

MAINE STATE LEGISLATURE

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DOCUMENTS

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THE LEGISLATURE

OF THE

STATE OF MAINE,

DURING ITS SESSION

A. D. 1843.

AUGUSTA:

WM. R. SMITH & Co., PRINTERS TO THE STATE.



1843.

TWENTY-THIRD LEGISLATURE.

No. 2.]

[SENATE.

THIRD ANNUAL REPORT

OF THE

DIRECTORS

OF THE

MAINE INSANE HOSPITAL,

DECEMBER, 1842.

[Wm. R. SMITH & Co....Printers to the State.]

Officers of the Institution.

BENJAMIN BROWN, Esq.,
HON. REUEL WILLIAMS,
AMOS NOURSE, M. D., } DIRECTORS.

ISAAC RAY, M. D., SUPERINTENDENT AND PHYSICIAN.

CHAUNCEY BOOTH, JR., M. D.,
ASSISTANT PHYSICIAN.

MR. JOSHUA S. TURNER, STEWARD.

MRS. BETSEY BARTLETT, MATRON.

REPORT.

To the Governor and Council of the State of Maine :

In the discharge of one of the duties assigned them, the Directors of the Maine Insane Hospital have the satisfaction to

REPORT :

That its condition and prospects have undergone an improvement quite beyond what they were prepared to expect at the commencement of the year.

The number of patients for the last six months has been greater than at any former period, ranging from sixty five to seventy three ; whereas, at the corresponding period of last year, the average number was but sixty one and five sixths, an increase which cannot but be regarded as strongly indicating that the character and objects of the hospital are becoming better understood, and its usefulness more highly appreciated. That such would be the ultimate result, and that an institution, established at so much expense, and consecrated to the most beneficent objects, would not long, in this intelligent community, be suffered to languish for want of patronage, we have always believed. But it is peculiarly gratifying to witness, at so early a period, unequivocal evidence of its approximating to that favor with the community to which it is eminently entitled.

That it is, in fact, ably and faithfully conducted, so as to merit the confidence reposed—that means medical and moral are judiciously employed with the inmates, with reference to their improvement and restoration—that they are well provided for, and treated with all that kindness and tenderness which their miserable condition calls for, and which most of them have heretofore been strangers to, the directors feel themselves fully authorized to attest. The

consequence is, that, independently of the cures wrought, vastly more numerous, we doubt not, than could be effected under the most judicious private practice, there is a degree of ease, quietness, and comfort, enjoyed by the *incurables*, which, to one unacquainted with the arrangements and the blessings of such an institution, would seem absolutely impossible. And, in this connection, we cannot refrain from remarking, that to regard an institution of this sort as adapted only to the *cure* of insanity, is to entertain an altogether too limited view of its objects and uses. It is a familiar fact, that insanity, as we find it existing, is of every grade, from the slightest perceptible monomania, to the most furious and raving madness; and there are very few subjects of it, who have not, to some extent, the use of their reason, and are not more or less under its dominion. Now the degree in which reason does prevail in any given case, as all experience proves, varies with the circumstances of the individual, and is dependent, in a great degree, on the influences that surround and are brought to bear upon him. Opposition, forcible restraint, undue harshness of treatment, and even the *presence of friends*, have a decided tendency to unsettle reason, and place the sufferer, as it were, under the dominion of the foul fiend. While, on the other hand, absence of restraint, apparent or real, leaving him to feel that he is free like other men to act as he pleases under the influence of motives—placing him among others upon probation, with an appeal to his pride of character—uniform kindness of treatment from strangers, the sight of whom does not, on the principle of association, recal to mind opposition, violence, and apparent hostility, encountered in the outbreak and early stage of his malady—habitual exercise of the body and mind, in labor voluntarily resorted to; these, and many other kindred causes, exert a very decided, indeed a most wonderful influence, in calming propensities to violence, in quieting unfounded jealousies, in lessening, if not removing, delusions, so that he who, under one set of circumstances, seems bereft of all rationality, and is only a torment to himself, and a terror to his friends, if not to the community, becomes so far restored, under a change of circumstances, to the use of his moral and rational powers, as to be capa-

ble of no small degree of self control, and comparatively happy in the enjoiment of such means and facilities as are placed within his reach.

Our hospital is the receptacle of insane persons of every class and description, and we hope it may ever continue to be so, until separate provision shall be made, for accommodating a portion of the incurables, who are no longer capable of improvement themselves, and whose presence and companionship are a hindrance to those that are.

But though, as we have said, the hospital is in a prosperous condition, its galleries are not yet filled. All who have applied, have been received, "and yet there is room." Now why is it, that, in a State containing more than six hundred insane people, an institution provided expressly for their reception, accommodation and treatment, and admirably adapted, both in construction and management, for restoring to health and soundness, those whose condition admits of it, and ministering to the comfort and well being of those that are incurable—why is it that such an institution should seldom number more than seventy inmates?

Different reasons, no doubt, conspire to produce this result. In the first place, there is among many, and perhaps most people, a strong repugnance to committing their friends, when laboring under this malady, to the care of utter strangers; and that, too, without being able to visit them as often as they might feel disposed. And this objection operates with peculiar force in the case of females, so that our male patients have always outnumbered the females by nearly one half.

Another reason is, that the petty scandal, that has from time to time been circulated in regard to insane hospitals, and the treatment of patients there, has produced a prejudice in the minds of people, which they find it difficult to eradicate, and has the effect to influence their conduct, even when they are not aware of its existence. Many a man will advise a friend and neighbor by all means to send a crazy child to the hospital, who will doubt, and hesitate, and finally decide against it, in the case of a member of his own family. He is not able to account for the misgivings he feels, but they are

in truth the fruit of early prejudice. Now let it be remembered, that the judgment which is biased by feeling, is always to be distrusted.

Another objection urged against sending insane relatives to a hospital is an apprehension, that, should they be so fortunate as to recover, the recollections and associations of the hospital will hang about them through life, and make them miserable. But this apprehension vanishes entirely before the light of experience. The Directors happen to know of insane persons restored to health under the management and discipline of a hospital, who have ever after found the memory of their residence in it associated with their pleasantest recollections.

But it is believed that the cause, which more than all others prevents our people from availing themselves of the benefits of the hospital, is the want of ability. A very large portion of the inhabitants of this State are barely able to provide things necessary and comfortable for themselves and families; and for them to raise a hundred dollars a year in addition to this, however urgent the claim, is quite impossible. They cannot, therefore, support a wife or a child, and least of all themselves, at the hospital. And thus it is, that, though this institution was erected at the expense of all, and is ostensibly open to the admission of all, yet a very large and most respectable class of our citizens, are practically shut out from all participation of its benefits. This evil the Legislature seems in part to have foreseen, and attempted to provide against, by enacting that towns shall pay the expense, either in whole or in part, of supporting at the hospital such insane persons as are likely to be benefitted by it, and are unable to support themselves. But this law almost wholly fails in practice to meet the cases of which we are speaking, for two reasons. In the first place, there is no way to exercise a compulsory power over the towns, and, in the next place, wherever assistance is rendered, under the law in question, it places the individual receiving it under the disabilities of pauperism; and to this, the class of persons to whom we allude, will on no account consent. In the exercise of the elective franchise, they find themselves enjoying a right, which places them on an

equality with those who, on account of wealth or station, are sometimes regarded, if they do not regard themselves, as the more favored sons of earth : and this attribute of manhood, this prerogative of our boasted freedom, they will by no means consent to part with. So long, therefore, as *pauperism* is the condition upon which alone they can gain admission within the doors of the hospital, those doors they will never darken :—and who is there among us that would desire to lessen the price at which the elective franchise should be valued ? We are fully of opinion that legal provision ought to be made for furnishing to persons of this class such aid in meeting the hospital charges as their circumstances may require.

How is this to be accomplished ? Shall the State undertake to judge and determine who are entitled to receive assistance, and draw upon its own treasury for means of rendering it ? Many considerations, more or less weighty, might be urged in its favor, but there is a single objection, that, in our view, outweighs them all. Let this course be adopted, and, in no long time, nearly all of our insane will be found to be of this class. At first, imposition will be successfully practised by a few, and then, assuming these cases as precedents, a host of others, in no sense entitled to the boon, would press their claims to it with an industry and perseverance that are seldom known to fail. It is presumed, therefore, that the State, in view of the probability, and even certainty of being most egregiously imposed upon, will not undertake to furnish the aid required.

Shall then the counties be required to afford, within their limits, the aid in question, to those whose condition and circumstances may require it ? To this the same objection might be made, but not we think with equal force : inasmuch as their comparatively narrow limits would greatly lessen the facility and the danger of gross imposition. A board of several members might be constituted with directions, to hold stated meetings, at which applications for relief should be made and decided on, some single member being by them authorized to act for the board during the intervals, in urgent cases, under proper limitations and instructions. The board should of course take into view, in deciding upon an application, the

probability of the patient's receiving benefit at the hospital, as well as the ability or inability of the party responsible for his support, consistently with other obligations, to pay the hospital charges. The probability of cure should ordinarily be considered small, where the insanity had continued for more than a year.

There is still another plan, which, as we have occasion to know, finds greater favor with some, than either of those already mentioned. It is that the aid in question should be furnished by the several towns to their own citizens, the selectmen to judge and determine on the claims presented, the party preferring it having an appeal, in case of refusal, to the County Commissioners; and if he prosecute his appeal successfully, the town to pay the cost of it. If not, let it be paid by the applicant, or be a charge against the county, as the commissioners shall decide. And in no case shall the name or disabilities of pauperism attach to any citizen in consequence of any member of his family being supported by the town, either wholly or in part, at the insane hospital.

It is not improbable that difficulties may be encountered in attempting to carry either of the above plans into practice, but it is hoped that they will not prove insuperable. And the Directors would conclude this part of their report, by earnestly pressing this subject upon the consideration of those whom it may concern, as one of paramount importance. The cause of humanity in our judgment, requires that some expedient should be devised by which the end in view may be accomplished.

It will be recollected that the committee appointed by the Legislature to investigate the affairs of the insane hospital, recommend among other things, the establishment of a board of Trustees, who shall appoint the officers and superintend the affairs of the hospital. The directors approve the suggestion, and recommend its adoption as well for other reasons as for those offered by the committee. Under the present arrangement, it is the duty of one board to take cognizance of its affairs, while another is charged with the administration of them. Should any of the immediate officers of the institution be charged with improprieties of conduct, or dereliction of duty, the directors will be called upon to investigate the matter and

report, but the Governor and Council alone have power to *act*. And let them act as they may, remove the accused, or sustain him, the report becomes public property. Well, suppose the executive government decide that the charges are not made good by the evidence, and that a due regard to justice forbids the removal—what then? Here is a public document on file, and open to inspection, at least upon a call of the Legislature, that would most assuredly be made, which shows that the officers having immediate charge of the institution are at variance one with another. The accused and the accuser both know this, and so may all the rest. Are these men likely to be in a fit condition heartily to co-operate with one another, for the promotion of a common object; or will they rather labor each to injure and supplant the other? Besides, each no doubt will have his friends, and it would not be strange, if, in a little time, the feud should extend to and embrace nearly all employed upon the premises.

The officers having the immediate charge, superintendence and supervision of the hospital, are and ought to be held accountable at the tribunal of public opinion for its judicious and successful management. But divided as the government now is, it may utterly fail of success, and yet by no fault of theirs.

There are at this moment seventy debts due to the hospital, and yet neither the superintendent, steward, nor directors, have power to bring an action for the collection or security of either one of them upon any emergency. It is true that power might probably be obtained, in an individual case, on application to the Legislature, but it is also true, that, by the time it was obtained, it would probably have become nugatory.

The affairs of all similar institutions, so far as we know, are intrusted to the care of trustees, and the utility of the arrangement has no where, we think, been called in question. Nor is it easy to perceive, that any valid objection can be raised against its adoption, if the trustees are appointed periodically by the Governor and Council, and the right to reclaim or modify all the power granted to them be reserved to the Legislature.

Some further provisions are wanted for an authoritative decision by

a competent legal tribunal of questions of insanity, oftentimes among the most intricate and difficult that claim investigation. A supposed case of insanity may be entirely obvious, it may be *pretended*, and it may be for a time very successfully concealed. If a man have been tried in one of our courts for a criminal offence, and acquitted on the ground of insanity: or if, on the same ground, a Judge of Probate have appointed over him a guardian; or if he have been adjudged by a justice of the peace and of the quorum to be "furiously mad" and dangerous to the public safety; in all cases there is legal authority for the exercise of coercion, if need be, in committing him to the hospital. But, in most cases the individuals brought there belong to neither of these classes. No legal decision has been passed upon them, and neither the Superintendent of the hospital nor the friends of the patient have any legal authority for depriving him of his liberty. In putting him under confinement therefore, they subject themselves to the liability of being called to answer in an action for false imprisonment; and such is the ingenuity of some crazy persons, their mental aberration so limited, and the development of it so much under their own control, when occasion requires, that the expert and practised physician often finds himself for a time at fault in detecting it. Now that such should be able to mislead a court and jury, is certainly not to be reckoned among things impossible, for it has been done.

Nor is this all. In other countries, but it is to be hoped not yet in ours, people of sound minds have been immured for years in a mad house, under a *plea* of insanity, but really to satisfy the cravings of avarice, or satiate base and malignant passion on the part of their relatives.

These few remarks are perhaps sufficient to show that the laws on this subject are at present quite too loose, and that is all which will now be attempted. To point out with clearness and precision the evils to be guarded against, and to devise and recommend remedies that shall be prompt, safe, and effectual, would involve a labor of investigation not now in the power of the Directors to bestow. The subject is respectfully submitted as worthy of the consideration of the Legislature.

It has been apprehended from the beginning that the supply of water furnished would prove insufficient to meet the wants of the hospital, and the last years' experience has proved this apprehension to be well founded. It was even found necessary, for several weeks, to haul from a distance the quarter part of the water required for daily use, and even now the supply is quite too scanty. Feeling that something must be done to remedy this deficiency, we have bestowed on the subject a good deal of attention; and the result of our inquiries and reflection is as follows. There is on Mr. Tobey's land, about one mile from the hospital, a perpetual and abundant spring of water, which he will sell, with all the rights connected therewith that would be wanted, for one hundred dollars. The level has been taken, and it was found to be fifty-three feet above the lower floor of the hospital. The charge for pipe, and all other items of expense connected with laying it, according to the best estimate we have been able to make, would not exceed a thousand dollars. All the Directors have examined into this subject, and all are of opinion that no other mode of watering the hospital would be found satisfactory, and that this ought by all means to be adopted without delay.

During the past year a shed has been erected, connecting the north wing of the hospital with the cottage; the stable clapboarded and painted; materials for fence purchased; a fence erected around the back yard and elsewhere; and sundry articles purchased and improvements made by order of the Directors, a detailed account of which will be found in the Steward's report. A good deal has been done on the grounds around the hospital by way of digging and blowing rocks, and laying them up into a wall, about a hundred rods of which have been built; removing earth, &c., all at a very small expense, the greater part of it having been done by the working patients.

The improved condition and products of the farm, together with the ploughing done preparatory to next year's crop, speak well for the judicious management of the Steward, and the faithfulness of the laborers employed under him. Much labor still requires to be done, and no inconsiderable expenditures to be made upon the

farm, to bring it into that state of productiveness at which we are aiming. And when it is considered that we have a market on the ground for all the products it can be made to yield, and are now obliged to purchase of others similar articles at a price considerably higher than the expense of production, it is presumed that the wisdom of hastening its productiveness will not be called in question.

In consequence of the remissness of those indebted to the hospital in paying their dues, the state of our finances has not authorized the *purchase* of a carriage, and we therefore procured the *loan* of one. But an article so constantly wanted, and so indispensably necessary for the comfort and restoration of the female patients, ought certainly to belong to the establishment.

And we think too that the increased number of patients calls for a corresponding increase in the number of attendants. Insane people, it is well known, require constant looking after—many attendants are required to maintain the cleanliness of their persons and rooms, and to furnish them with exercise, work, and amusement. Many patients require each the undivided attention of an attendant, for one or more hours every day, in keeping him at work, walking with him, &c., and this too not for the mere purpose of adding to his present comfort and happiness, though that alone were object sufficient, but as effective instruments in promoting his restoration. We are decidedly of opinion that the effect of employing an additional number of attendants in the male wing would be felt and fully compensated in the earlier restoration to health of those admitting of cure, and in the increased comfort of all.

By an examination of the Steward's books and accounts, made Dec. 31, 1842, it appears that they are well kept, and properly vouched, and that there is a balance due him of \$36 60. Last year the balance due the Steward was \$369 91.

The debts due the hospital for the board of patients amounted at the commencement of the year to \$1,677 52. In the course of the year, the amount has nearly doubled, and now is \$3,104 32. Of the \$1,677 52, due January 1, 1842, as nearly as has been ascertained \$1,200, have been collected; so that the whole of what is now due, except say \$477 52, is the proceeds of the year

now just completed. In the same manner and to a similar extent, we may expect and ought to calculate, that payment of the debts becoming due to the hospital in 1843, will be postponed to 1844, and the amount due a year hence will be found a little increased. This is upon the presumption that the same diligence and success shall be employed in collecting as heretofore. But the Directors are of opinion that payments should, if necessary, be enforced so as on no account to allow the amount to be increased.

It has been estimated by the Superintendent, and we think the estimate a safe one, that the number of patients for the year to come, may be expected to be about the same as during the last year; and of course about the same payments may be expected from them, during the year, as were made last year by the patients of that year. It may also be presumed that the ordinary expenditures of the next year will be equal to those of the last; unless it is reasonable to expect a still further reduction in the prices of provisions, which we do not apprehend. It is also fair to conclude that the same proportion will be collected of the debt now due the institution as has been collected during the last year, of that which was due a year ago.

The matter therefore may be thus stated:—

Gross expenditures of last year,	.	.	\$8,817 73
Deduct for improvements and extra expenses incurred during the last, and not contemplated during the coming year,		\$947 01	
And add for an increased number of attendants, as contemplated,	.	.	384 00 563 01
The probable expenditure of next year,	.	.	\$8,254 72
To meet this estimated expenditure of we have the following:—	.	.	8,254 72
Estimated collection on debt now due,		\$2,220 65	
Estimated payments by patients of next year, to be made before Jan. 1, 1844,		4,970 04	
			<u>7,190 69</u>
Leaving a deficit to be made up by an appropriation, of			\$1,064 03

INSANE HOSPITAL.

The appropriations specially called for, therefore, are as follows :

For purchase of spring of water, and laying of acqueduct,	\$1,100 00
For purchase of carriage and harness,	250 00
For current expenditures of hospital,	1,064 03
	<hr/>
	\$2,414 03

The annual proceeds of the legacy from the late Hon. Bryce McLellan, received into the State Treasury during the last year, ought, we think, to be expended in the purchase of books for the use of the inmates. A foundation will be thus laid for the gradual collection of a library, the utility of which, if the selections be judiciously made, can hardly be appreciated.

BENJ. BROWN, } *Directors of the*
 AMOS NOURSE, } *Insane Hospital.*

December 31, 1842.

REPORT

OF THE

STEWARD OF THE MAINE INSANE HOSPITAL.

The receipts and expenditures for the year 1842, are as follows,
viz :

Received from the State Treasury,	\$2,981 00
Received from towns and individuals for board of patients, and all other sources,	6,170 04
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	\$9,151 04
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The expenditures are as follows, viz :

To balance due the Steward at the close of year 1841,	\$369 91
For provisions and groceries,	2,934 75
“ wages and labor,	1,976 63
“ fuel and lights,	1,075 25
“ improvements and repairs,	1,008 13
“ furniture,	271 44
“ medical supplies,	211 25
“ hay and straw,	198 82
“ clothing and merchandise,	469 18
“ blank books and stationery,	51 30
“ manure,	36 57
“ defraying expense of patients home,	45 87
Miscellaneous,	538 54
	<hr/>
	\$9,187 64
	<hr/> <hr/>

Leaving a balance due the Steward, of thirty six dollars and sixty cents.

The item of improvements and repairs, includes :

For building a wood shed,	\$430 00
“ apparatus for carrying hot water into the galleries,	103 25
“ building a machine for pressing clothes,	120 76
“ finishing stable,	58 00
“ materials and building forty rods picket fence,	138 00
“ materials for other fence,	97 00
“ ordinary repairs about the hospital,	61 12
	<hr/>
	\$1,008 13
	<hr/> <hr/>

The item “miscellaneous,” includes the purchase of one pair of oxen, two cows, ox cart, plough, chains, tools for shop, stone tools, toll, ferriage, postage, seed for farm, blacksmithing, &c. &c.

The furniture has been purchased principally to replace that which has been destroyed and worn out the year past, and as much will undoubtedly be required yearly, without an increase of patients.

The clothing has been purchased for the patients, and charged in their accounts.

Outstanding debts due the Institution, nearly all of

which are due for board of patients,	\$3,104 32
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There are about one hundred and twenty five dollars

due from the hospital,	125 00
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	<hr/>
	\$2,979 32
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Leaving a balance of two thousand nine hundred seventy nine dollars and thirty two cents ; and nearly all is collectable with wholesome laws that may be applied in extreme cases.

ESTIMATE

Of the quantity and value of the produce of the farm the present year, the labor having been performed by the patients with the assistance of one man, viz :

1,200	bushels	of Potatoes	at	1s.	.	.	\$200 00
20	"	" Corn	"	4s.	.	.	13 33
250	"	" Apples	"	9d.	.	.	31 25
120	"	" Ruta Baga	"	20 cts.	.	.	24 00
20	"	" Beets	"	40 "	.	.	8 00
25	"	" Carrots	"	25 "	.	.	6 25
10	"	" Onions	"	75 "	.	.	7 50
22½	"	" Wheat	"	1 00	.	.	22 50
134½	"	" Barley	"	40 cts.	.	.	33 80
10	"	" Beans	"	1 00	.	.	10 00
20	"	" Parsnips	"	25 cts.	.	.	5 00
6	tons	" Hay	"	10 00	.	.	60 00
10	"	" Straw	"	5 00	.	.	50 00
2,647	pounds	" Pork	"	5 cts.	.	.	132 35
		Pasturing six Cows	"	4 00	.	.	24 00
		" two Oxen 16 weeks		.	.	.	8 00
10		Pigs sold for	.	.	.	.	24 94
1½	barrels	of Pickles	.	.	.	.	5 00
		Summer vegetables and Cabbages	.	.	.	.	25 00
							\$710 92

In addition to this, much labor has been accomplished in various improvements on the farm, nearly one hundred rods of stone wall have been built, the stone dug or blasted, and as many rods of post and board fence, at no expense except for materials.

There have also been ploughed ten acres of sward ground, which will be very productive when brought into a proper state of cultivation.

J. S. TURNER, *Steward*
of the Maine Insane Hospital.

December 31, 1842.

THIRD ANNUAL REPORT

OF THE

SUPERINTENDENT

OF THE

MAINE INSANE HOSPITAL,

DECEMBER, 1842.

REPORT.

It has again become the duty of the Physician and Superintendent of the Maine Insane Hospital, to report to the Governor and Council, the results of the Institution during the present year. If they are not entirely what the friends of humanity could have wished, we cannot be too thankful to the great Dispenser of all good, that we have had so much reason to be gratified and encouraged. The number of patients has increased, the relative number of recent cases has been greater, and we have had no more than the ordinary allotment of sickness and death.

	Males.	Females.	Total
The number of patients in the Hospital, Dec. 31,			
1841, was,	36	18	54
There have been admitted during the year,	50	37	87
	—	—	—
Whole number that have been in the Inst.,	86	55	141
During the year there have been discharged—			
Recovered,	21	15	36
Improved,	6	10	16
Not improved,	7	11	18
Died,	4	2	6
	—	—	—
Total discharges,	38	38	76
Remaining in the Hospital, 31st Dec., 1842,	47	18	65
Greatest number of patients at any time, . . . . .	.	.	73
Smallest number at any time, . . . . .	.	.	50
Average number of patients during the year, . . . . .	.	.	62 $\frac{1}{6}$
Average number of patients during the last six months, . . . . .	.	.	67 $\frac{1}{6}$
Average number of patients during the year 1841, . . . . .	.	.	55 $\frac{1}{2}$

Whether our efforts have been as successful as those of others engaged in the same field of labor, is a question not easily answer-

ed. If any one supposes that the comparative success of different institutions is satisfactorily settled by nice calculations of the proportions of recoveries and deaths, and a profusion of statistical details, he is certainly mistaken. If it be true, as asserted by Mr. Tuke, the venerable physician of the York Retreat, England, that "the statistics of insanity are yet in their infancy," we cannot be too cautious how we use them as the basis of any general principles. Nothing can be *made* more deceptive than statistics, and I have yet to learn that those of insanity form any exception to the general rule. This is not the place to expose all their fallacies, which a full and free examination of the subject would detect, but some of them are so intimately connected with the reputation of Hospitals for the insane as curative institutions, and thus indirectly with the welfare of this important class, that they ought to be well understood. For this reason, I have thought it worth while to devote a page or two to an investigation, that, at first blush, might appear, perhaps, more suited to a treatise on insanity, than to an occasional report of a Hospital.

The number of *recoveries* always holds a prominent place in the statistics of insane hospitals, and it has become a very general impression, that the proportion of recoveries to the whole number of patients, indicates precisely the measure of success that has followed the curative treatment. Institutions are compared with one another in this respect, and the reputation of each, and the claims they severally possess upon the confidence of the community, are determined by the per centage of recoveries they report. The conclusions, however, that are usually drawn from such comparisons, are to be received with so many grains of allowance, that they are of but little practical value. The proportion of recoveries is influenced by so many circumstances entirely unconnected with the institution, that, considered in and by itself alone, it is an isolated fact from which no general truth can be deduced. Inasmuch as no two institutions agree in regard to those circumstances, it could not be expected that their curative results should be the same, even though conducted on the same principles, by men equally sagacious and skilful. To perceive the force of this remark, let us look at a few unquestionable facts.

It is now universally admitted, that patients who have been but recently attacked, are very likely to recover under the use of appropriate means, while those in whom the disease is of long duration, seldom recover. In every insane hospital, we find both these classes of patients; but their relative proportion is different in different establishments, and even in the same one at different times. To leave this circumstance out of the account altogether, in determining the degree of curative success, would be obviously wrong, and therefore, in reporting their results, physicians in this country, and to some extent, in Great Britain, have been in the habit of dividing patients into two classes, the *old* and *recent*. The length of time that marks this distinction, is a conventional matter, and varies in different institutions. In some, all cases less than a year old are considered recent; while in others, those only which are less than six months old, are considered such. This want of uniformity, which must lead to confusion in generalizing our results, is, however, one of the smallest objections to this distinction. The exact duration of insanity is not so easily determined, as to enable us to decide, in a large number of cases, whether they rightfully belong to the one class or the other. Its presence in many a case is observed by some, weeks, perhaps months, before it is by others; and in not a small proportion of cases, it exists for weeks or months, without at the time being observed or suspected by any. Sometimes, indeed, insanity breaks out with all the rapidity and unexpectedness of lightening from a summer cloud—at other times, it begins in the slightest deviations from the healthy condition, which gradually widen into unequivocal insanity. In the latter case, of course, no one would pretend to fix upon the exact time when the disease began; but even in the former, a close examination would detect some degree of unhealthy action preceding the sudden outbreak of the disease. How often are we told by the friends of a patient, that though he became obviously insane within a few weeks, yet he was regarded by some to have been not exactly like himself for several months. This condition of mind, which is so frequently observed previous to the more obvious symptoms of insanity, is considered by some writers as being present, in a greater or less

degree, in every case ; as being the first stage of the disease, or as it is sometimes called, the period of *incubation*. That this period should be taken into the account in calculating the duration of the disease, there would seem to be no question ; but on this point writers are far from being governed by any fixed, uniform principles, every one, in fact, following his own fancy. Whether the disease is dated from the period when the patient became wild and raving, or from the first moment that suspicions were excited, of any deviation from health, does not appear in the statistical returns. Even if always disposed to date the case from the very first deviation, we never can tell precisely when the latter began. It is all a matter of conjecture, and yet our conclusions are made the basis of certain nice calculations respecting the curability of insanity, and the comparative success of different institutions.

But supposing this difficulty obviated, and every case correctly referred to its proper class, there are other circumstances to prevent the proportion of recoveries to the whole number of patients from indicating precisely the measure of success that has attended the curative treatment. To make the proportion of recoveries to discharges a correct test of the success of an institution, the discharges should embrace only such as have had a thorough trial of hospital treatment, and have either recovered, or become incurable. That this is never the case, in this country, I need hardly say. Patients are frequently removed, not because they are either cured, or incurable, but for want of the means of support, or from the unaccountable caprices of friends. The relative number of such discharges varies greatly in different institutions. In old communities where the nature of insanity is better known, and the people are more affluent, it will be less than in newer communities where these conditions do not exist in the same degree. It will also be less in institutions whose patients are supported at the public expense, than in those whose patients depend entirely upon their own means. How to obviate this difficulty in the way of obtaining our object, the comparative success of different institutions, is not very clear. If it were proposed to divide the discharges into two classes, those which had, and those which had

not a sufficient trial, then the question would come up, what length of time is to be considered as affording a sufficient trial. Some recover in a few weeks; others remain months, and even years, without any obvious improvement, and finally recover. Whatever period might be fixed upon for this purpose, there would still be the same necessity for distinguishing between the old and recent cases,—a distinction which, we have already shown, cannot be made sufficiently accurate to form the basis of any practical conclusions. The nearest approach to a correct result, would be to distinguish the discharges of uncured patients, into those who probably would, and those who probably would not, have recovered after a longer trial.

Another circumstance that materially affects the proportion of recoveries, is the treatment of the patient prior to admission. If insanity is most successfully treated in hospitals expressly adapted to the purpose, then certainly delay in removing the patient, and especially an inappropriate or pernicious treatment, must diminish the chances of recovery. In this respect institutions present us a great variety of experience. In communities where they are easily accessible, and the people are distinguished for wealth and intelligence, patients are removed from home at an early period of their disease, and with but little preliminary treatment. In other communities where the peculiar advantages of hospitals for the insane are perfectly known and appreciated; where the removal of the patient subjects him to a long and tedious journey, and his straightened means require that every course should be tried before incurring such a serious expense, we find a longer delay and a more abundant preliminary use of remedies. Now I hazard nothing in saying that the treatment experienced previous to admission, has, in a large portion of cases, more influence upon the final issue of the case, than that of the institution itself. Can it be expected then that the same results will follow, whether the patient be brought here immediately after the attack, or, as has generally happened, first subjected to an active, perhaps inappropriate course of medical treatment? Some of our patients before coming to us, have been bled, purged, blistered, setoned and mercurialized while

others have been subjected to repeated courses of the Thomsonian treatment. Two under our care the present year, were severely scourged; one by the friends who mistook her insanity for ill-temper, and the other by a drunken empiric who promised to effect a cure by this barbarous discipline. It cannot be pretended that patients treated so differently are equally likely to recover, and yet no account is made of this circumstance in making up the statistical results of lunatic hospitals. Before then the relative proportion of recoveries can be received as a test of the success of different institutions, we must know, among other things, the proportion of those who had previously been subjected to active treatment.

Another circumstance that must vitiate any general conclusions on this subject, is the diversity of meaning attached to the term *recovery*. It is supposed to mean, no doubt, that the disease has disappeared, and the patient again is rejoicing in the fullness and freedom of mental health. But it is not always easy to determine whether the change thus indicated has taken place completely. A trace of the disease may remain without being generally obvious; a thin cloud may obscure the mental perceptions when to the casual observer, all is clear and bright. This state of mind may not be incompatible with the discharge of many of the duties of life, while to his intimate acquaintances, the individual appears to be far from being himself. In some recoveries, it is true, the change from disease to health is complete and the mind is restored to its original freshness and vigor. In others, however, and perhaps they are the greater portion, the recovery is not so complete. The individual may mingle in the business of life, and apparently perform his part in it well, but he excites observation by the singularities of his conduct or conversation, and fails of obtaining the entire confidence of others in his intellectual or moral competency. Or, it may be that, though able to take care of himself and keep out of harm's way, he is unfit to engage in any serious business, and is regarded by the world as laboring under some kind of mental unsoundness. Between these two conditions which mark the extremes of that mental infirmity that may follow recovery, there is every variety of this imperfect and equivocal restoration. Now the question is by

what principles shall we be guided in deciding whether any given case should be considered as recovered, or merely improved. It would be of but little consequence what they were, provided they were universally adopted, and provided moreover, physicians viewed the same case with the same eyes. It often depends on the mental temperament of the physician whether a case is reported as recovered or not. If he is always in the habit of hoping for the best, of being more strongly impressed with favorable than unfavorable signs, he will be likely sometimes to pronounce a patient recovered whom one of a less sanguine tone of mind would hesitate to call such. My own practice has been to consider such only as recovered who were either restored with a state of mind as healthy as that which they possessed at the time of their attack, or were able to engage in their customary pursuits without exhibiting any very striking deviations from the line of moral or intellectual propriety. With these limitations recovery from insanity implies the same degree of restoration, as recovery from any other disease. In how many cases of recovery from inflammation of the lungs, do these organs regain their former vigor and energy? It is well known that in many, perhaps the majority of cases, they always remain weak and irritable, liable, on the least exposure, to pain and cough, and becoming at last the seat of fatal inflammation. And so it is with disease in any other organ,—its traces, in a large portion of cases, are never entirely obliterated.

It is also well known to those who have charge of the insane, that many of the cases reported as recovered are *periodical*; that is, the attacks continue to return at periods more or less regular, the mind during the interval being tolerably sound and steady. What is to be done with these cases in making up our statistical returns? When the lucid interval continues for months or years, and the patient resumes his customary place in life, betraying no moral, nor intellectual obliquities, it seems to be a fair and proper use of the term, to call him recovered, as he certainly is for the time being. He is as well as most persons after a recovery which is to be permanent. But I certainly should hesitate to call those recovered in whom the lucid interval is very short—a week, or a

month—though followed by paroxysms equally short. Here too the analogy between insanity and other diseases is visible. Not unfrequently a person may be laboring under some morbid condition of the lungs, or stomach, or liver, or bladder, that produces at times, great pain and derangement of function, but followed as often by temporary relief and resumption of their appropriate functions. After a paroxysm of asthma for instance, the patient may breathe as fully and freely as ever, but with what propriety could we say that he had recovered from his disease? Between those periodical restorations which may, and those which may not be called recovered, there is no natural distinction. In deciding what to call them, we must be governed by an arbitrary rule, and that which I have adopted is the following. When the lucid interval continues at least six months, the patient resuming his customary pursuits and appearing like himself, to friends and acquaintances, I call it recovery. When, on the other hand, it is of shorter duration than six months, or whether short or long, is so imperfect as to prevent a return to the ordinary duties of life, I do not call it recovery. By *improved*, is meant, such a change, as, in old cases, renders the patient more happy in himself and less troublesome to others, and capable, perhaps, of doing something for his own support. In recent cases, it indicates an important step towards recovery. Of course there will always be some cases which it will be difficult to dispose of under this, as there would be under any arbitrary rule, but inasmuch as we are required to express our results in this manner, this rule has seemed to me preferable to any other.

Taking into account the above mentioned circumstances our results may be thus expressed. Of the 76 patients discharged 51 were considered, when admitted, curable, and 25 incurable cases. In the latter class were included those in which, considering the duration and severity of the disease, there seemed to be no reasonable ground to hope for a cure. It includes none who had been insane less than two years. In the former class are included several who had been insane two years or more, but were not so bad as to preclude all hope. Of the 51 curable cases, 36 were cured, 15 uncured. The former resided in the hospital, on the average,

16 weeks, the latter 19 weeks. In 6 the trial of hospital treatment was clearly insufficient. Of the 36 cases discharged as cured, 5 were periodical, and will probably be attacked again.

The relative proportion of deaths has always had a prominent place in the statistical returns of hospitals for the insane, and it is quite commonly regarded as a test of their comparative success. A little examination, however, will show that the statistics on this point are so fallacious that they seem to have been made rather for the purpose of concealing than of exhibiting the truth. Various circumstances influencing the rate of mortality, are left out of the account altogether, and nothing appears to check the natural inference that the comparisons are fair and correct. In proof of this assertion, it may be mentioned, in the first place, that in some hospitals we always find a number of old, incurable cases, sent there to spend their remaining days; while in others, this class of cases is not to be found at all, or only in much smaller numbers. It is even regarded as something to boast of, that the mortality in our own hospitals where the class of incurables is small, except for a temporary stay, is so much less than in the metropolitan hospitals of England and France—those great receptacles of that class of the insane who, in this country, live and die in the goals and almshouses. Again, when it appears that the patient is likely to die, it is common to have him removed to his own home, either for the purpose of avoiding any further expense, or of performing the last offices of friendship and affection. In this respect, institutions in thickly settled communities have a decided advantage over those the most of whose patients come from remote distances, and therefore, are not so easily removed.

There is one source of error, however, that more deeply vitiates our statistical results than all others together. The usual mode of estimating the rate of mortality by comparing the number of deaths with that of the admissions, is so grossly fallacious, that one finds it difficult to understand why it should ever have been adopted. To ascertain the comparative mortality of different communities, we compare the number of deaths with that of the inhabitants at some particular period, not of every individual who may have transiently

resided therein since the date of their settlement. The reason is obvious. Two cities may have the same population, while the number of casual, temporary residents, may be twice as large in the one as it is in the other. The number of deaths would be nearly equal, but if it should be compared with that of the individuals who may have been at any time within their limits, their respective rates of mortality would be very different. The average population alone is to be considered in this matter. The same principle should be adopted in estimating the comparative rates of mortality in hospitals for the insane. Any other, indeed, would be followed by useless and singular results. Let us suppose two hospitals capable of accommodating 100 patients each, and always full. In one there have been no admissions during the year, except to replace the discharges by death, which may be reckoned at 10, making the whole number of admissions, 110. In the other, there has been a complete change of patients during the year, making the whole number of admissions, 200. Now the number of deaths will probably be nearly the same in each; and the rate of mortality will be nearly the same if estimated in reference to the stated number of residents, while it will be almost twice as large in the former as it is in the latter, if compared with the whole number of admissions. The only fair or correct method, therefore, of determining the rate of mortality, in Hospitals for the insane, is to compare the number of deaths with the average number of residents; consequently, the statistical returns on this point, which we possess at present, are, with scarcely a single exception, utterly useless.

The above remarks are strikingly illustrated by the following table, which has met my observation in several places within a year or two past.

Hospitals.	Time.	No. of Patients.	Deaths.	Per cent.
Hanwell, England,	5 years.	3327	418	12.56
Wakefield, “	18 “	2242	709	31.64
Lancaster, “	5 “	2148	522	24.29
Retreat, York, England,	40 “	508	113	22.22
Charenton, France,	7 “	2049	546	26.64
Bicetre, “	10 “	1405	685	48.75

Aversa, Italy,	20 years.	3897	1222	31.35
Amsterdam, Holland,	5 “	255	55	21.56
Penn. Hospital, U. S.,	84 “	4116	548	13.31
Frankford, Penn.,	21 “	634	90	14.19
Bloomington, N. Y.,	20 “	2496	222	8.85
Lun. Hos., Worcester, Mass.,	7 “	1196	90	7.50
Kentucky State, Lexington,	14 “	690	267	38.69
Ohio State, Columbus,	1 “	258	22	8.52
Vt. Asylum, Brattleboro’,	3 “	239	11	4.60
Retreat, Hartford,	17 “	1068	69	6.45

In this table it appears, for instance, that the hospitals at Wakefield, England, and at Bloomington, N. Y., differ from each other about 10 per cent. only, in the number of admissions and years they have been in operation, while the rate of mortality is nearly four times greater in the former than in the latter. But if any one infer—as, indeed, he very naturally would—that the latter had been four times as successful in saving the lives of its inmates, he certainly would come very wide of the truth. The facts are, that the Wakefield Hospital is a receptacle of pauper lunatics, in which changes are much less frequent than in the other, which is resorted to by a higher order of patients, few of whom remain longer than is necessary for a trial of its curative treatment. Comparing the number of deaths with the average number of patients, however, we shall find the rate of mortality nearly the same in each. Assuming the number of patients at Wakefield, to be 360, and at Bloomington to be 140, which is not far from correct, the mortality in the former will be found to have been 10½ per cent., and in the latter 8 per cent. Many of the differences in the per centage of deaths exhibited in the above table, may be explained in a similar manner. When the number of yearly admissions equals that of the average number of patients, it can make no difference, of course, whether the deaths be compared with one or the other. This is the case with the Worcester Hospital, Mass., whose mortality is thus not unfairly represented. With the Retreat, at York, England, the case is very different. From a statement of Mr. Tuke, it appears that the per centage of deaths, compared with the

average number of patients, has been, 4.70. This is enough to show how little relation there is between the real merits of the institution, and a rate of mortality obtained in this manner. The number of deaths with us during the year, has been 9 $\frac{3}{4}$ per cent. of the average number of patients, which is not far, I imagine, from the usual rate of mortality in New England hospitals for the insane.

Nothing connected with insanity, excites more popular interest than its causes. With visitors to the institution, it is a prominent topic of inquiry and speculation, and in the history of particular cases furnished by the friends, the supposed cause is dwelt upon as a matter of paramount importance. An equal and perhaps more enlightened interest among physicians and special guardians of the insane, has resulted in a multitude of tables, in which the causes of disease in those committed to their care, are set forth with a show of philosophical accuracy. It appears to me there is great vagueness, if not positive error, in the prevailing notions on this subject, and since they sometimes lead to pernicious practical consequences, I have thought that a page or two of this report might be profitably devoted to the *causes of insanity*.

Insanity is now univesally considered as a disease of the brain, in the production of which we recognize two different orders of causes. In the first place, there is the predisposition to the disease, founded on some organic peculiarity not well understood. We know that individuals greatly differ in this respect—that the circumstance which completely disorders the mind of one man, scarcely agitates that of another, and that while one is constantly on the verge of insanity, however quietly he may live, another is perfectly safe from its attacks, though he may live perpetually in a whirl of mental excitement. Secondly, there is the occasional, exciting influence, that fully develops the disease to which the constitution is already disposed. The former is also called the *constitutional*; the latter, the *exciting* cause. The presence of the constitutional cause is essential to the production of any case of insanity; but whether the same may be said of the exciting cause, is somewhat doubtful, for sometimes the predisposition to the disease is so strong,

that, so far as we have the means of ascertaining, it arises without the agency of any exciting cause whatever. The distinctions between these two orders of causes, is often overlooked, and in tables of causes accompanying the reports of hospitals, it is common to find them mingled together; and “intemperance,” “constitutional,” “domestic afflictions,” “hereditary,” and “religious excitement,” follow one after another in the same series, to the utter confusion of all proper distinctions. On this point, however, I would merely say, that when I speak of the causes of insanity, I refer exclusively to the exciting causes—those which give rise to the disease in a constitution in which the predisposition to it already exists.

In this, as well, I presume, as in all other institutions, pains are taken to ascertain the causes of the disease, and the results of our inquiries are duly recorded. These, I have not presented in a tabular form, as is commonly done in reports of this kind, because I have doubted whether the information we are in the habit of receiving, is sufficiently exact and trustworthy to be made the basis of any very useful general conclusions. It must be recollected that many of our patients, especially old cases, are brought to us by persons who pretend to know but little, or nothing of their history; and when they do, none but those engaged in inquiries of this kind, can conceive how much of their information consists merely of surmises, conjectures and rumors. In those cases where no one has pretended to any knowledge of the cause we have set it down as “unknown.” In those where the accounts of friends have been conflicting, and we were without the means of deciding between them, we have called it “uncertain.” In all others, we have fixed upon that as the real cause in regard to which no doubt or diversity of opinion has been expressed by the friends, and nothing led us to suppose that their views were incorrect. Of the 116 patients who have entered the institution since it came into my charge, it appears that in 45, the cause of the disease is unknown, and in 17 it is uncertain. The same reasons, however, that induce us so often to consider the cause as uncertain, lead me to suspect the accuracy of our conclusions, in many cases, where we thought ourselves justified in assigning a definite cause. It is often a

matter of accident, whether the accounts we derive from friends are uniform and consistent, or vague and contradictory. If we happen to meet only those friends who entertain the same views, the existence of any diversity of opinion on the subject may never be made known to us. Those who bring the patient, may agree, for instance, in the statement that he showed no signs of insanity till he began to attend religious meetings, where he became unduly excited, and soon deranged. Months afterwards, perhaps, we meet with an intimate friend of the patient, who is confident that long before the religious meetings, he observed something strange in his demeanor that suggested to him a strong suspicion of his insanity, and which he attributed to a certain loss of property, or domestic affliction. Of the 54 cases to which we have assigned a particular cause, I should not be surprised to find, could we have their history complete and unquestionable, that in a large portion, we have been mistaken. Those upon whom we are obliged to depend for our information, are often ill qualified to give it, either from an imperfect acquaintance with the patient, or from an inability to observe such a peculiar order of facts as the early manifestations of a disordered mind. Any prominent circumstance or event in which the patient is concerned, happening near the commencement of his illness, is very often set down as its cause, where the relation was merely accidental, or perhaps an effect rather than a cause. The first deviations from a healthy state of mind are seldom observed by any but the patient himself, and thus between these and the development of unquestionable insanity, many a powerful cause of mental excitement may intervene, some of them, it may be, occasioned by the insanity itself. Thus, the "fear of poverty," "dread of death," &c., which, in the tables I refer to, figure so largely in the production of insanity, are, unquestionably, not the causes, but merely the first symptoms of the disease. In a legal point of view, this truth is one of great practical importance. For instance, an extraordinary fondness for stimulating drinks is sometimes the first symptom, or at least the most prominent among the early symptoms of insanity, and under its influence the patient may commit a criminal act for which he is held responsible to the laws. The existence of insan-

ity may be entirely overlooked even by medical men, and though he should be defended on this ground, and it should be contended that the offender was drunk because he was insane, and therefore no more responsible for the intoxication than for the insanity that caused it, yet, so little is this subject understood, the plea would not always prevail with a jury, or if it did, the strongest proof would often fail to silence the popular cry that justice was defrauded of its dues.*

It is a fact, too, worth bearing in mind, that we often find that previous to the apparent cause, there were occurrences which, though not adequate of themselves to produce an attack of insanity, prepared the way for it by occasioning a morbid irritability of the brain. In some cases, no doubt, a single untoward event is sufficient to lay the mind in ruins; but in many, this fate results from the combined action of several such events, no one of which would have been sufficient for the purpose. One individual loses a parent or a child, and immediately becomes insane. Another meets with a similar calamity, but though deeply affected, he maintains his mental soundness, till a reverse of fortune soon after befalls him, and finishes the sad work that the first affliction had really begun. A third is wounded both in his domestic affections and in his fortunes, but it is not till his honor is involved that he shares the fate of the others. If, therefore, we take into the account only that cause which happens to be the last in the order of succession, we shall obtain but a very imperfect notion of the manner in which insanity is produced by external influences. Yet it is generally this last cause alone that appears in the ordinary statistical tables.

There is also another class of cases by no means small, in which it is impossible to attribute the disorder to any particular cause, or series of causes. It seems to have been in progress for years, beginning with the slightest deviations from the sound condition, and steadily advancing by almost imperceptible gradations, while its true nature has been constantly mistaken, until obvious, unques-

* A case of this kind, was that of Wood of Philadelphia, who, in 1840 murdered his daughter, he having shown symptoms of insanity for some weeks previous, and being at the time of the commission of the act, under the influence of a glass or two of brandy. The jury were convinced of his insanity, but the newspapers teemed with paragraphs howling over their ill-judged lenity in rescuing a drunken villain from the hands of justice.

tionable insanity was developed. A young woman when at the age of fourteen, is observed to be occasionally depressed in spirits, without any obvious cause, and thus she continues for a couple of years. At the end of this period, she attends a protracted meeting, where her feelings are strongly aroused on the subject of religion; and now the fits of depression become more frequent and of longer duration, for a couple of years more, when she is married. This event is soon followed by dislike of her husband and jealousy of her friends; and the fits of depression now alternate with fits of unnatural exhilaration, in which her actions, feelings and manners bear so strongly the impress of insanity, that its presence is manifest to all. Here the real cause was obviously in operation long before the marriage or the meetings, to one or the other of which the disorder was very naturally attributed by her friends, but its exact nature lies beyond the reach of our knowledge.

Still making every abatement for the inaccuracy of the statistics on this subject, they are not without some use. It is only by witnessing the operation of some causes on a large scale that people can be induced to give them the serious consideration they deserve, and some facts have been elicited that ought to make a deep impression on the public mind. Of the 87 cases admitted during the past year, 13 were attributed, with as much certainty as can ever be obtained on this subject, to *religious excitement*; not to mention a few in which this cause contributed its share with others in developing the disease. (In all but one of the above 13, the disease commenced within the present year. This is an unusually large proportion, and is referrible, no doubt, to the extraordinary variety and vehemence of the religious movements that have characterized the past year. There has not only been a remarkable awakening of enthusiasm among the older and more regular sects, but Mormonism, Millerism, and other eccentric manifestations of the religious sentiment, by powerfully addressing the credulity and marvelousness of men, have agitated the public mind to an astonishing and alarming extent. When such moral epidemics, if I may be allowed the expression, sweep over the face of society, it is

to be expected that many a mind already affected with a strong predisposition to insanity, should be overthrown by their resistless force. Even under ordinary circumstances, religious excitement will always be a prolific cause of insanity, wherever, as in New England, religion is a subject of great popular interest and regard. Its momentous concerns must necessarily make a strong impression upon the mind whenever they receive that degree of attention which they deserve. (If men can ever be deeply moved, it must be surely when pondering upon their destinies in the future world.) Religion, so far as it is a matter of speculative belief, addresses itself solely to the understanding, but considered as a rule of conduct to guide us in the manifold relations of life, and especially as a conservative principle designed to cherish and quicken the inward, spiritual life, it appeals to the moral sentiments of our nature, presenting them truths that can only be spiritually discerned, and awakening feelings that come at no other call. If, however, it powerfully excite the feelings, and thus tend to produce insanity in those already disposed to the disease, the practical influence should be, not that it ought to be disregarded altogether, in order to avoid this incidental evil, but that its truths should be more judiciously inculcated than is often the case in seasons of great religious agitation. Much of the evil in question arises from pungent and frequently repeated appeals to the lower sentiments of our nature, conveyed, perhaps, in fiery denunciations of sin, in terrific images of offended justice, and impassioned warnings to flee from the wrath to come. Where, however, the higher sentiments are chiefly addressed, such as love, veneration, benevolence, and the principle is inculcated that the power of religion should be evinced by the faithful performance of the ordinary duties of life, rather than in occasional kindlings of religious fervor, there is not the same danger of producing an unhealthy tone of excitement. Let me not be misunderstood. I have no wish in these remarks to lower any one's estimate of the importance of religion, or diminish its claims on our attention and regard. Where religion has made one man insane, it has prevented hundreds from becoming so.

If religious excitement is so liable to make men insane, why, it

may be asked, do we not witness the same effect from political excitement, which appears to be equally common and intense? The answer is, first, that in this country, the number of those respectively interested in politics and religion, is far from being equal; and, secondly, that the excitement produced by the one, is very different both in degree and kind, from that which springs from the other. For one who is warmly engaged in the strife of parties, and discussing the measures of government, there are dozens in the habit of frequenting religious meetings, and conversing and meditating upon the scenes there witnessed, many of whom are either glowing with religious fervor, or moaning over their own coldness and neglect. To this consideration must also be added the fact, that the female sex is excluded from all participation in political affairs, while it is peculiarly susceptible to religious impressions. Political excitement may be more boisterous, but that which proceeds from religion, though more subdued in its outward manifestations, springs from the very depths of the soul. The former is concerned with local and temporary interests, and as these are constantly changing, the mind has opportunity from time to time to rest and recover its ordinary tone of feeling. The latter, on the other hand, is connected with interests that no change of time or of circumstances can effect—interests as strongly calculated to enlist all the feelings of the soul, at one time of life as at another; in one condition of outward circumstances as another. In short, the one lays hold of time, the other of eternity. The above considerations furnish a sufficient reason, why, in this country, religious is a more fruitful cause of insanity than political excitement. In France, on the contrary, where religion is but little heeded, even as a mere outward observance, while all ranks, classes and conditions of men, are watchful of every movement in the political world, the number of cases attributable to religious causes are comparatively very few. It appears from one of Esquirol's tables, showing the statistics of his own private institution, that of 167 cases produced by moral causes, 31 were caused by political, and 1 only by religious excitement. Of the 222 cases that have been admitted into our institutions, not one can be satisfactorily traced to political causes, while 23 were of religious origin.

It is well known, perhaps, to some of my readers, that insanity is often occasioned by the practice of that odious vice, masturbation or self pollution. With us the proportion has been somewhat smaller than at other institutions, but still large enough to appal us by the frightful magnitude of the danger that awaits the youth of our country, unless the prevalence of this habit is effectually checked. Of all the forms of insanity this is the least curable, and generally the most disagreeable, and neither books nor lectures could convey a more impressive warning than the sight of its wretched and loathsome victims. I have no intention of dwelling upon this point, even if this were a suitable occasion, for it has been so fully treated by abler hands than mine, that I could not do better than to commend their writings to the attention of parents, guardians, and teachers.*

Intemperance has been generally regarded as a very prolific cause of insanity, and out of the 1,359 cases admitted into the Massachusetts Lunatic Hospital, it appears that 182 or 13 per cent. nearly were caused by this vice. Without suggesting any doubt of the accuracy of that result, I would only remark that either intemperance has a very different effect upon the system, in this state, or that we have not succeeded in unfolding the real cause of many of our cases, since the whole number from this cause since the opening of the institution is only 12, or about 5½ per cent.

In the reports of the above mentioned hospital, the use of snuff or tobacco is charged with the production of several cases. If a single case of the kind has occurred with us, we have failed to recognize its origin.

These enquiries into the causes of insanity have established one point, however, beyond the shadow of a doubt, and that is the strong disposition of the disease to become hereditary. Of the 222 cases that have been admitted into this institution, there were 105 in which the disease was found to have existed in some of the progenitors of the patient. The records of other institutions give sim-

*“Hints to the Young in relation to the Health of Body and Health of Mind,” by Dr. S. B. Woodward. “An Hours Conference with Father and Sons,” by Dr. L. V. Bell.

ilar results. The natural law decrees that constitutional infirmities shall be transmitted from father to son, and in regard to insanity, especially, it acts with unbending rigor. I do not mean to say that every person whose parents or grand-parents were insane, will become so too, but he will have inherited a disposition to the disease which is liable to be developed on the occurrence of an adequate exciting cause. To the young who are about to form permanent connections in life, these facts speak in tones of solemn admonition, warning them by all their hopes of domestic happiness, against disregarding a law that carries with it such fearful penalties. The highest mental and personal accomplishments furnish no excuse for endangering the welfare of those who depend upon us for existence. What right have we to expect our offspring to possess that greatest of blessings, a sound mind in a sound body, while the parent stock is itself unsound? If therefore, in consequence of neglecting this important natural law, our nearest and dearest become the victims of the most afflictive of diseases, we have not so much reason to murmur at the dispensations of Providence, as to deplore the just consequences of our own ignorance or folly. It may be added that those in whom this predisposition to insanity unfortunately exists, may do much towards preventing its development, by shunning all causes of excitement, and practising the strictest temperance in the indulgence of their appetites and passions.

Another point on which writers have manifested considerable interest, is that of the occupation or pursuits of patients. Tables are exhibited showing the trades or professions which they followed, and conclusions are drawn therefrom relative to the tendency of these respective callings to produce insanity. I am not sure that these enquiries have led to any satisfactory results, for the reason that many considerations necessary to be taken into the account are overlooked altogether. The statistical facts of one institution are sometimes very different from those of another, and therefore to make either set the basis of any general principles without knowing or allowing for this difference, would be manifestly wrong. The circumstances are so different in different countries, and times, and institutions, that unless they are duly considered and appreci-

ated, our results can never be accurate. Some institutions are situated in agricultural, some in manufacturing, and others in commercial districts. Some receive only those who are able to pay liberally for their expenses; others receive chiefly those who are supported by public or private charity. Now it would be as improper to draw conclusions relative to the comparative tendency of agriculture or manufactures, or commerce, to produce insanity, from the facts furnished by any particular one of such institutions, as to settle the question whether wealth or poverty is the more prolific cause of the disease, by examining the records either of an institution that receives chiefly the rich, or of one that receives chiefly the poor. In one asylum in Paris there were found no mathematicians, nor physicians, naturalists nor chemists, while priests, poets and artists were in great numbers. In another asylum in that city, there were found neither priests nor poets, while there were several physicians, chemists and others whose studies and pursuits are of a kindred nature. Now from each of these two facts independently of the other, different writers have drawn general conclusions respecting the comparative tendency of mathematics, poetry, art, &c., to develop insanity. As well might we conclude that all engaged in the last mentioned studies are exempt from an attack of insanity, because scarcely one can be found in American hospitals for the insane. This fact might have been expected without its being a sufficient warrant for any general principle, for the obvious reason that in this country the class of those who cultivate any branch of science or art as a means of living, is too small to furnish many insane. In such a different state of society as exists in France, this class is large, and hence its representatives may be found in large numbers in its hospitals for the insane—the poets and artists in those which are designed for the poor, the chemists, and mathematicians in those which receive only the more affluent. Some writers taking the tables of a few institutions for their guide, have concluded that the agricultural population is, in a great degree, exempt from insanity. Of the 115 male patients that have been admitted into our institution since its opening, 58 have come from this class, and proceeding upon the same principle we should have a

right to infer that its members are peculiarly liable to this disease. This, however, might be incorrect, for after all, it does not appear that the farming class furnishes more than its due share of the insane. If one half of our male population belong to that class, then indeed there would be some reason to believe that it is not more liable to the disease than other classes. In order to obtain the result we wish for, the relative liability of different callings to produce insanity, the only way is to ascertain the actual number of the insane furnished by either of them, not in one hospital alone, but in the whole state or community, and compare it with the number it furnishes to the whole population. This has never been done, and therefore it is that we have but little faith in the accuracy of the general results that have been published on this subject.

There is another difficulty which will always prevent us, in some degree, from obtaining the facts themselves. In New England, so many are disposed to be every thing by turns and nothing long, that it is not an easy matter always, to decide what is the peculiar calling of the patient. The same person who commences life as a trader often ends it as a farmer, a doctor, or a politician ; or as is just as probably the case, all these different characters may be combined at once in his own proper person. One perhaps labors on the farm in the planting and haying seasons, while he may peddle around the country in the interval, and keep school in the winter months. There are always some too in every institution without any stated employment at any time, who belong to that class of worthies commonly designated as "gentlemen loafers." From all that we can gather, therefore, we are led to doubt whether there is any intrinsic quality in the various employments by which men obtain a livelihood, calculated more or less to produce insanity. It would seem rather as if this disease were developed by circumstances independent of the particular employment of the individual, and that a person is liable to become insane, not because he is a farmer or a merchant, but in consequence of hereditary organic vices, and of the atmosphere of thought and feeling by which he is surrounded and quickened and moved.

There is one point in regard to which, statistical results, though

they would be of incalculable value, are entirely wanting. I mean the medical treatment of insanity. True, there are many opinions on this subject, and authoritatively propounded too, but none of them are supported by that thorough and accurate comparison of facts which is necessary to entitle them to implicit belief. There is much reason to doubt whether any advance has been made upon the principles of the celebrated Pinel, who relied, for the cure of insanity, chiefly on moral means. I would not have it inferred, that I believe medicines to be of no use, and that the physician, in his medical character, has little or nothing to do. I do mean, however, that if any one mode of medication be preferable to all others, it is far from being certain what it is, and that it can be ascertained only by long and close observation, and philosophical inquiry. It is to be hoped that those who have had the charge of large establishments for the insane, will publish the results of their treatment, from a comparison of which some light may be thrown upon this important subject. In this connection, I trust I may be allowed, without offence, to call the attention of my professional brethren who are so partial to the depletory treatment advocated by Rush and certain English writers, to the important fact, that in no hospital for the insane in New England—and the same may be the case in many other institutions in our country—is this treatment now used. I cannot but think, that if this fact were generally known, it would lead them to a thorough revision of the grounds of their treatment, or at least would render them more cautious how they practise those enormous abstractions of blood, which so often lay the foundation of hopeless fatuity, or a tedious convalescence.

The experience of this year has confirmed the favorable opinion expressed in my last report, respecting the remedial effects of labor. The eagerness with which the convalescent patient embraces the offer of employment, and the gratification which it evidently affords him, are a sufficient proof of its salutary influence upon the troubled mind. The Steward's report will show that our labor has not been entirely worthless, but the principle we profess, and which we have acted upon so far as circumstances would permit us, has been, to furnish employment to every patient who desired it, however little

value its results might be to the institution. It is a great mistake to suppose that the labor of the insane, when managed upon right principles, can be very profitable. That of a few select cases may be so, but if those also are employed, each one of whom requires a separate attendant to overlook him, or who breaks more tools and wastes more material than his work is worth, though he himself may be made better by the employment, the institution will not be much benefited by the labor of its patients. It has been a matter of deep regret, however, that we have been obliged to suffer so large a portion of our inmates to spend so many of their days in listless vacuity, for want of employment suited to their mental or bodily condition, or of a sufficient number of attendants to take charge of them. As the means of the institution increase, we shall be enabled, I trust, to furnish every patient with work who would be rendered any happier or better for it.

Our average number of patients, it will be seen, has been a little larger, this than the previous year, but many more, undoubtedly, might and ought to have received the benefits of the institution. Among our number have been many old cases sent by towns for a few months' trial—a step that could not be lauded too highly, if the term allotted to the trial were not altogether too short. If sixteen weeks were the average period of residence in the most curable cases, certainly a much larger time is required to make any favorable impression upon those in which the disease has become, by length of time, a habit of the nature. Several towns, with a generosity that deserves all praise, maintain some of their insane poor in the hospital, *though they might* keep them cheaper at home, for the reason that they can be rendered more comfortable and happy with us.

A large portion of our recent cases was characterized by the highest grade of excitement, but they all did well, and in due season became convalescent, except two, who were removed by their friends while the disease was at its worst. Had they been permitted to stay, the result would probably have been similar to that indicated in the following passage from one of the reports of Dr. Woodward, of the Massachusetts lunatic hospital. "In the course

of the last year, six private patients, who had been insane less than a year, and who were in a state of most favorable improvement, were removed from the hospital by their friends. Five of these afterwards returned by order of the courts; one has been discharged, recovered, and the others are now convalescing.”

During this, as well as the preceding year, we have had frequent occasion to deplore the removal of patients long before they had a sufficient trial of hospital treatment, or at the very moment, perhaps, when we began to perceive some evidence that our efforts would finally be crowned with success. This step is generally the result of impatience and discouragement on the part of the friends, who too readily imbibe the idea that the disease is fixed, and therefore they may as well spare themselves any farther expense. It is a very prevalent error in this community, to regard insanity as of but little longer duration when curable, than any other acute disease. The observations of those who have been much engaged in the care of the insane, lead to very different conclusions. Esquirol, who, at one time or another, had charge of patients from every class of society, estimated the average time necessary for recovery, at a little less than a year. In this estimate he is also followed by Mr. Tuke, physician of the York Retreat. Few of our cases of recovery remained with us so long, chiefly because we have been obliged, by causes beyond our control, to discharge our patients, before they had acquired that degree of mental strength which it is desirable they should always possess when about to embark again on the troubled sea of life. It has been ordained by nature, that the duration of insanity should be bounded by months or years, and it is idle to expect the physician to reduce these periods to days or weeks. The most he can do, is to afford to nature a fair chance for restoring the patient, by the application of such means as science and humanity can suggest. It is to be desired, therefore, that friends, in placing the patient under our care, should do it with the settled belief that a whole year may be necessary to effect his cure, and with the understanding that if removed previous to the expiration of that period, the institution is not responsible for the event. In relation to that vacillation of purpose so often evinced

by friends in disposing of the patient, and their interference with our management, I would use the language of an eminent guardian of the insane. "When it is contemplated to place a patient in an institution, friends should feel it a point of duty not to act until they are satisfied that it is the best thing for the patients' and their own interest, that they can do. They owe it to themselves, to the sufferer, and above all, to the institution, to ascertain in the first instance whether they can rely upon its faith, its skill and its kindness; and this, too, should be ascertained from a degree of investigation and with a confidence of accuracy, that shall enable them to turn a deaf ear to the little *tittle tattle* and petty scandal always current to a greater or less degree in the *undertow* of society, in relation to public establishments of this nature. * * * * *

We would again say to friends, do not bring your patient to us, if you can do as well or better by him at home or elsewhere, do not bring him with the impression that you are to regulate his treatment, or that any peculiar knowledge you have of his traits of character, will enable you to decide better than the institution, where he shall be placed in its classification, when or by whom he shall be seen, or when he is in a fit state to be removed."*

To the clergymen of Hallowell and Augusta, we are under great obligations for their kindness in officiating at our Sunday evening service. We regret our inability to tender them any other reward than the assurance, that to many of our inmates, their ministrations have been a source of the purest gratification, as well as of salutary impressions which they will carry with them when they re-enter upon the scenes of their affections and pursuits.

To the editors of the Boston Olive Branch, Maine Washingtonian Journal and Temperance Herald, Portland Transcript, Gardiner Spectator, Gospel Banner, Bangor Courier, Franklin Register, Piscataquis Herald, who have generously sent us their papers without any hope of reward, save what arises from the consciousness of having done a good act, we tender our heartiest thanks. We know it will gratify them to learn that to many an unfortunate fellow-being whose mind has been shadowed by clouds and darkness,

*Dr. Bell, Superintendent of the McLean Asylum.

their prints have been the means of lightening the burden of his distress, and awakening a healthy interest in the world without him.

The institution has now finished the second complete year of its existence—a year which it is well known, has not been one of unclouded prosperity. Thanks to the intelligence of the community, it was nobly supported through the trial, and having been subjected to a most rigid investigation, it was finally enabled, like Bunyan's Pilgrim, to go on its way rejoicing. Like many other similar institutions, in the early stage of their existence, we are not yet provided with all the means and appliances, which have been found serviceable in promoting the comfort and restoration of our inmates. The munificence of the State in former years, and the present condition of the public finances have induced us to practice the most rigid economy in our expenditures—to withhold the outlay of a single dollar, till satisfied that if the circumstances were known, it would be sanctioned by the general voice of the community. Much more money might, no doubt have been judiciously used, but as the propriety of the expenditure might not have been perfectly clear to those who are unacquainted with the wants of such an establishment, we have not felt warranted in making it. All that we could do, with the means at our disposal, in contributing to the comfort of those entrusted to our charge, we have heartily endeavored to do, and are willing to rest our reputation for kindness and attention upon the testimony of those, now amounting to 60 and upwards, who have recovered under our care. Such testimony is certainly more worthy of confidence than the idle gossip that is always floating about respecting such an institution, or the unfounded complaints of patients who have been removed from us before being cured, and consequently before they could understand the reasonableness of the restraints to which they were necessarily subjected. In the confident expectation of receiving from an intelligent community that support which has already upheld us, and praying for the divine blessing upon us, we enter upon another year of our labors.

I. RAY, *Superintendent.*

Maine Insane Hospital, Dec. 31, 1842.

Extract from the "Regulations" of the Hospital.

ADMISSION OF PATIENTS.

Patients admitted to the institution must come provided with at least two strong cotton shirts—a coat, vest, and pantaloons, of strong woollen cloth—two pairs of woollen socks or stockings—one black stock—a hat or cap—and one pair of shoes or boots.

The females must have at least the same quantity of under clothes, including shoes and stockings, a decent bonnet, and two substantial dresses. In both cases, the articles must be new and in good condition. The woollens must be of a dark color.

The patients offered for admission must be perfectly neat and clean in their persons, and free from vermin and infective diseases.

The price of boarding, washing, medicines and attendance, shall vary according to the trouble and expense incurred, in the judgment of the Superintendent, not to exceed three dollars, nor be less than two dollars, per week.

Before any patient shall be received into the institution, except when sent by towns, a good and sufficient bond will be required for the payment of all expenses that may be incurred for each patient, including board, and such articles of clothing as it may become necessary to furnish.

For the admission of patients sent by towns, a written request for such admission, signed by the Overseers of the Poor, will be required.

FORM OF BOND.

KNOW ALL MEN BY THESE PRESENTS, That we, ———, of ———, in the County of ———, as principal, and ———, of ———, in the County of ———, as sureties, are held and bound unto ———, Steward of the Insane Hospital, at Augusta, or to his successor in said office, in the sum of ———, to the payment of which sum, well and truly to be made to him, the said ———, or to his successors in said office, we bind ourselves, our executors and administrators, firmly by these presents.

Sealed with our seals, and dated at ———, this ——— day of ———, A. D. ———.

The condition of the above obligation is such, that whereas ———, of ———, in the County of ———, is about to be admitted as a boarder and patient to the institution aforesaid; now if the said ——— shall pay to said ———, or to his successor in said office, such sum per week, for the board, washing, medicine, and attendance, according to the trouble and expense incurred for said patient, in the judgment of the Superintendent for the time being, not to exceed three dollars, nor to be less than two dollars, and pay for all such necessary articles of clothing as shall be furnished said ——— by the said ———, or his successor, and remove the said ——— from said institution, whenever they shall be thereto in writing requested by the Superintendent for the time being—and shall also pay a further sum, not exceeding fifty dollars, for all damages that may arise from injury to the furniture and other property of said institution, by said ———, and for reasonable charges that may be incurred in case of the elopement of said ———; payments to be made semi-annually and at the time of removal, with interest on the amount after it becomes due as aforesaid; then this obligation to be null and void—otherwise to remain in full force and virtue.

STATE OF MAINE.

IN SENATE, January 10, 1843.

ORDERED, That 500 copies of the Reports on the Insane Hospital, be printed for the use of the Senate.

ATTEST :

JERE HASKELL, *Secretary.*