

JARVIS (ED.)

PROPER PROVISION FOR THE INSANE.

BY

EDWARD JARVIS, M.D. ✓

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All human Powers given for Development and Use.

All our manifold organs and faculties are given to us for use. The development, power and action of each are needful, not only for its own health, but for that of others. The constitutional force includes and depends upon the fulness of the health and strength of each organ, function, faculty or element of our nature.

The World the field for Human Culture.

The open, broad, living world, is the appropriate field for men's growth and labor. Its opportunities and duties, its responsibilities and influences, are given to us for these purposes. With its intercourse and coöperation, its sympathies and encouragements, with its attritions and mutual corrections, talent, mental and moral power are developed and strengthened and shaped for their destined ends. In this open field, and by these aids and correctives, every element of humanity may be stimulated to healthy growth and restrained from overgrowth. Here men, on the one hand, are encouraged and almost compelled to put forth all their force; and, on the other, to repress their tendency to waywardness or oddity, and correct their errors of thought and emotion, and thus they may complete and harmonize their elements of character, and make of themselves a perfect wholeness of manhood.

Evil effect of separate or solitary Life.

This is shown, not only in the successful results of each endeavor and life in the world, but also in the issue of experiments of training and living in narrower and exclusive social fields. The attempts, by design or by accident, in connection

with limited purposes, to live separately from the world, or from any of its healthful influences, end in incompleteness of character. The residents in monasteries and convents, the members of societies set apart from the great and comprehensive social fabric, recluses, hermits, persons or families, that live alone and remote from others, without intercourse with men and women at large, even households, or large collections of either sex exclusively,—all of these have a less complete development and balance of character. They are less perfect men and women, and have eccentricities and peculiarities more frequently than those who associate with the general mass of the people, and take part and lot in their interests, trials and successes.

Effect of mutual Intercourse and Assistance.

Association with the world at large, in its manifold forms, tends to wear off the excrescences, and suppress the peculiarities and eccentricities of people, to give them a rounded and harmonious character, and to develop and establish those habits of thought, notions of life and appropriateness of judgment, that the world ever demands and loves to encourage in its members. This is what is usually called common sense, and what we call mental health—sanity.

As the elements of life are unceasingly renewed, and we repeat ourselves from day to day, we stand continually in need of the same corrective influences, the same mould of broad society which first shaped our minds, to prevent any undue weakness or growth, any deficiency or excess of any part, the production of excrescences, and to preserve the due proportions of a well-balanced character.

Dangers of the World may be escaped.

Although the world has power to do this good, and ordinarily does so much for its several members, yet it has also power to do evil. It offers temptations to excesses, stimulations to morbid developments and growths, to peculiarities, and sometimes fails to keep the better elements alive and strong. Thus its influence may at times disturb and distract, and produce moral and mental disorder; but these are exceptions to its usual healthy action, and the occasions of their morbid

influence are to be guarded against and avoided, while the general, the greater and necessary good is to be sought, and turned to the profit of mental health and power.

The greatest and wisest teacher, while praying that his friends might have the fullest strength and perfection of character, asked, not that they should be taken from the world, but merely that they might be saved from its evil. Recognizing that the world was the true field of human growth, strengthening and usefulness, he desired that they should there live, and there engage in the ordinary social duties and participate in the usual social enjoyments, and thereby do the largest work for others, and gain for themselves the highest happiness and develop the most generous virtues, and yet be defended from injury. While he would warn and guard his friends from falling into dangerous places, he would give them unlimited opportunity of life and action in all others.

Action needful for Health of all the Powers.

Action is the natural condition not only of our whole being, but of all our individual elements. The organs and their functions, all the powers and faculties, physical, mental and moral, the appetites, passions and propensities, each and all in their several ways and under appropriate discipline, require action, in order that each may develop and retain its own strength, and contribute its due proportion to the fulness and perfection of the total life, to the establishment of the constitution and the formation of the character.

Action to be suspended in Disease.

But whenever any organ or power is diseased or disturbed, the first requisite is suspension of action as far as possible, to relieve it of its burden of labor, and give it opportunity to rest and regain its health. If this rest cannot be obtained without restraint, we apply force, as in the case of a broken limb, to prevent injurious action.

Suspension of action limited to necessity.

Yet this restraint is, as far as possible, limited to the organ or power that is disordered, while the others, that are strong and healthy, are permitted to perform their natural functions.

This restraint is limited not only to the part or power that is diseased or weakened, but to the lowest degree that is needful to prevent increase of disturbance and to secure recovery.

Usually, rest of the part injured or organ diseased is necessary for the reparation or cure. Some require only rest for these purposes, and to some even this is not needful. The judicious surgeon therefore, when called to treat a case of injury of foot, ankle, leg, or other part, first cautiously inquires whether action needs to be suspended, and if so, in what manner and to what degree. He asks first, whether mere quiescence is sufficient, if not, then whether it be needful to apply more restraint by means of a bandage, or must he add to this the starch bandage or wooden splint, or use the box to enforce complete rest. Still further, he inquires whether any other part of the power needs to be kept at rest.

In all this process of examination and judgment, he keeps in mind, both the necessities of the suffering limb and healthy requirements of the whole, and governs his suspension of action and the restraint by these considerations.

If the patient can move about, use his other limbs or organs, attend to business, or enjoy life, without detriment to the injured part, or impeding the healing process, he is encouraged to do so, and thus the recuperation is accomplished with as little cost of discomfort or loss of time as possible.

Dyspepsia and other Diseases.

On the same principle we treat other injuries and diseases of the body. In case of dyspepsia, the first question that presents itself is, what change in the habits is needful for restoration of health, and how far it is proper to interfere, by the intervention of remedies. With some, it is only necessary to change the diet. Sometimes a single article of food acts as a disturbing cause. The stomach may be not only unable to digest the offending matter, but it may be so disturbed by its presence as to be unable to digest whatever is eaten with it. In this case, the suspension of the disturbing cause is generally sufficient to allow the stomach to recover its ordinary power in regard to other kinds of food. More frequently several articles and sometimes the whole diet must be changed, and an entirely new system adopted. If this be insufficient, other measures,

medication, etc., must be used. But in all cases the mildest remedy and the least interference are first considered, and each proposed increase is weighed, and its efficacy compared with the difficulty to be overcome, until such measure is reached as seems to promise to produce the desired result, and relieve the patient.

Insanity not an Identity.

That class of diseases of the brain which we include in the term insanity, like the class of diseases which we include in the term dyspepsia, is not an identity. Neither of these affections is a single morbid state or condition, still less is that condition in all cases the same.

As among men, the original mental and moral elements vary very greatly in their individual force, and still more in their combinations, and as they are exposed to manifold and various disturbing causes, so their derangements and new complications must be equally various and present results of mental disorder of which it is rare that two are alike.

Thus the whole range of insanity includes numberless and diverse conditions and manifestations, from the furious maniac, the dangerous homicide, down to the gentle, harmless, timid melancholic, who is fearful of injury from every circumstance, and shrinks from all intercourse with society and friends. And there are all intermediate grades and combinations of grades between these extremes.

Varied Insanity to be treated variously.

As in the management of dyspepsia, so in the management of mental disorder. Every plan of treatment must recognize this diversity of the disease, and be founded upon, and shaped according to, the especial condition and wants of the patient under consideration.

Insane to be separated from Causes of the Disease.

The first matter to be considered is the cause or causes of the mental disturbance, and to relieve the patient from their influence, either by removing him from them or by neutralizing their power.

As food is the natural stimulus of the digestive organs, so

are ideas, thoughts, emotions the natural stimulus of the brain. As when the stomach is disordered and the food is found to be the disturbing cause, the rational course is to change the diet, in such a manner and to such an extent, as the case seems to require,—so, when the brain is disordered, the influences that act upon it for evil are to be changed.

In a very large part of the cases of mental disorder the causes are in, or are associated with, the persons, scenes and interests of home or business with which the patient is or has been connected. Sometimes the home or business may be so modified that the disturbing cause, if it be there, shall be removed or neutralized.

Some may be restored at Home.

A lady, in a family of great discipline and discretion, was troubled with delusions, and fell into acute dementia. She imagined that the evil spirit controlled her and prevented her free action. She was three hours in dressing, and as long in eating any meal, and a heavy torpor rested on all her movements of body or mind. The appropriate changes were made in the family. The influences were regulated so as to meet the patient's necessities. In a few weeks she regained her natural activity, the delusions disappeared, and now, for more than ten years, she has had no return of the malady. This is a single example; but others might be quoted of insanity being cured without the removal of the patient from home.

This class is small. The homes of few can be so modified and regulated that the lunatic can be there retained with a chance of restoration; most, nearly all, must go away. The question then arises, where shall they go?

Shall they travel?

Shall they take abode in ordinary families elsewhere? If so, shall it be with friends? With strangers? Shall they be placed under the special charge of a physician competent to treat them? Or must they go to a hospital to find the proper treatment for their malady?

Some need Separation only.

Some cases of lunacy are due to a single cause, presence or influence, and only need separation from it to recover. Some

are insane only in connection with a single person, scene, circumstance or interest. Some women have delusions in respect to their husbands, and some men in respect to their wives, while in respect to all other persons or topics they are sound. In the presence of their partners, and when they are the subject of their thought or conversation, they are insane and talk wildly; but in company with others, and upon other subjects, they seem to think and certainly talk and act rationally. Some are disturbed, in the same manner, by their families, or by other persons, some by their business, some by certain plans or pursuits or studies, but have their reason in apparently full measure, when these are out of sight and out of mind.

Except in regard to the special subject of their delusion, or when excited by its presence, they seem to have rational possession of their faculties, and talk, reason, understand and appreciate ideas and sentiments, and hold fitting relations to those about them. They can manage their affairs, work, associate with the world, or some parts of it, and enjoy most of the common personal and social blessings, and contribute a good share to the comfort and advantage of others.

Some of these need only separation from these disturbing causes to overcome their susceptibility to these evil influences. They only need to go away from home, business or other sources of irritation, to regain their mental health. Among several cases of this kind, I quote a lady naturally cheerful and well-balanced, and an excellent housekeeper. She became depressed, anxious about her domestic affairs, peevish, irritable and very troublesome to herself and the family. Finding that, when away from home, her husband, children and servants, she manifested her usual amiability and self-discipline, I advised that she go to the country and stay with a friend, of whom she was fond, until she should regain her mental strength and self-control. She did so, under only general supervision, for four months, during which she manifested none of her morbid feelings, and then she returned to her home. She had no mental disturbance through the remaining eight or ten years of her life, but discharged her duties of an amiable, affectionate and disciplined housekeeper as she did before her illness.

A man doing a large and successful business, with no derangement of his affairs, was overburdened by the heavy respon-

sibilities of the great interests and the anxieties of financial matters. He began to be fearful, and to worry. He lost power of concentration, would not attend to the common concerns, which he had managed correctly. He became depressed, was overcome with his doubts, and refused to go to his place of business or attend to any of his affairs when presented to him.

As I learned from his partners there was no real cause of disturbance; that the affairs were sufficiently prosperous; that the weight and complications of the business had overborne him, I sent him to the country to remain with a brother, where he could hear nothing of finance or trade. In a few weeks he regained his mental balance, his wonted cheerfulness and confidence. He returned to his business, and has given his usual attention to the affairs for the last five years, and has had no depression in that time.

Another case was a widow, who was suddenly left with a sufficient fortune, consisting of buildings, houses, stores and shops. Although she had sons and daughters in mature life, of excellent character, who were always ready to take charge of her business, she undertook to manage all her own affairs herself. She attended to the tenants, collected the rents, oversaw the repairs, paid the taxes, and kept all the accounts, persistently refusing the assistance of her devoted and competent children.

In course of two or three years, her mind gave way; she became suspicious of every one, especially of her children; she refused to trust them with any responsibility or care, saying they would defraud her. She became irritable, fearful of poverty and exceedingly penurious. She made her family suffer from want of sufficient food.

I advised her to give up all care of her property, and put it in the hands of a suitable agent, and go to another town and live with a brother, in whom she had great confidence. She did as I advised. In her new residence, apart from the disturbing associations, she regained her natural cheerfulness and trusting spirit, and at the end of about a year, returned to her old house, in her former health. But she did not resume the charge of her property. This was some years ago. Since her recovery she has been and is now pleasant, hopeful and confident, and entirely without mental disturbance.

These are examples of a considerable class of patients who

need only separation from disturbing causes for their restoration.

Some need Separation and Supervision.

Some others require supervision to regulate their conduct and the influences that bear upon them, and with their aid, they may live, in ordinary well-disciplined, discreet and affectionate families and there recover.

A wealthy lady of high culture, in another State, became suspicious and depressed. She refused to go to church, at which she had previously been a constant attendant. She refused to visit her friends, or see them when they called upon her, to go to the stores, and even to drive or walk in the streets, and at last to eat at the table in her own family. She gave up her favorite pursuits,—music, painting, drawing and reading. She shut herself up in her chamber, because she thought and said that every one was laughing at her, talking about her, and making up wry faces at her.

She was then brought to my care. She was placed in an amiable and cultivated family, where she was treated with great tenderness and sympathy, and where I could see her daily. A favorite relative, a lady of similar taste and culture, came and lived with her.

Her suspiciousness soon began to yield. She associated with the family, sat with them at the table and in the parlor. She walked, rode, and visited the neighbors with them, and at length became an agreeable companion, as in health. Her natural tastes revived. She began to play on the piano and sing, and to take interest in books, magazines and papers. She went to concerts, operas, and theatres. She visited picture galleries, took lessons in drawing, and always went to church. Thus her mind and feelings regained their natural tone, and at the end of fourteen months she went back to her home, and since that time, about six years, has had no return of her depressions or suspiciousness.

Without appearing to interfere, I had control of all the influence that reached her, and directed all her movements; and she lived, as she supposed, a lady of her culture and taste would prefer.

In the course of more than thirty years of observation of

mental diseases, many patients have been managed with similar limited interference. Some were in my own family; some in the neighboring families, and few at their own homes. Most of them recovered under various degrees of repression and of strictness of guardianship; yet all in the ordinary domestic circle and in common dwellings, mixing more or less in society, taking some part and interest in the world and its affairs, and encouraged to practise their ordinary habits, and indulge their natural tastes, and exercise their undisturbed faculties so far as their maladies allowed, but always under supervision that watched over and controlled, in a measure, the circumstances that surrounded them and the influences that bore upon them.

Self-Limited Mental Diseases.

Professional experience and confidence have admitted many diseases into the self-limited class, in which no medication nor interference accelerates the cure. They only need separation from the disturbing causes and to rest, in order to allow their malady opportunity to pass through its natural and necessary stages. They need also to be watched to prevent any coincident derangement from aggravating the main disorder.

This is pathologically true in regard to some mental diseases. If cases of this class are not violent, but mild and manageable; if these patients have no delusions, nor morbid susceptibilities in respect to the people and matters about them; if they are in pleasant and discreet families, who can and will treat them properly, and suffer no injudicious interference and no evil influence to reach them, they need not go away from home.

Two cases within my observation illustrate this principle. Both of these were members of wealthy, kind, discreet families. Both were subject to periodical returns of insanity. Each of these, in the early attack, was sent to my care and recovered in my family, one in seven months and the other in three months, and then returned to their homes. There they enjoyed good mental health for several years.

Afterward, each of these ladies had a recurrence of the malady, and again their friends applied to me to receive them into my house. But as I had then ceased to take patients, they were both retained at their homes, where everything was arranged to suit their wants. They both recovered in about

the same time that had before been required in their previous attacks.

Various Provision needed for varied Forms of Insanity.

Although I have been consulted in regard to, and requested to take charge of, all sorts of cases, I have only taken such as could be managed in a private house, and controlled by personal influence. I sent the others, the excitable and unmanageable, to hospitals. But since I have ceased to take immediate charge of any patients, I have yet been and am now called upon to give direction to many as to their future course for treatment and recovery.

Difficulty of finding means of treating the milder Cases.

Among these applicants there is a wide variety of pathological conditions, and an equally varied susceptibility of influence, and necessity of a corresponding difference of treatment with every degree of freedom and restraint.

Looking at this diversity, I have endeavored to put these patients in the way of receiving that kind and degree of influence, direction, medication and restraint which their several cases seemed to require. Some were left at their homes, some travelled, some went to the houses of friends or strangers, some to live in physicians' families, and many to the several hospitals suited to their conditions.

With the last I have found no difficulty, for there are plenty of good institutions for such as need their care. But for those who could as well, and as favorably for their recovery, live elsewhere, there is frequently a doubt, and for most, an insuperable obstacle in the difficulty in finding proper families that are willing to take a wayward or uncertain inmate into their fold, and the inability of most patients to pay the reasonable and necessary cost.

An insane person, however mild and yielding, is, in one or more of his elements, out of harmony with the rest of the world. On these points he is morbidly sensitive, susceptible of disturbance, and sometimes irritable. He is therefore to be treated with invariable consideration and tenderness; his peculiarities and his weaker points are never to be forgotten, nor touched with carelessness or disrespect. Every one that is

brought in contact with him, the family with whom he dwells, the visitors, the neighbors whom he meets, must all be on their guard, lest they unwittingly disturb him. The conversation everywhere, in parlor, at the table, in the street, and every matter presented to his attention, every influence must be cautiously weighed and regulated with the same view.

If the patient require more than this negative non-interference in a well-regulated, good-tempered family, he must find it in the care of a suitable physician who can give time and attention to his management.

It is a great sacrifice for any family, however disciplined, discreet and kind, to hold themselves and all their elements, constant and casual, under such watchfulness and restraint. If they admit an inmate whose condition requires this of them, they must do it for charity or gain, some great love for the patient, or the expectation of large pecuniary reward.

Few patients can find, among their friends, families that have this moral and mental discipline, and the power and the heart to make this sacrifice. Few have the means to pay the proper cost of this private care, whether in the family of a physician skilled in and accustomed to treat insanity, or in any other, where the needful moral and mental qualities only are to be found. Consequently, the only resort for a great majority even of mild patients is the hospital.

Hospitals.

Here comes the natural question, whether the hospital, as now constructed, is adapted to the various conditions and wants of all classes of patients.

Ancient Notions and Treatment of Insanity.

In ancient times, when superstition and fear held precedence of science and diagnosis, insanity, in the world's eye, represented wickedness, and lunatics were believed to be the devil's possession. In such cases the pathology was self-evident, the indications equally clear, and the method of treatment seemed manifest to all, both wise and simple,—for the patient, either as a sufferer, must be rescued from the control of his demoniac possessor by the intervention of supernatural agency, or as a sinner or criminal, he must be treated with such punishment as

his case seemed to demand. But, as the first, the supernatural and miraculous means of healing was not at man's command, the last, the punitory method, became the rule, which was, through centuries, adopted by the world.

Sometimes, according to the rude notions of the period, the triple purposes of religion, medicine and justice were combined in the treatment of lunacy. In the middle ages, when the monasteries were, in a manner, hospitals, to which the sick resorted for care or relief, the Franciscans had especial charge of the insane. In one of their establishments, some of these severe disciplinarians applied to their lunatic patients the same rule of chastening that they did to themselves, and gave to each one ten lashes a day.

Through the long ages, until modern times, the world looked with trembling fear upon insanity. They considered it dangerous and untrustworthy, and defended themselves, in the best manner that they could, from the harm that it might inflict, not upon the patient himself, but upon others.

These sufferers were bound with straps, handcuffs, leg-locks, shackles and fetters; they were confined in cages, in strong-rooms and in prisons, for the good, not of themselves, but of sound, strong, but fearful people at large. This method of treatment was in very general operation in the last and the preceding generations, and it has not even now gone entirely out of use.

Modern Lunatic Hospitals.

The lunatic hospital, as it now presents itself, as a curative institution, is modern. It is within the memory of the older people now living when the first was opened, and now there are fifty-eight of these houses of healing and charity in the United States, and several more are in process of construction.

It was a great advance in humanity and science to provide these houses for the insane, where most of them,—a very large majority,—if sent early, may be restored to health. It was a great and beneficent struggle to persuade the people to send their deranged friends to their care.

Hospitals need farther Improvements.

Now, having taken this great and satisfactory step in the management of insanity, for which all honor be rendered to the

fathers who dared to lead the way, it seems that the time demands that another step be taken in the same direction.

Hospital Architecture.

We cannot fail to see that, in devising the plan of the modern lunatic hospital, the psychological architects have not forgotten that they are providing for a dangerous element of humanity,—that some of these patients are destructive, and others are disposed to break their bonds and escape,—and that many people suppose that most, and some fear that all of the insane belong to one or the other of these two classes. Assuming that caution is the first element of wisdom, they deem it safe, at least, to combine security with charity, and give an assurance that the patient shall do the world no harm, while they prepare the means of doing him the greatest possible good. So, while the hospitals are provided with all the internal arrangements,—rooms, wards, beds, furniture, etc.,—for the comfort and healing of the inmates within, they are also built with thick and impenetrable walls, windows grated with strong bars or inflexible rods, and heavy and strong doors, invariably locked.

Still holding to the idea that what one lunatic is, all may be,—if some are untrustworthy, and can be retained only by force or strength of barriers, others may have the same restless desire to escape,—the architect seems to consider it best to provide for the least and possible danger as well as the greatest and the manifest. Hence the building throughout, the side for males and the side for females, the wings for the violent and those for the gentle, the rooms for the dangerous man, even the criminal maniac, and those for the timid, trusting, child-like girl or elderly lady, all are built alike, externally strong.

Public Architecture.

Architectural ambition has sometimes been a stumbling-block in the way of improvement in the management of the insane. The external too often takes precedence of the internal in the plan. Some approved style of architecture—Grecian, Byzantine, Gothic, Elizabethan—is adopted, and must be followed with such proportions, harmony of parts, grace, ornamentation, as to present one unimpeachable whole, a magnificent front, that

will impress itself favorably on the spectator, and appear well in photograph and engraving.

The public eye is more familiar with, and a better judge of the outward form than of the inward fitness. Cultivated taste is more fastidious and exacting than utilitarianism. The inconveniences of a bad arrangement of kitchen and stairway, of office and lodging room, are out of sight and may be forgiven; but the disproportion of outward wall, the want of harmony of parts, centre and wings, the misplacement of portico, column and pilaster, the violation of the accepted rule or model, are manifest and must not be tolerated.

A graceful and grand public building is the pride of the neighborhood. It is pointed out to, and remembered by, strangers, and so is known abroad. It gives an honorable reputation to the town and State. It gratifies the ambition of the projectors, the dignitaries and the people, while the inner conveniences, the facility of accomplishing the purposes of the structure, the comfort of the inmates may be overlooked or made to yield to the outward beauty and dignity.

The lunatic hospital has not always escaped this architectural danger. The shell, the encasement of the house being first determined, the manner of distributing the inner parts into wards, rooms, &c., follows. Household accommodations, dormitories, dining-rooms, passages, stairways, must be arranged according to the capacity of the inclosing wall, and then if this arrangement be such as to facilitate the business that is to be done within, if it be convenient for the workers, if the rooms, whose operations are offensive to each other, are wide apart, and those whose purposes are closely allied are in juxtaposition, it is sometimes due to good fortune rather than to original design.

The hospital is usually a single building, with many wings extending to the right and left, and backward, in equal proportion on both sides. One side is for the males and the other for the females, but both are alike in structure, in strength of wall, in iron-barred windows. There are several halls or wards, and some private rooms for each sex. These, too, are alike for both sexes.

Some of these wards are more airy and cheerful than others, for the various forms of disease, but the securities of grate and lock, the means of external repression are on one indiscriminate

plan for all, however widely they may differ in their necessities or their dangers.

Although within the hospital there is a variety in the social arrangements, and the patients are classified according to the character of their disease, the violent, the mild, the demented are severally in their separate wards, yet they, the gentle and the furious, are placed all alike within these forbidding walls and in these secure rooms, beyond which they cannot pass.

Although in these strong buildings the patients are governed with the greatest wisdom, managed with the highest skill that the profession produces, and treated by all, both officers and attendants, with the best discretion, tenderness and respect, yet there is a want of opportunities of freer life, of the exercise of the faculties that are not diseased, of participating in such of the common enjoyments as many of the patients can partake of, without detriment to their health or impairing their chances of restoration.

Hospital Architecture needs Variety.

The question now arises whether hospitals cannot be so arranged as to meet the varied wants, capacities and liabilities of the inmates; whether they may not provide and offer the comfortable, home-like accommodations for the mild and the trustworthy, as well as the securities for the dangerous, and all the intermediate grades of strength and pleasant convenience for the intermediate grades of mental disorder.

Self-Respect of the Insane.

There are few elements of our nature that we cherish with more fondness and tenacity than our self-respect, and few things that we desire more than the confidence and respect of others. There are few things that grieve, mortify or disturb us more than distrust and suspicion. These are natural elements; they belong to all men in health; they are variously affected by insanity; they are extinguished or suspended in very few lunatics, but in most they remain active; in a large proportion they are little diminished, and in some they are exalted and intensified. In all, they should be treated with tenderness, and carefully pre-

served in healthy action, and should be used as one of the available means of restoration.

The insane, like other people, are apt to respond, in feeling and manner, to the kind of treatment which they receive. If trusted and if confided in, they will generally be more ready to endeavor to be trustworthy; but if suspected and if confidence be withheld, they lose that motive to deserve it. Yet all the patients, of every variety of character and tendency, are practically told, by the bars before the window and the lock on the door, that they are suspected of a determination to run away, and cannot be trusted. They are pained and depressed, perhaps irritable, and the government of the hospital loses this opportunity of gaining the sympathy and confidence of, and of establishing influence and power over the trustworthy, which a more generous and confiding manner of lodging might have secured.

A different arrangement would obviate this difficulty. Instead of one uniform plan of construction in every part, with the same means of confinement for all, in a single building, there should be separate buildings, differing in structure and character, according to the necessities of the various classes of patients. While some may be strong as the whole is now, for the untrustworthy and violent, others should be built in the form and manner of ordinary dwellings, with generous, confiding and unbarred windows and doors such as the patients have been accustomed to in health. Then the internal arrangements of rooms, furniture, &c., should correspond, and all present the outward appearance and inward character of a home. This is sufficient for the treatment of a considerable class of the insane, who, whatever may be their delusions on some subjects, are yet capable of appreciating and enjoying most, if not all the conditions of domestic life.

Architecture of Private Asylums.

Most of the private lunatic asylums of England, in which more than half of the paying patients of the kingdom are kept, are of this character. Many of them were built for and previously occupied as gentlemen's seats, which in all respects, internally and externally, in wall, window, room, furniture resemble common dwellings of various classes and sizes.

Such are the structure and character of the houses, in which, for more than twenty-five years, I have treated patients of this class, in my own and my neighbor's families. Among all these, there have been no windows broken, and only one instance of an attempt to escape, through the window of a ground-floor room.

Wooden Sashes in Windows of some of English Asylums.

Some of the large new public asylums and the additions to some of the old asylums of England have the common wooden sashes of ordinary private dwellings in all their windows. But in the rooms, where the violent and excitable are placed, there are wooden shutters or strong wire network, on the inside of the windows.

Some parts of Hospitals should resemble Private Dwellings.

Moreover, as everything should be arranged to keep in the patient's mind feelings of home as much, and to remind him of the hospital as little as possible, these dwellings for the mild should be not only separate from, but out of sight of, the stronger and more forbidding house, which might call out their painful sympathies, or be an ever-present warning to them of their liability to change for the worse, and a standing threat, that if their disease should take an unfortunate turn, and they become excited, they must be removed to that place of stricter confinement.

Even the names by which the houses are designated have an influence on the tender sensibilities of the patients. They should not be called by any term that signifies a hospital or any of its parts, but by names that are used elsewhere for common dwellings, and have pleasant associations connected with them. They should be called *houses* or *places*, and if necessary to designate them more particularly, some term appropriate to their position or circumstance, as *grove house*, if near a grove, *elm house*, *valley house*, *orchard house*, &c.

Between these extremes, the larger house, with suitable means of security for the violent, and the simplest dwellings for the mildest and the trustworthy, there should be intermediate other buildings, with various grades of strength and grace, with the appropriate means of repression and guardianship, of comfort

and freedom, which the intermediate classes of patients may need or can profitably enjoy.

In all of these the confinement and liberty can be measured in accordance with the condition of each patient. No chance is offered for the violent to injure, or for the untrustworthy to escape. No healthy power is restrained, and all have the opportunity to enjoy such of the comforts and graces of ordinary life as their maladies permit; and no part of the treatment interferes with the healing process.

Diversified Parts of the Hospital.

If the way is not clear for the erection of separate houses, for the different classes of the insane, in one establishment, and one building must be for all, the object may yet be attained, in great measure, at least, by having the several parts of this building varied in structure and character to suit the various conditions of the different classes of patients.

The architectural plan should not present one solid building, uniform in all its parts, but an apparent collection of houses, united together, yet diversified in appearance, character and purpose, like a row of houses of varied architecture and appearance in a city street. Some of these parts should be, as they now are, and others should be arranged, windowed and furnished like the different and separate houses already described, wherein the several classes of patients may have all the appropriate varieties of treatment, of security and indulgence, that their cases require.

Distrust of Hospitals.

There is in the community, both the sane and the insane, a frequent aversion to the hospital, and an unwillingness in some to submit their deranged relatives or be submitted to its restraints and close confinement. Most physicians hear of this at times. I hear it often from the families who apply to me to receive one of their number into my house, or to give direction as to the disposal of their disordered relatives. They seek for any means of cure or guardianship, private medical cure, residence in private families, travel, even empirical practice, rather than send to a public institution.

This varied character of the hospital would overthrow these

objections in the minds of many, and draw to its fold some for whom other means of cure are sought, and others for whom none are sought for want of means to pay the necessary cost, and who are consequently retained at their homes as long as they can be endured, too often, until the day of healing is past, and then they are sent to the hospital for custody through their remaining years.

It would be a great boon to such patients as these to place the advantages of the hospital within their reach, and draw them to it in the early stages of their malady. It is true the hospital is legally open to them now, and they are, in terms, invited to come and enjoy it. But this is not in such a manner as commands their confidence, and so long as they have not the living faith that will carry them to these institutions, they lose this opportunity of being healed. Practically it is all the same to them, whether they are kept from the hospital by being locked out, or by the fear of being locked in, so it be that they do not enter. And the removal of the obstacle, whatever it may be, whether real or imaginary, will give them a real blessing, in this their only opportunity of returning to a life of sanity and usefulness.

It would be a boon to a large portion of the milder patients, now and hereafter to be in the hospitals, to be allowed to be under the faithful care and skilful treatment that now protects and heals them, and yet suffer no needless pain and mortification, and no unnecessary circumscription of their remaining enjoyments.

It is not proposed here to adopt the system of Gheel, with its many good elements and its great deficiencies and cruel abuses; nor the cottage system of Scotland, with its incompleteness; nor even that of Clermont, however excellent in much of its plan and operation; yet the power and the virtue that belong to them are not to be overlooked. We need a combination of these with the more stringent plan and management of hospitals here and elsewhere now adopted. We want a diversification of buildings or of parts of one building, according to the condition of the different classes of patients, providing as much restriction as the violent and untrustworthy need, and offering as much freedom as they and all others can safely and profitably enjoy.

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