

# MAINE STATE LEGISLATURE

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# DOCUMENTS

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# THE LEGISLATURE

OF THE

# STATE OF MAINE,

DURING ITS SESSION

**A. D. 1844.**

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*AUGUSTA:*  
WM. R. SMITH & Co., PRINTERS.

1844.

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TWENTY-FOURTH LEGISLATURE.

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No. 1.]

[HOUSE.

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REPORT

OF THE

TRUSTEES

OF THE

MAINE INSANE HOSPITAL,

NOVEMBER 30, 1843.

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



## Officers of the Institution.

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HON. REUEL WILLIAMS,  
" EDWARD KENT,  
LEVI J. HAM, M. D.,  
JOHN H. HARTWELL, Esq., } TRUSTEES.

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

---

EDWARD R. CHAPIN, M. D.,  
ASSISTANT PHYSICIAN.

---

MR. JOSHUA S. TURNER, STEWARD.

---

MRS. LYDIA J. MAYNARD, MATRON.



# REPORT.

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*To the Governor and Council of the State of Maine :*

In obedience to the provision of the act of March, 1843, the undersigned Trustees of the Insane Hospital, make their report to the Governor and Council as follows :

As soon after the appointment of Trustees as notice could be given of the time and place of meeting, they met at the Hospital and proceeded to fix the compensation of the several officers of the institution, and to determine their tenure of office to be during the pleasure of the Trustees, and to make the necessary appointments. The salaries of the officers were fixed as follows :

Superintendent, - - - - -	\$800 00
Treasurer and Steward, - - - - -	350 00
Assistant Physician, - - - - -	300 00
Matron, - - - - -	150 00

per annum, and in that proportion for any time less than a year.

Doctor Isaac Ray was appointed Superintendent; Joshua S. Turner, Treasurer and Steward; and more recently Edward R. Chapin has been appointed Assistant Physician, and Mrs. Lydia J. Maynard, Matron, to fill vacancies.

At their first meeting the Trustees settled the Treasurer's account, and made a schedule of all property belonging to the institution, and took a new bond of the Treasurer and Steward for the faithful discharge of his duties. Since that time the Trustees have made monthly visits and reports, quarterly settlements of the Treasurer and Steward's accounts, and now as many of the Board as could be convened, have visited the institution, settled the Treasurer's accounts, and make our report. And it is with pleasure we state, that on all occasions we have found the buildings and rooms in good condition, every part of them neat and clean, the patients as com-

fortable and well provided for as persons in their condition could be, and the officers and attendants vigilant and prompt in the discharge of their respective duties.

The farm and stock upon it have been well managed and taken care of—the improvements extended, and a good deal has been done in blasting rocks, grading the grounds in front of the buildings, and in improving the orchard—and it is gratifying to know that while much of the labor has been performed by inmates of the Hospital, it has been done by them voluntarily and cheerfully, contributing not only to their comfort and recreation, but improving their health and mental condition. The deminution of products of the farm this year from what they were the last, is to be ascribed to the season and not to any want of good management.

To carry into effect the purpose of the legislature for which a part of the appropriation of last winter was made, and to obtain that full supply of water at the Hospital which is so essential to the comfort and restoration of the patients, the Trustees obtained conveyances to the State from Ellis Toby, of his spring and right forever to dig and lay and repair an aqueduct in his land, for which one hundred dollars were paid; from Wm. Smith, of the right to dig, lay and repair an aqueduct across his land forever, for which twenty-two dollars and fifty cents were paid; from the executors of Robert C. Vose, and from Hon. John Otis, of the right to dig, lay and repair an aqueduct across their respective lots forever, for which they required no compensation other than the pleasure of contributing to a benevolent object.

Having thus secured the perpetual right to the water, and to lay and repair the aqueduct, we proceeded to procure leaden pipe of a large size and superior quality, and to dig the trench and lay the aqueduct. The whole distance is one mile, and it is believed that all parts of the work have been faithfully done, and at as small expense as any similar work was ever done in our State.

The aggregate cost of the aqueduct exceeds a little the sum named for that object, but this is to be attributed to an unexpected payment for the right to lay the aqueduct across Mr. Smith's land, which was not at first contemplated. Another object of the ap-



proprietion was the purchase of a carriage for the use of the patients' which has been effected.

And here the Trustees feel it to be their duty to state, that, although the legislature granted two thousand dollars to the Hospital, to be expended under the direction of the Trustees, they have been permitted to receive from the Treasury only sixteen hundred and fifty dollars, and are informed that the balance will not be paid to the Treasurer of the institution, but is retained to pay the services of Trustees. We protest against the right of any officers of the government to withhold or divert any part of a grant made by the legislature to the Hospital, to be expended under the direction of the Trustees of the Hospital, and respectfully ask that the sum thus withheld may be re-appropriated and go to the object for which it was originally intended.

The balance due the Treasurer and Steward in Decem-

ber, 1842, was	-	-	-	-	-	-	36	60
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The balance due him on settlement to 30th November,

ber, 1843, is	-	-	-	-	-	-	206	70
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The debts due to the Hospital, December, 1842, were 3,104 32

“	“	“	November 30, 1843, are	3,673	82
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And although there are a few unsettled bills against the Hospital at the close of every year, the amount is small and does not vary much from year to year. From this exhibit it is seen, that in the last eleven months the debt against the Hospital has been increased \$170 10, and the debts due to it have been increased \$569 50, and thus it appears that, after meeting all the current expenses of the institution (aside from the salaries of officers, which are paid by the State) its financial condition is now better than it was eleven months ago, by the sum of \$399 40, but a deduction of about two hundred dollars should be made from that sum to make the stock of wood on hand and paid for equal to what it was in December, 1842.

It is also to be kept in mind that among the credits of the last eleven months is 1650 dollars received from the State, and after allowing the cost of the aqueduct, \$1,119 32, and of carriage and

harness, \$100, it leaves \$430 68, which went to the general purposes of the Hospital, so that it may be fairly said that the Hospital has nearly supported itself the last year, aside from the salaries of its officers.

This is a state of things which the Trustees would gladly see perpetuated, and whenever the current receipts shall exceed current expenses, that the price of board may be reduced. In the coming year the Trustees hope to make a fence round the Hospital, to paint the frames and sashes of the windows, to make some line fences, and to extend the improvements on the farm. They would be glad to have a double sleigh and harness for the accommodation of patients, instead of an old single sleigh which may break down before spring, and various other things which would be useful and pleasant, but will endeavor to do without them rather than ask an appropriation.

By the rules adopted at the commencement of operations, accounts were to be made up against the patients at the end of every six months after admission, and then demanded—hence in presenting statements of debts due the Hospital, the amount stated includes only sums actually due and demandable, and not any thing charged to patients since their accounts were made up to the end of six months. For the purpose of more exact compliance with the late law, we have had every account brought up to 30th November, which shews a further sum of \$1,612 61 earned, but not yet payable—this, however, will not add to the available means of next year, for the reason that at the end of that year as much more will probably be in the same situation, and so from year to year. And here again it is proper to state that of the debts due to the Hospital, something over \$200 are due from patients sent to the Hospital by order of court, or by justices of the peace, as “so furiously mad as to be dangerous,” and who have no ability to pay, and no settlement in the State. By law the expenses of these persons are jointly chargeable to the State, and yet our Treasurer and Steward says that he has presented these accounts both to the Governor and Council and to the committee on accounts of the legislature, and

cannot get a dollar. This is not right. If the law is wrong, let it be repealed or altered ; but while the law exists, surely the makers of it will not refuse to comply with it.

The injustice of throwing the expenses of such patients upon the Hospital will be more apparent, when, as we hope will be the case hereafter, the expenses of the institution are defrayed by the patients. No one will say that patients belonging in the State shall be made to contribute to the support of patients having no settlement in it.

In view of these facts, the Trustees, relying that the legislature will re-appropriate the three hundred and fifty dollars withheld of last year's appropriation, and will pay for the support of patients having no property or settlement in the State, have concluded not to ask any other appropriation for the coming year, but to do all in their power to make the institution as useful as may be possible with the means at their disposal, for one year at least.

The institution is arranged and fitted to accommodate one hundred and eight patients—it has been in operation three years, and as yet the number of patients has seldom exceeded seventy—the average is about sixty. The Trustees are at a loss to account for this result. We know that the number of insane persons within the State, greatly exceeds the means provided for their comfort and relief at this institution, and we would hope that the friends of the insane were convinced of the good effects of the institution. If cures be not effected in all cases, they have been in very many, and those not cured are made as comfortable as it is possible for persons in their situation to be made.

From information obtained from the officers of the institution, and from other sources, we believe that the expense of keeping the insane at the Hospital, deters towns as well as individuals from sending insane persons to the Hospital, in very many cases. The amount to be charged was fixed by the Governor and Council, at not less than two nor more than three dollars per week. The highest sum has rarely been demanded, but there are cases which require it, and the friends do not complain of paying it. The average charge is about two and a quarter dollars per week, and it

would seem that this is little enough for the support, care and attention bestowed. Still, if it be true, as we fear it is, that many insane persons are kept at home, chained or caged, and suffering the worst ills that flesh is heir to, because their friends or the towns liable for their support, are unwilling or unable to send to the Hospital, at present prices, it calls for the deliberate consideration of all friends to this suffering portion of the community, to see what can be done for their relief.

With an average of about sixty-five patients, the expenses of the Hospital, aside from the salaries of officers and improvements upon the farm and buildings, for the last two years, have been met by payments from patients. The officers and attendants now employed are competent to take care of one hundred or more patients, and it is not believed that an addition of forty or fifty patients would add much to the expenses of the institution, except for food.

If, by reducing the charge for board to one dollar and fifty cents per week, would increase the number of patients to one hundred or more, no additional burden would be thrown upon the State, and a vast amount of suffering would be alleviated, if not removed. The experiment is worth trying, and if it shall not answer, it will be competent to the Superintendent and Trustees to return to the present rates.

The number of patients now in the Hospital is sixty-eight, to wit, forty-five males and twenty-three females. Nine more male patients would be all that could be well accommodated, and it is probable the male galleries will be filled, ere long, at present prices. Not so with the female patients. If the number of them were doubled, no additional attendants would be required. It is understood that there are as many females in the State, deranged, as there are males, but that it is less dangerous, less trouble, and less expense to provide at home for the former than the latter. Under these circumstances the Trustees have directed, that from and after the first of January next, the charge for females shall not exceed two dollars and fifty cents, nor be less than one dollar and fifty cents per week. If this arrangement shall fill the female galleries, the institution can bear and continue it—otherwise old prices must

be restored, or aid from the State required. We trust the legislature and the people will approve our attempt to make the benefits of the Hospital more generally enjoyed.

REUEL WILLIAMS,  
EDWARD KENT,  
LEVI J. HAM,  
J. H. HARTWELL.

Dec. 29, 1843.

# REPORT

OF THE

## STEWARD OF THE MAINE INSANE HOSPITAL.

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*To the Hon. Trustees of the Maine Insane Hospital.*

In conformity with the provisions of the law of the State of Maine concerning the Maine Insane Hospital, the Treasurer of the Institution presents his annual REPORT.

The Treasurer charges himself with the amount of his receipts on account of the Hospital from all sources, from January 1st to November 30th, 1843, inclusive, viz :

Received from the State Treasury, . . . . .	\$1,650 00
Received of the bequest of the late Bryce McLellan, Esq., . . . . .	30 00
Received for board of Patients and all other sources,	7,112 38
	\$8,792 38

The expenditures for the eleven months last past, are as follows, viz :

For provisions and groceries, . . . . .	\$2,908 55
“ cash paid Steward of last year, . . . . .	36 60
“ medical supplies, . . . . .	126 42
“ clothing for patients, . . . . .	408 13
“ books and stationery, . . . . .	78 11
“ soft and hard soap, . . . . .	131 69
“ repairs and improvements, . . . . .	1,527 90
“ fuel and lights, . . . . .	698 98
“ 35 cords of manure, . . . . .	52 89
“ 1 pair of oxen and 2 cows, . . . . .	126 50

For 1 carryall and harness, . . . .	100 00
“ 1 pair cart wheels, . . . .	15 00
“ 18 tons 946 lbs. hay, . . . .	187 24
“ furniture, . . . .	311 11
“ defraying expense of patients home, and cash re- funded, . . . .	51 53
“ labor, . . . .	1,852 76
Miscellaneous, . . . .	386 27
	<hr/>
	\$8,999 68

Showing a balance due the Treasurer of two hundred seven dollars thirty cents, including what the Institution was in debt at the close of the last year.

Included in the item of repairs and improvements are the sums paid for the spring, lead pipe, and laying the aqueduct, for which an appropriation was made by the Legislature at its last session,	\$1,119 32
For fencing materials, blasting rocks, making vats for manure, and some alterations about the Hospital,	408 58
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	\$1,527 90

Nearly the same amount has been paid this year for clothing as formerly, for Patients, and is charged in their accounts.

The item “miscellaneous” includes postage, toll, ice, blacksmithing, travelling expenses, and a variety of small articles, too numerous to particularize.

The balances of accounts against towns and individuals are large, and have accumulated much in the same proportion as anticipated by the Directors, in their report of last year.

Balance due the Hospital at the close of the year 1842,	\$3,104 32
Balance due the 30th of November, 1843,	3,673 82
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	\$569 50

Notwithstanding the debt has somewhat increased, the Treasurer has pleasure in saying that, with rare exceptions, the bills for sup-

port of Patients have been paid cheerfully, and with as great a degree of punctuality as was consistent with the circumstances of those who become liable.

*ESTIMATE of the products of the Farm, the year 1843, the labor in a great measure having been performed by the patients, viz :*

700 bushels potatoes, 1s. 6d.,	\$175 00
20 " corn, 4s.,	13 33
14½ " wheat, 6s.,	14 50
68 " barley, 2s. 6d.,	28 33
102 " oats, 1s. 6d.,	25 50
50 " apples, 1s. 6d.,	12 50
225 " turnips, 1s. 6d.,	56 25
20 " beets, 3s.,	10 00
16 " carrots, 1s. 6d.,	4 00
10 " onions, 6s.,	10 00
6 " beans, 9s.,	9 00
6 " parsnips, 1s. 6d.,	1 50
15 tons of hay, \$7,	105 00
8 " straw, \$5,	40 00
3056 lbs. pork, 6c.,	183 36
1100 " beef, 3 1-4c.,	35 75
Pasturing 7 cows, \$4,	28 00
500 heads superior cabbage, 4c.,	20 00
Summer vegetables,	15 00
	<hr/>
	\$787 02

We have also made some improvements on the farm, in building stone wall, wooden fences, removing gravel, blasting rocks, and sinking vats or reservoirs, for making compost, &c., &c.

J. S. TURNER, *Steward and Treasurer.*

November 30, 1843.



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FOURTH ANNUAL REPORT

OF THE

SUPERINTENDENT

OF THE

MAINE INSANE HOSPITAL,

NOVEMBER 30, 1843.

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# REPORT.

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By an act of the Legislature passed at the last session, it was provided that the current year of the Hospital should in future end on the 30th of November. The following results, therefore, embrace a period of but eleven months, instead of twelve, as did our former Reports.

	Males.	Females.	Total.
The number of patients in Hospital, Dec. 31,			
1842, was, . . . . .	47	18	65
There have been admitted during the year, .	51	31	82
	—	—	—
Whole number that have been in the Hospital,	98	49	147
During the year there have been discharged—			
Recovered, . . . . .	21	10	31
Improved, . . . . .	18	9	27
Not improved, . . . . .	11	6	17
Died, . . . . .	3	1	4
	—	—	—
Total discharges, . . . . .	53	26	79
Remaining in the Hospital, 30th Nov., 1843,	45	23	68
Greatest number of patients at any time during the year,			72
Smallest number, . . . . .			58
Average number, . . . . .			65
Average number in 1842, . . . . .			62½

It may be recollected that in my last report I abandoned the ordinary division of cases into *old* and *recent*, and adopted what appeared to me the more philosophical one of *curable* and *incurable*. Of the 79 cases discharged, 48 were considered when admitted to be curable, and 31 incurable. In the former division are embraced ed some cases manifestly more than a year old, while in the latter

are included only three less than a year old. The following tables exhibit the results in the discharges thus classified, together with their average residence in the hospital.

## CURABLE CASES.

	Males.	Females.	Total.	Average number of weeks.
Recovered,	21	10	31	19
Improved,	6	4	10	31
Not improved,	4	1	5	21
Died,	2		2	11
Total,			48	Average for the whole, 22

## INCURABLE CASES.

	Males.	Females.	Total.	Average number of weeks.
Improved,	12	5	17	48
Not improved,	7	5	12	27
Died,	1	1	2	84
Total,			31	Average for the whole, 42

It appears from these tables that an evil which I have complained of in my former Report—the short residence of patients in the hospital—has not been entirely abated during the past year. Indeed, it is not so strongly brought out by these general results, as it would be by an examination of particular cases. Where the whole number of cases is so small, the average time of their residence will be greatly swelled by the long residence of a very few. Thus, 19 weeks may not appear to be a period inadequately short for those who recovered, but many of them stayed with us less than two months, and their liability to relapse will not be prevented by the superior perseverance of others. It appears that the curable cases who were discharged improved, resided with us 31 weeks, but leaving out two cases of extraordinary perseverance, the average of the rest is reduced nearly one half. The average residence of the incurable cases discharged—42 weeks—would be reduced to 23 weeks, by leaving out

6 very old cases who were placed in the hospital within a few months after it was opened, for the purpose of remaining during life, but were removed by reason of the hardness of the times, except one, who died. Three incurables stayed 1 week each, one 2 weeks, and another 3 weeks. One curable case was placed with us with the expressed intention of his friends to remove him at the end of 3 weeks, whatever might be his condition, and they did accordingly. Several very old cases—not less than five years duration—were placed with us in accordance with a vote of their respective towns, that they should stay 3 months only. It is hardly necessary to say, that upon such old cases we could make but little impression in so short a time.

In my first report, I dwelt at some length on the dangerous mistake too often made by friends of patients, of confounding convalescence with recovery—of supposing the patient in a suitable condition to leave the institution, the moment he comes to his senses and begins to feel like himself. It is difficult to convince them that even after reason is restored, some time is necessary for the brain to recover that degree of strength which naturally belongs to it, and without which the individual cannot safely resume his customary duties. In spite of our warnings, he is removed, and for a little while, he apparently does well. The great change, however, from the seclusion of the hospital to the busy scenes of life, is too much for the irritable condition in which the brain is left after an attack of insanity; the nervous excitement is renewed, and at last the poor patient becomes as bad as ever—fortunate, indeed, if not worse. Of several who were removed under such circumstances, the past year, five were afterwards returned to us in a worse condition than when they first entered the hospital.

The whole number of patients that has been admitted into the hospital is 304. The following table shows the number furnished by each county with its proportion to the whole population according to the census of 1840, and to the valuation of 1842. And it may be worth while to arrest the attention for a moment to a fact which this table discloses, viz. the very striking inequality of these proportions. That insanity should be more prevalent in the older

than in the more recently settled parts of the State, is a fact that might be expected from our knowledge of this disease. It is probably on this account mainly that Somerset, Penobscot and Aroostook have sent us so much fewer patients than most of the other counties. But it must be owing to some other cause that Waldo should send so many more than Cumberland and York. It is possible, no doubt, that Waldo possesses just so many more insane, but in the absence of any evidence of such an improbable fact, we have a right to infer that in that county the advantages of hospitals for the treatment of the insane are better understood, and a more liberal spirit prevails among the people. This fact is mentioned, not for the purpose of making any invidious distinctions, but to show that some portions of the State might support at the hospital nearly twice the number of patients that they now do, without incurring any greater burden than is borne by others no better able than themselves. How much need there is of it, let their jails and poor houses bear testimony.

Counties.	No. of Patients.	Proportion to Population.	Proportion to Valuation.
Cumberland . . . . .	35	1 to 1,961	1 to \$3,286 29
York, . . . . .	24	" 2,251	" 3,220 26
Oxford, . . . . .	17	" 2,255	" 2,776 79
Lincoln, . . . . .	52	" 1,220	" 1,884 95
Kennebec, . . . . .	73	" 764	" 1,184 95
Franklin, . . . . .	9	" 2,312	" 2,950 76
Somerset, . . . . .	9	" 3,654	" 4,706 48
Waldo, . . . . .	32	" 1,298	" 1,640 61
Penobscot, . . . . .	17	" 2,651	" 3,599 00
Piscataquis, . . . . .	7	" 1,876	" 2,092 90
Hancock, . . . . .	7	" 4,092	" 4,898 48
Aroostook, . . . . .	3	" 3,471	" 1,672 81
Washington, . . . . .	10	" 2,830	" 3,180 48
Out of the State, . . . . .	9		

Among the incurable cases admitted during the year, a large proportion were of the most disagreeable kind—noisy, violent and filthy—whom years of confinement in cages and similar contrivances

had divested of every pleasing attribute of our nature. Had we consulted our own comfort only or that of our inmates, we certainly should not have received them with a very hearty welcome, but feeling that their pitiable condition gave them an additional claim on the benefits of the Hospital, we have rejoiced that they came, and only regretted that our architectural arrangements were not such as to effectually prevent their presence from being a source of discomfort to their fellow patients. It is very desirable, no doubt, to restore the blessing of reason to a disordered mind, and no expense nor exertion for accomplishing this object, should be accounted too great. But we ought not to forget that those unfortunate persons in whom the light of reason has been quenched never to be lighted again, have claims on our attention which we are bound to admit by every principle that should actuate an intelligent and christian mind. Some of them the severity and duration of their disease, aided perhaps by unskilful and heartless management, have converted into the most wretched and repulsive objects that bear the human form. Their occasional violence inspiring fear, they are perpetually confined in cages, or dungeons, where their feelings are lacerated by unkindness, and their most necessary animal wants are uncared for. In those wretched abodes no light of heaven streams upon their eyes, the genial warmth of a fire is never felt, and seldom does the cheering voice of a fellow man sound upon their ears. For want of other occupation to engage their attention and consume their nervous energy, they drag out their loathsome existence wallowing in filth, or rending the air with their vociferations. This is no fancy picture, but the plain, uncolored reality. It is a chapter in the great book of human woe which is seldom read; indeed, it is scarcely known to exist. And I fear it never will be, until a voice like that which, last winter, reached the legislature of our parent State, shall issue from those horrible abodes, and proclaim trumpet-tongued, the wrongs and wretchedness of the insane. Could this mass of misery in all its length and breadth be set before us, I do not doubt, that it would lead to measures for its removal. Not only would all our rooms be occupied, but additional accommodations would be provided, till every lunatic whose condition would

be benefited thereby, should find a resting place within the walls of a Hospital. Until this is done the good work of philanthropy is unfinished, and the hopes of the benevolent are but half realized.

In order to obtain the object in question there are undoubtedly many serious difficulties to be overcome. Ignorance of the magnitude of the evil, narrow views of public economy, uncertainty respecting the best methods of carrying our views into practice, are all sure to be encountered, and must be removed in some way or other. Without expecting to clear up the whole subject, it may be worth our while to consider some of the difficulties of the case.

The principal reason, no doubt, why so few incurables are placed in the Hospital, is because the expense of the measure is beyond, or supposed to be beyond the financial means of the community. It is certainly considerably greater than would be required for their maintenance at home, or by the towns to which they belong. In this State the average expense of maintaining paupers is probably not far from one dollar per week. In the Hospital, on the contrary, the price of board is established at not less than two nor more than three dollars per week, (varying within these limits with the degree of attention the patient requires.) Assuming then the average of the prices actually charged, which, during the last year, was two dollars and twenty-five cents, the whole yearly expense, exclusive of clothing, is \$117, unquestionably a serious burden, with but few exceptions, to the individuals or towns by whom they are supported. To avoid such a burden as this, it is not surprising that motives of economy should so often prevail over those of humanity, and the poor lunatic be kept at home. Now with all due faith in the progress of christian philanthropy, we may as well make up our minds to embrace the conclusion that it will be long before our lunatic paupers will be generally kept in the Hospital while the cost of their support is so much greater than it is in almshouses.

It is a question deeply interesting to the cause of humanity, whether the expenses of Insane Hospitals must always and necessarily be very much greater than those of common poor houses—whether insane paupers may not be made tolerably comfortable, without incurring all the expense of the former establishments, as at



present conducted. A conclusive answer to this question can only be obtained, perhaps from experiment which, as yet, has never been very satisfactorily tried, but there are certain facts in the case from which we may infer with some degree of correctness what this answer would probably be.

It must be borne in mind that the objects of an Insane Hospital are very different from those of a poor house, and hence, we have in the outset strong grounds for fearing that their distinctive characters would be lost by conducting the former in a style of expense graduated to the pauper scale. In the poor house human life is supported at the least possible cost consistent with health and humanity. Moral and intellectual wants are uncared for, the coarsest food is provided, and not a cent is, or ought to be, expended, that shall tend to render the lot of the pauper enviable to him, however poor or humble, who depends upon his own exertions for a living. The hospital, on the contrary, is designed, not merely to minister to the animal wants of its inmates—though the proper performance of this duty is necessarily more expensive than it is generally supposed to be—but to promote their moral comfort and effect their restoration, by subduing their turbulence or dispelling their apathy, by exciting healthy trains of reflection and withdrawing them from every influence calculated to distress or annoy. Hence there is involved, even in the most favorable cases, a far greater outlay than would be required for their mere bodily support. Attendants must be provided to watch over and direct their movements, to engage them in occupation of one kind and another, to accompany them in their walks, and perform the manifold services required for the cleanliness and comfort of their persons and apartments. Some expense must be incurred for their medicines, and some in gratifying their humors and producing agreeable impressions upon their minds.

It is possible, no doubt, to bring the expenses of Insane Hospitals somewhat nearer the pauper point, by herding their inmates together in large numbers, and furnishing a scanty attendance. To this course there are weighty objections that deserve to be seriously considered. In this State as well as some others, it is understood by the community, that the State Hospital is calculated for all classes

and conditions of men—that the poor may have comforts they could not receive elsewhere, and that those of ample means should not be obliged to resort to other States to obtain a degree of attention and regard to their comfort and enjoyment suitable to their social and pecuniary circumstances. Raised and supported by all classes, all classes reasonably expect to share in its benefits, and thus it is that the pauper sits down at the same table with the man of refinement and wealth, walks abroad in his company, participates in his occupations, and is served by the same attendants.

In some European Hospitals the expenses of the indigent are somewhat reduced, by lodging them in numbers of ten or twelve, in large apartments, and supplying them with coarser food, while the affluent are accommodated in a style more suited to their customary habits, and charged at a rate that more than defrays their expenses. This plan is founded upon social and pecuniary distinctions that are far from being so accurately marked in this country as in Europe; and even were it otherwise, it could not be introduced into most of our State Hospitals already established, for want of the architectural arrangements which the case would require. To classify patients in the manner here proposed, would be out of the question, where the means of even the most necessary kind of classification—that founded on the character of the disease and the moral disposition—are at best, but exceedingly imperfect.

After all therefore that can be done to lessen the cost of supporting the indigent insane in hospitals, we have strong reason to believe that it must necessarily be greater than that of other poor. If now it is desirable that they should be supported in these institutions—if the safety of society and their own comfort require it, then the question arises, how is the expense of their support to be borne.

At present it is borne by the town, but, as has just been intimated, the burden is deemed by the smaller towns to be so heavy, that it is seldom assumed, except in the most curable cases. It might be borne entirely by the State, but the objection to this method is, that either all the insane must be received—though many of them are as comfortable at home as they would be anywhere else—in which case our Hospital accommodations must be enlarged; or a selection

must be made, and that would be liable to be abused and become a prolific source of dissatisfaction and distrust. It might be borne by the county to which the patient belongs, by which means the expense would not be felt so severely as if it came directly upon the towns, and the liability to abuses would not be so great as if the State itself were the almoner of the bounty. This plan is open to objections, however, which are deemed by some to be insuperable, and therefore ought not perhaps, to be adopted, until we are quite sure that no other is practicable. The course which seems to me best calculated to further the objects of the Hospital, and at the same time, to obviate the difficulties which embarrass the case, would be to charge for the board of patients at a rate but little, if any, exceeding that which it would cost to keep them at home, and to supply the deficiency in the funds of the Hospital by appropriations from the treasury of the State. In this manner no patient will be debarred from receiving the benefits of the institution by considerations of economy, while there will be no inducement to place in it those who are comfortable enough at home. The only objection to this plan might be urged against any which should tend to enlarge the number of our inmates. It is that as the house would soon be filled under its operation, while fresh applications would be making, any possible course which this event would require, would frustrate in a degree the objects of the Hospital. If it should be determined to receive no new patients until vacancies occurred in the natural order of things, the consequence would be that recent cases would often be refused admission until the curable stage of their disorder had passed away, or be obliged to repair to some other State for benefits which they ought to obtain in their own. If on the other hand, a principle of selection should be adopted, it would probably be in favor of those likely to receive the greatest amount of benefit from hospital treatment, and thus it would happen that the institution would finally receive only curable cases, to make room for which, the incurables—the very class whose sufferings call so loudly for relief—would be sent back to their wretched abodes.

The subject is now fairly before us, and presents us three courses

that we may follow. We must either continue the present practice of charging at a rate far beyond the financial ability of the community to bear, and thus admit but a small part of those for whose benefit the Hospital was designed, or to lower the price of board to such a degree as to render it inaccessible to many who would otherwise enjoy its benefit; or enlarge our hospital accommodations so as to take in all the insane who can be rendered more comfortable than they are at home, and charge them a little more than the average cost of the support of paupers in the State. Here I leave the subject for the present. At some future time, perhaps, I may present some of its aspects in a stronger light.

As a preliminary measure to any changes of the kind here contemplated, it would be necessary to ascertain the number of insane and idiots belonging to the State. True, by the United States Census of 1840, they were reported to be 631, or 1 in 786 of the whole population, but there are strong reasons for believing that this is far below the actual number. One is, that the number of insane in some other States, as reported by this Census, is much smaller than it was ascertained to be many years before. In 1821, a few medical gentlemen in Connecticut, desirous of knowing how many insane then belonged to that State, addressed circulars to clergymen, physicians, and other respectable gentlemen, in quest of the requisite information. The returns showed that there were at least 1000 insane and idiots in the State, or 1 to 275 of the whole population. By the last United States Census, their number is reported to be 542, or 1 to 572 of the whole population. In 1831 a committee of the Legislature of New York reported that there were then in that State 2695 insane and idiots, or 1 to 713 of the population. By the Census the number returned is 2340, or 1 to 1038 of the population. Now no one believes that the number of the insane in those two States has been diminishing during the last ten or twenty years. On the contrary there is every reason to believe that it has been steadily increasing. The same contradictory results have followed inquiries in some other States, but I cannot readily refer to them. Another reason for believing the number of the insane to be incorrectly returned in the Census of 1840, is that

there is obviously an error in that of a particular class of the insane. Of the 631 insane in the State, 94 are returned as colored, being in the monstrous proportion of 1 to 14 of the whole colored population! The incorrectness of this return is so glaringly manifest, that it would hardly seem to require a particular proof, but inasmuch as it and some kindred returns from other States, have been seriously used as the basis of some fanciful speculations on the deteriorating influence of civilization over the colored population of the country, it may be worth while to examine it somewhat in detail.

Looking through the Census in order to ascertain where these 94 colored insane persons are to be found, it appears that fifty six of them are returned from the following towns, not one of which, according to the Census itself, contains a single colored inhabitant;—Newfield, 5; Danville, 1; Otisfield, 2; Scarborough, 6; Limerick, 4; Dixfield, 5; Gilead, 1; Hebron, 1; Norway, 6; Peru, 3; Edgecomb, 1; Jefferson, 1; Webster, 2; Industry, 3; Bradley, 1; Dexter, 1; Swanville, 1; Unity, 1; Hartland, 2; Madison, 1; New Portland, 1; Ripley, 1; St. Albans, 3; Alexander, 1; Baring, 1; Calais, 1. Seventeen are returned from the following towns, in only one of which does the number of colored people equal that of the colored lunatics;—Limington, 2; Biddeford, 2; Dresden, 6; Leeds, 1; Monmouth, 1; Dixmont, 1; Hope, 2; Fairfield, 2. The remaining twenty one are returned from the following towns, whose aggregate colored population, is only 197;—Nobleborough, 4; Topsham, 2; Warren, 3; Wiscasset, 1; China, 1; Gardiner, 1; Hallowell, 2; Readfield, 1; Waterville, 1; Oldtown, 1; Bucksport, 3; Houlton, 1. That many of the towns here mentioned do not contain a single colored lunatic is a fact within my personal knowledge, and in all probability, if the truth were known, it would appear that there are not five in the whole State. The returns of this class of the insane from many other States are obviously incorrect, though not perhaps to the same degree. In Massachusetts, of the 1271 insane, 200, according to the Census, are colored, or 1 to 43 of the colored population. In New Hampshire the colored insane are set down as 19, or 1 to 28 of the

whole colored population. The same fact appears in the returns of these States which was noticed in that of Maine, viz : that colored insane are returned from towns which have not a single colored inhabitant. There cannot be a doubt, therefore, that from some cause or other, the returns of the insane in this State, are exceedingly incorrect in some particulars, and from this and other facts, we cannot help believing that the whole number is greatly understated. On the supposition that we have relatively as many as the State of Connecticut in 1821, the true number would be 1095, or 1 to 457 of the whole population. That we may be a little more exempt from insanity than some of the sister States, is not at all improbable, because it seems to be a principle pretty well established by the statistics of insanity, that it increases in a community with the progress of civilization and social refinement, but this will hardly account for our having only one third as many insane, in proportion to the population, as the State of Connecticut had nineteen years ago. An accurate enumeration of our insane would probably show that we have not far from one thousand of these unfortunate persons within our borders. Whether in affording them the privilege of hospital, care and treatment, at the rate of \$2 25 per week, we have done all that we are bound to do, is a question that deserves to be most seriously considered.

Among the benefits that have resulted from hospitals for the insane, is one, generally attributed, perhaps, to other causes, that is well worthy of our consideration. It is to their influence, in a great measure, I believe, that we are indebted for the benigner spirit that has lately tempered the administration of the criminal law where its provisions are affected by insanity. The prevalence of false facts and false principles had often been deplored by the few who were at all acquainted with the subject, but what impression could they make on the mass of prejudice and error that had been hallowed by time and consecrated by authority? It was not until the introduction of Insane Hospitals, that sounder views began to prevail. By means of their annual reports and the opportunities they have afforded to multitudes of visitors to observe the insane and learn something of their habits, the amount of knowledge in the community on the

subject of insanity, has been greatly increased, popular errors have been corrected, and a well grounded sympathy excited for this unfortunate class. The inmates of these institutions are observed engaging in rational employments, working with steadiness and skill, conversing rationally and intelligently on a variety of topics, actuated by kind and honorable sentiments, and conducting with the utmost propriety and a regard to social observances. And yet these are men whose mental derangement has been recognized by friends and acquaintances, and whose comfort, and perhaps the safety of society have required their confinement. Many a person has learned for the first time, in a visit to one of these institutions, that a man may entertain notions almost incredibly absurd and foolish, and it may be, at variance with the clearest principles of morality, or be under the dominion at times, of the most brutal impulses, and still, for the most part, converse and act with the same intelligence and propriety as other men. There insanity is found to be, not another name for raving and incoherence, but a state of mind compatible with the ordinary regard for propriety, and with the manifestation of intelligence and mental activity,—an impairment that may not be obvious at once and to all, but oftentimes escaping the notice of the superficial observer.

How different are such from the once popular views of insanity. In former times when an attack that was not readily cured became permanently seated, and when, by rough treatment and injudicious management, a state of irritation was excited that could only be restrained by chains and cages, people became acquainted only with the more terrible aspects of the disease. Its milder and less repulsive forms which now are congregated together in large numbers and observed by multitudes, were then too rare and too scattered to have much part in the popular notions of insanity. Hence the sad mistakes which have consigned many a wretched maniac to the gibbet, and many a fair name to public execration—mistakes that may again occur, but never, I trust, will they again be so gross, nor so frequent. Had the case of the unhappy man, who, thirty-seven years ago, in this town, in a fit of melancholy insanity, slaughtered his wife, his seven or eight children, and himself, happened at this

time, we may safely say that the verdict of the coroner's jury, would not have been, "murder and felonious suicide."

This improvement in the common views of insanity, would naturally exert an important practical influence, and accordingly we find that when questions of insanity are discussed in courts of justice, correct views of its nature oftener prevail, and verdicts have more frequently been on the side of science and humanity. Of course it is not to be supposed that this improvement has so generally spread, that such verdicts are universally satisfactory. The progress of truth has not been quite so great. The dread of innovation has worked its usual spell upon the minds of men, and on the bench and at the bar, in the newspaper press, and in common conversation, the frequency with which this new defence of crime has succeeded, is denounced as subversive of the safety of society and the foundation of all moral distinctions. It cannot be understood how men, guilty of atrocious crimes, should so often evade the legal consequences of their acts by a plea which in former times was seldom made, and when it was, found but little favor in courts of justice. The idea that insanity is better known than it then was, in consequence of the ample opportunities for observing it, is thought to be hardly worthy of a serious examination, and principles that were authoritatively laid down two hundred years ago, are deemed most suitable for our guidance and direction now. Attempts are even made to array the prejudices and passions of the community against what is regarded as the last subterfuge of ingenious counsel to shield their clients from the just punishment of their crimes. So far has this spirit been carried that it requires some moral courage on the part of counsel to plead insanity in defence of crime, and as much on the part of jurors to receive the plea with any other than feelings of incredulity and derision. True, it is not denied that criminal acts may be committed under the influence of insanity; nor is it denied that in such cases the accused is entitled to an acquittal. But it is contended that this plea is often made when its proofs are few and feeble; or that the individual, though indisputably insane, is not so bereft of reason as to be deprived of all knowledge of the nature and consequences of his actions. This objection has natu-



rally led to the inquiry, whether there are any marks or characters that will enable us to decide, in any given case, how far legal responsibility is annulled. It was once very commonly laid down as sound law, that if a person, however insane, still knew right from wrong, or evinced the power of laying plans, he was responsible for his actions. These tests, however, are seldom offered now, because their insufficiency has been satisfactorily established. It has been ascertained that many a lunatic may think himself justified by the circumstances, in committing a criminal act, while his abstract notions of right and wrong may be as clear and distinct as ever; and that the faculty of planning and designing may not be at all impaired by the presence of insanity.

Some years ago another test was set up which has been sanctioned by high authorities, and is still regarded by many as capable of application in every case—and that is the presence of delusion, or false and insane belief. The case is thus put. Whatever a person does under the influence of delusion, he believes to be right and proper, and is not responsible for its legal consequences. Whenever therefore, insanity is pleaded in defence of crime, the only question to be settled is, whether the party acted under a delusion. If he did, the excuse is satisfactory; if not, otherwise. It would certainly be gratifying to have all the difficulties of this subject removed by means of a test so simple and easily applied as this. But to those practically acquainted with insanity, this test is no more satisfactory than any other. Most lunatics, no doubt, entertain delusions, and in some they furnish the only indication of insanity. No fact, however, can be better established, than that a small proportion of the insane harbor no delusions—the closest scrutiny of their discourse and writings can detect no instance of what may be fairly called by that name. Such patients may be found in every hospital for the insane. Of the sixty-eight patients at present in this institution, there are at least fifteen who believe in no delusions, not including in this number, of course, the convalescent, and those who are so demented as to have no definite ideas of any kind. If it be asked how they manifest their derangement, I answer, by specific acts, and by the general tenor of their conduct and conversation

which is widely and strikingly at variance with their natural habit and demeanor. New desires and new impulses have made their appearance; the ordinary motives of action have lost their influence, and the duties and relations of life, and the usages of society are viewed through a falsely colored medium. One, for instance, is loud and boisterous in his discourse, complaining of his food or clothing, and finding fault with every arrangement, bringing groundless charges against his attendants, and abusing in terms of the coarsest blackguardism, whoever happens for the moment, to incur his displeasure. And yet this person when himself, is gentlemanly in his deportment, courteous in his manners, easily pleased, and reserved and respectful in his intercourse with others. Another is incessantly active, spinning a long yarn to every body who is willing to bear the infliction, making presents of every thing he happens to have, writing letters in the greatest profusion to his acquaintances, scolding at one and swearing at another, addressing the officers in the most courteous and respectful manner, and abusing them roundly the moment their backs are turned. At home, he is running about from house to house, and from shop to shop, full of schemes and projects, spending his money for trifles, visiting people whom he never visited before, and exceedingly attentive to marriageable ladies. When sane, however, this old gentleman is remarkable for his quiet manners, seldom venturing out of sight of his own fireside, avoiding strangers, and moving in his own little circle with the dignity and calmness becoming his age and station. Another is fond of embellishing his discourse with the choicest flowers of vulgarity and profanity, but the moment a stranger appears, he begins to expatiate with wonderful fluency on the riches of divine grace, which, he trusts, has been shed abroad in his heart, and of his own deep unworthiness in the sight of God; at one moment entertaining his fellow patients with profane and ribald stories, and the next inviting them to his room to join in prayer; always proclaiming his regard for truth, and repelling every imputation upon his veracity with scorn and indignation, while constantly talking as if the very father of lies prompted every statement he makes. When rational, this patient is still, modest and retiring, and presents an example, worthy of

imitation, of gentlemanly and christian deportment. Another finds her chief occupation and delight in rendering everybody around her uncomfortable, tasking her ingenuity to alarm their fears, excite their suspicions, and disturb their peace in every possible way; hinting to one that she is neglected and slighted by the officers, delicately insinuating some disagreeable truth to another, whispering in the ear of a third some tale of petty scandal of her own invention, disclaiming in the very spirit of Mrs. Candour in the play, the slightest belief in it herself; relating long and circumstantial accounts of the misdemeanors of her attendants, in which not one word of truth can be found, and deploring with tears in her eyes the painful necessity of making such communications. And yet this girl when well, is a favorite in the circle to which she belongs, and is esteemed for her kind and amiable disposition. Another sits all day in her room, her eyes red with weeping, doing nothing, and overwhelmed with a sense of utter wretchedness. Why, she cannot tell, but every outward object has lost its power of pleasing, all thought and desire are extinguished, all motive to action has gone, and to her the past, present and future, present one dead level of dreariness and desolation.

Now in all these cases—and I might have greatly extended the catalogue—the mind is free from delusion; it harbors no notions obviously incorrect, without any real foundation, and opposed to the common sense and belief of mankind. Some, when asked the reason of their numberless acts of mischief, say they know they do wrong, and are ashamed of their conduct, but cannot help it, and when they recover, are no less astonished than others. Another class when reprov'd for their follies, are always ready with the reply that they have done nothing improper, that other men no better than themselves, spend their money as they please, visit whom they please, and abuse their relations if they have sufficient cause,—in short, they challenge you to produce a single act of theirs which is not done every day by people of unquestionable sanity. But in all the above instances there is one common fact which stamps them with insanity—a *departure from their ordinary character and habits without any adequate motives.*

There is also another class of the insane who not only entertain no delusions, but their intellectual manifestations evince the usual degree of activity and correctness. They can reason logically and acutely on any subject within their knowledge and extol the beauties of virtue, while their conduct is filled with acts of folly, and at war with every principle of moral propriety. No greater contrast can possibly exist than is hourly presented between their conduct and conversation. Their moral nature seems to have undergone an entire revolution. The sentiments of truth, honor, honesty, benevolence, purity, have given place to mendacity, dishonesty, obscenity and selfishness, and all sense of shame and self-control have disappeared, while the intellect has lost none of its usual power to argue, convince, please and charm. In nothing indeed is the intellectual soundness more strikingly evinced than in the ingenuity with which these persons endeavor to explain the folly and absurdity of their acts, and reconcile them to the ordinary rules of human action. By denying entirely some alleged circumstances in a particular transaction, adding a little to one and subtracting a little from another, and giving a peculiar coloring to the whole, they will convince the unguarded observer that there is some mistake about the matter,—that they acted precisely as any one else would under similar circumstances, and that they are the victims of misrepresentation and unkindness.

This form of mental alienation is now generally known by the name of *moral insanity*, and though its existence is often denied by the dignitaries of the law, and by speculative writers on insanity, yet it has been recognized by every one who has been much engaged in the care of the insane. Indeed no insane hospital is ever without more or less cases of it, and a prolific source, they are, of dread and discouragement to the attendants, of solicitude and vexation of spirit to the officers. In most cases the first deviation from the healthy condition consists of an increase of mental and bodily activity, and an elevation of spirits, appearing much like a slight degree of intoxication. He talks in a loud, boisterous way, disregards the usual forms of ceremony and respect, entertains exaggerated ideas of his own abilities and performances, drives about the

country buying whatever cash or credit will obtain, and pluming himself upon his bargains which are preeminently foolish. In his domestic relations, the change is no less remarkable. He has become not and hasty in his temper, exceedingly irritable and petulant, and impatient of contradiction or advice. His wife and children are treated with neglect or abuse, and their society is deserted for that of people more congenial to his altered tastes and feelings. Unless kindly arrested in his mad career, he goes on till his property is squandered, his reputation ruined, his family made wretched, and he is sent, to spend the remnant of his days, in a hospital or almshouse. In some cases the moral debasement which the patient exhibits, forms the most mournful part of the story. In every statement he makes is a lie, and every transaction in which he engages, is marked by dishonesty and deceit. Those who happen to be under his control are treated with cruelty and abuse, all sense of self-respect disappears, the ties of conjugal fidelity are dissolved, and he plunges into an abyss of dissipation and debauchery.

This disease, however, which makes such havoc among the sentiments and affections of our moral nature, leaves the faculties of the intellect untouched. No delusion darkens or distorts their perceptions and they evince their wonted activity and acuteness. Plausible reasons are given for every absurdity, and the unwary are apt to be convinced that great wrong has been done to a worthy, much-injured person.

Not uncommonly these patients alternate between this state of excitement and one of depression, as much below, as the former is above the natural, healthy tone. In this condition nothing gladdens their spirit or sheds a gleam of light through the gloom in which they are enveloped. Their past conduct is a subject of unspeakable mortification and grief, and they implore their friends, if it should again occur, to place them under restraint.

There is another form of moral insanity in which the disorder is less extensive, one faculty alone being affected, while the rest preserve their natural condition. The individual lies, or steals, or murders, with no end in view, and against the convictions, perhaps, of his understanding and conscience. Though constantly sinning,

he yet recognizes and condemns the offence which he feels himself irresistibly impelled to commit. A model of propriety, perhaps, in every other respect, he is addicted, for instance, to thieving, with the pertinacity of a practised offender. To gratify this insatiable propensity, nothing comes amiss. His desires reach from a button or a tenpenny-nail, up to bank-notes and gold watches. Once obtained, however, the fruits of his distempered industry are thrown aside, and seldom, if ever, thought of afterwards. Or, more lamentable still, with no perceptible disturbance of his intellectual faculties, he feels his will controlled by a power greater than his own, which urges him on to the commission of some fearful act of violence and bloodshed. It may come upon him suddenly, overwhelm him at once, and leave no interval of deliberation between the conception and execution of the deed. Or its approaches may be more gradual, and in agony of spirit he struggles with the horrible thoughts that beset him, until he finally yields and becomes their passive instrument.

I have ventured to introduce these observations, which might seem, perhaps, more suitable to a systematic treatise, for the reason that a more general acquaintance with this subject appears to be peculiarly desirable at this time. It does not belong exclusively to the province of the physician, for every respectable man in the community is liable to sit upon a jury, who have to try the question of insanity, and the weal or woe of a fellow being may be determined by his views respecting it. Owing to the increasing prevalence of insanity, and the diffusion of information concerning its phenomena, it has of late years been plead as a defence in criminal trials, with a frequency that has astonished and alarmed many wise and good men. While it is important that this plea should never be allowed to shield the guilty from punishment, we are equally bound to see that the rights of humanity are never violated by denying its protection to the really insane. There are those who think lightly of the execution of a lunatic, for the reason, that it effectually preserves society from his farther aggressions, and he is happily released from his sufferings. Undoubtedly society is rendered safe by this step, but it may be no less so by his confinement, while the execution of

a maniac is no less an outrage on humanity and a stain on the fair fame of his relations. In the view of the world, it is enough that he has suffered the fate of the hardened felon; few will trouble themselves to inquire how far his moral responsibility was impaired by the influence of disease.

It is often alleged that the plea of insanity is easily made, but not easily disproved, and if not firmly resisted will become the instrument of much injustice. If this mean that the plea of insanity ought not to be admitted at all in excuse for crime, because it is better that men really insane should suffer the extreme penalty of the law—a thing that would often happen—than that a guilty individual should occasionally escape under the plea, I will merely say that the doctrine is sustained by no principle of justice or science or common sense, and is opposed by the practice of all civilized nations of ancient or modern times. If, however, it merely mean that this plea should be carefully and thoroughly investigated, and its validity established by irrefragable proof, then there is no diversity of opinion on the subject. It is well understood that a party alleging insanity in defence of crime, has no easy task before him, and it is a fact, however much it has been overlooked, that juries are satisfied with nothing less than the most weighty and abundant proof. The plea being made and received in this spirit, I do not readily see why it should be viewed with so much suspicion. If there were so much danger of its abuse as is represented, it would seem as if some proof of it might be advanced, but what is the fact on this point. Dr. Bell, the Superintendent of the McLean Asylum, Massachusetts, states “that for one real criminal acquitted on the score of insanity, there have been a dozen maniacs executed for their acts.” Dr. Woodward, Superintendent of the Massachusetts Lunatic Hospital, says, “of all the cases that have come to my knowledge, and I have examined the subject with interest for many years, I have known but a single instance in which an individual arraigned for murder, and found not guilty by reason of insanity, has not afterwards shown unequivocal symptoms of insanity in the jails or hospitals where he has been confined; and I regret to say that quite a number who have been executed, have shown as clear evi-

dence of insanity as any of these." Chief Justice Parker of New Hampshire, who will not be suspected of entertaining superficial views on any subject, made the following statement in a charge to a grand jury. "There are undoubtedly instances in which this kind of defence [insanity] is attempted from the mere conviction that nothing else can avail—cases in which the advocate forgets the high duty to which he is called, and excites a prejudice against the case of others, by attempting to procure the escape of a criminal under this false pretence, but such cases are truly rare and usually unsuccessful."

No further apology is needed, I trust, for devoting so large a portion of this Report to the subject of insanity in its relations to criminal law. If information respecting it is desirable in the community, it might be expected to come with some appropriateness from this quarter.

In conclusion, I would present our heartiest thanks to those who, in one way or another, have contributed to the gratification of our inmates. To the clergymen of Augusta and the vicinity, who have cheerfully accepted our invitations to officiate at our Sunday evening and funeral services, we are under deep obligations. To Benj. A. G. Fuller and Edward Fenno, Esquires, of Augusta, and Rev. Ed. H. Edes, of Kennebunk, and Jonathan Cole, of Hallowell, we are indebted for some very acceptable presents of books and pamphlets. We would also acknowledge the kindness of the Editors of the Bangor Whig and Courier, the Gospel Banner, the Franklin Register, and Boston Olive Branch, who have sent us their papers during the year.

I. RAY, *Superintendent.*

*Maine Insane Hospital, Nov. 30, 1843.*





## STATE OF MAINE.

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HOUSE OF REPRESENTATIVES, }  
January 9, 1844. }

ORDERED: That 300 copies of the Land Agent's Report be printed for the use of this House; and 300 copies of the Report of the Trustees, Superintendent and Steward of the Insane Hospital, for the use of this House, and 200 copies for the use of the Hospital.

Passed.

WM. T. JOHNSON, *Clerk.*

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## STATE OF MAINE.

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HOUSE OF REPRESENTATIVES, }  
January 11, 1844. }

ORDERED: That in addition to the number already ordered, there be 600 copies of the Report of the Superintendent, Trustees and Steward of the Insane Hospital, printed for the use of the Hospital.

Passed.

WM. T. JOHNSON, *Clerk.*