacity to 800 patients and their attendants.

It may be added that this being the limit to the estimated number to be received into the building as finished, it would appear to be the part of wisdom for the State to meet its just obligations to the increasing number of the insane, by the erection of other buildings suited to the purpose, rather than by a temporary and cheap makeshift of this kind. Since 1868, whether wisely or not, it has come to be the policy or frequent practice, as is well known, to extend this class of buildings almost indefinitely.

This perhaps, has seemed in a degree, justified by precedents derived from the large capacity of many institutions abroad, but particularly of the county asylums of England, forgetting or *ignoring* the fact, that the latter are devoted exclusively to the admission and care of *pauper* patients, a large number or proportion of whom are in states of chronic dementia.

For the safe and comfortable care of such patients little attention is called for in regard to *classification*, because they do *not require* it on the ground of *mental* and *social* distinctions, but only or mainly in regard to details relating to the bodily comfort and welfare of their inmates. Hence, they are planned and finished with large or very large associated dormitories for lodging patients and still larger apartments for dining, or perhaps more properly, for *feeding* several hundred together, on the congregate or assembly system. The patients thus being all of one class, socially considered, and substantially so

in regard to the form and stage of their mental disorder, the consideration that calls for attention in providing for them is only in regard to convenience and economy in the design and construction of buildings, for the easy management of details relating to their physical wants.

In the treatment of patients of this description in the county asylums of England, a large number may be trained to engage in simple employments that may be dictated to them—picking oakum, etc.; and from their quiet, harmless mental state, the question of control, without the use of mechanical restraint, is almost wholly eliminated from the problem. Hence, it is perceived that in providing model buildings for the insane and for the easy management of details, the primary thought, as before stated, must relate to the character of the former—as to means for classification and their adaptation to the condition of the latter for requiring it. With mixed classes of the insane as described, this necessity must be provided for, and kept in view, “first, last and all the time.” All attempts to deny its importance or to evade the just obligation of the State for its accomplishment, is but a farce and fraud practiced upon the insane, by the officers whose duty it is to settle and carry out the correct policy in this respect.

To avoid a misunderstanding of the question, it may be stated at this point, that it is feasible to adopt the English county asylum system of assembly dining-rooms in this country with propriety, perhaps with advantage, in certain circumstances and places.

1st. In the institutions for pauper patients in large cities, as New York, Philadelphia, etc.

2nd. In State institutions built largely on the cottage or village plan, as at Kankakee, Ill., which allows or provides for the separation of pauper and demented cases from others, in many detached structures on the grounds, but associates them with a central administrative building, having wards and ward dining-rooms connected therewith for mixed classes of patients. In this institution large

congregate dining-rooms are located centrally in respect to the detached cottages and as nearly as practicable, to the cooking departments that supply them with food.

While the first condition for using this class of dining-rooms for large numbers is met—that is, that the patients belong substantially to the same classes socially and in regard to their state of mental disorder—yet questions of principle and expediency arise as to whether the exposure of the patients in going long distances unprotected by enclosed walks to and from their meals in cold and stormy weather; also as to the influence of low temperature on the food served from the kitchen through the open air to the dining-rooms; and last, though not least, and perhaps worst of all, as it regards this plan of buiding, whether an institution with so many detached structures, with inmates so remotely situated from the main administration building, and from each other, it does not become a physical as well as a moral impossibility for the chief medical officer to give adequate inspection and effective personal influence and control over it in many imporant particulars.

These several points or peculiarities of this method of building State institutions are deserving of the most careful consideration before its design and capacity are approved and copied by the authorities of other States.

3rd. The next example of State institutions to which the principle of assembly dining-rooms may be applied with propriety, is the Willard Asylum and like structures for chronic and supposed incurable cases.

4th. The system may also be used in a modified form in the several "annex" structures for *chronic* and *demented* cases, built as extensions to State institutions receiving mixed classes of patients, as Middletown, Conn.; the Central Hospital for Insane at Jacksonville, Ill.; at Trenton, N. J., etc.

5th. Lastly, it may be stated that the system is in successful operation at the Institution for the Eastern Counties of Pennsylvania, located at Norristown.

This is one of the largest of the State establishments,

having about 1,700 patients of both sexes, made up, to a great extent, of pauper patients from the city of Philadelphia and the almshouses of counties within the district. While the design of this structure (being quadrangular, or in compact block form, *two* stories high,) is eminently suited for the care of patients nearly resembling in character and number those of the large English county asylums for pauper patients, yet it can in no sense be regarded as a proper model to copy in design or management, particularly as it regards the service of food, in very large congregate dining-rooms—by State institutions intended for *mixed* classes of patients, being built in *extended linear* form, and *four* stories high, as that at Morristown.

NOTE.—As an interesting and instructive commentary on what has, of late, been said and written of the practical working of this assembly dining-room system, I take the liberty of herewith presenting a copy of remarks made to the authorities of the Essex County Asylum in this State, in which *mixed* classes of patients are received to a considerable extent, by Dr. L. S. Hinckley, Medical Superintendent.

Dr. Hinckley's views were given on this subject among others, on the occasion of an official meeting of the members of his board, connected with the near completion of a large extension of the building, and were reported as follows, in the *Newark Daily Advertiser*, of May 7, 1889:

Dr. Hinckley continued: "The congregate dining-room system I do not advocate, except in institutions which from the original design offer less convenience than our own for the establishment of at least the semblance of home comfort at the table. A trial of the congregate dining-room for a period of over four years has presented to my mind sufficient facts for conviction, which have been materially strengthened by visits to institutions where much larger dining-rooms than our own existed. Let the exclusive right to maintain that the congregate dining-room plan is an advantage from all points of consideration be identified with asylums built on the cottage or village plan, but in the compact building there is no advantage or relief to the management, so far as proper supervision or distribution is concerned, and there is a decided miscar-

riage of good intentions to our patients. We provide for four sub-dining-rooms at present, and opportunities for comparison have not been lost. The inspection of the food when served or in the act of serving occupies but a few minutes in all the dining-rooms. The question of economy balances in favor of the smaller rooms, and the meals are served warmer and in better form in the sub-rooms than in the larger. The forming into line for a trip to the associate dining-room three times a day is one of the features of discomfort to our unfortunate charges that I am pleased to aver has been obviated in the construction of the new wing."

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