

MAINE STATE LEGISLATURE

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DOCUMENTS

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THE LEGISLATURE

OF THE

STATE OF MAINE,

DURING ITS SESSION

A. D. 1845.

AUGUSTA:

WM. T. JOHNSON, PRINTER TO THE STATE.

1845.

FIFTH ANNUAL REPORT

OF THE

SUPERINTENDENT

OF THE

MAINE INSANE HOSPITAL,

NOVEMBER 30, 1844.

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Published agreeably to Resolve of March 22, 1836.  
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AUGUSTA:

W. M. T. JOHNSON, PRINTER.

1844.

REPORT.

THE kindness of a good Providence has brought us to the close of another year that has been characterised by a degree of exemption from accident, sickness and death, which we can hardly expect will be often repeated in future years. The number of admissions has been proportionably less than it was the last year, but that of discharges has also been less, while the average number of patients has been greater, and consequently the average time spent with us by those discharged, has been longer, than in any previous year. This last fact, indicative as it is of increased perseverance on the part of friends and guardians in the trial of hospital treatment, encourages us to believe that the benefits of such treatment are becoming more highly appreciated. Indeed, in an unusual number of instances during the past year, has the support of an insane relative in the hospital, even long after all hope of recovery had fled, been the result of personal exertion and self-sacrifice to a degree seldom witnessed in those of much ampler pecuniary means.

	Males.	Females.	Total.
The number of patients in the Hospital Nov. 30, 1843, was,	45	23	68
There have been admitted during the year,	43	40	83
Whole number that has been in the Hospital during the year,	88	63	151
During the year there have been discharged—			
Recovered,	16	16	32
Improved,	7	11	18
Not improved,	13	9	22
Died,	2	1	3
Whole number of discharges,	38	37	75
Remaining in the Hospital Nov. 30, 1844,	50	26	76
Greatest number at any time during the year,			79
Smallest number,			65
Average number,			70
Average number in 1843,			65

Did I consult only my own views on this subject, I should be content with the above simple statement of our results; but as it is the custom in most other similar institutions, to present these results in a more definite form by some classification of the cases founded upon the character of the disorder, I shall continue the practice I began two years since, of distinguishing them into *curable* and *incurable*. I would not have it supposed, however, that I have the slightest belief that any such methods of classifying results, really convey a more accurate idea of the degree of curative success. Such is the diversity of practice on this matter, and such the unsettled state of opinion on many important points, that the least objectionable attempt of the kind makes an approximation to the truth so distant as to be of but little practical value. Even were it otherwise, the object sought for—the relative degree of curative success—would still be very far from being obtained, because it depends, in a great de-

gree, on circumstances that do not appear in any statistical expression of results. In this institution, for instance, where the discharge, as well as the admission of a patient, is determined merely by the will of the relatives or guardian, the most of whom are deterred by limited means, from making a thorough trial of hospital treatment, the number of recoveries must necessarily be less than in those whose inmates come from a more affluent class, or are committed by courts who have no interest in discharging them before they recover. In the classification here adopted, the term *curable* embraces all those patients in regard to whom there seemed, when they entered the hospital, to be the slightest hope of recovery. And this opinion has not been determined solely by the duration of the disease, but by its causes and character, and the condition of the bodily powers. It also includes six periodical cases. The term *incurable* embraces all others, among whom are but two or three of recent origin.

CURABLE CASES.

	Males.	Females.	Total.	Average number of weeks in the Hospital.
Recovered,	16	16	32	25
Improved,	6	5	11	41
Not improved,		1	1	24
Died,	1	1	2	31
Total,			46	Average for the whole, 28

INCURABLE CASES.

	Males.	Females.	Total.	Average number of weeks in the Hospital.
Improved,	1	6	7	37
Not improved,	13	8	21	40
Died,	1		1	24
Total,			29	Average for the whole, 39

In none of my previous reports have I said much relative to the medical treatment of insanity, for I felt somewhat reluctant to express views the value of which must depend, in a very great degree, on the abundance of the observations upon which they are founded. After an experience of between three and four years with over four hundred patients, it may be supposed, perhaps, that the community have a right to learn our ordinary practice and the general conclusions to which we have been led. I therefore embrace the present opportunity to communicate such information respecting the medical and moral management pursued in this institution, as would be consistent with the nature and limits of a report.

The medical treatment of insanity within the last half century, has been less uniform than that of other diseases. Within a comparatively short period, the utmost diversity of opinion has prevailed on this subject; a most active and varying medication on the one hand, and an almost entire abstinence therefrom on the other, marking the two extremes of a great variety of practice. The results, however, have not always differed to an equal extent, nor can we satisfactorily attribute any difference that may have been observed, exclusively to the medical treatment. Judging as well as we can from the imperfect evidence of statistical returns, the proportion of recoveries is very nearly alike in all well-regulated establishments, though in no two of them, perhaps, is the treatment precisely the same. He would be a bold man who should venture to say that Pinel and Esquirol, whose medical treatment was confined chiefly to baths and simple bitter drinks, were less successful in their cure of mental diseases, than those numerous practitioners who have exhausted upon them all the resources of the healing art. The general conclusion

to which this fact is calculated to lead us, is that strictly medical means have less to do than some others with the restoration of the insane; and such, I apprehend, is the conclusion to which opinions at the present day, are gradually but surely tending. But if insanity depends upon disease of the brain, as is now universally admitted, the question may be pertinently asked, why should it not be equally under the control of medicines, and treated upon the same general principles, as other bodily diseases? The reasoning implied in this question involves a fallacy which will be readily detected by those who do not always associate in their minds the treatment of disease with the administering of drugs; who believe that the healing art has other, and in a large proportion of cases, more potent remedies than the shop of the apothecary can afford. In chronic disorders, especially of a nervous character, the means on which the intelligent practitioner relies with most confidence, are not the heroic medicines whose virtues are blazoned on the pages of countless books, but proper diet and exercise, change of air and scene, useful and agreeable occupation of the mind. If these noble remedies are so efficacious in disorders that do not involve the mind, is it chimerical to expect much from their beneficial influence upon that disorder which mainly affects the material organ of the mind itself? In the treatment of insanity, therefore, it is no departure from the ordinary principles of therapeutics to give to those means which act directly upon the mind, the preference over such as are applied directly to the corporeal system.

The soundness of these views is strongly confirmed by the results of observation in regard to particular remedies and modes of practice. General bleeding, which was once considered as indispensable in acute mania, was ut-

terly discarded forty years ago by Pinel ; is practised with increasing caution and distrust by the English ; and is now seldom used in any American hospital. Purgation, stimulation, and other practices equally popular in their day, are gradually sharing the same fate. The medical practice of the present day, in this country and in England, is chiefly confined to combating symptoms as they arise, and its resources for this purpose are certainly abundant, if not very efficacious. The same diversity of opinion, however, exists in regard to the details as well as the general principles of treatment. The drug which exhibits sovereign virtues in the hands of one, is found to be of little use in the hands of another ; and that improvement of the bodily health in a certain particular on which the cure of the mental disease is thought by some to depend, is regarded by others as having but little to do with the event. Still, I would not have it imagined that I hold all medicines to be equally useless in the treatment of insanity. On the contrary, I believe that much may be done by means of their judicious application, to prepare the system for the action of more efficient means and influences. Our first object is to ascertain what bodily disorder may exist, and endeavor to correct it by appropriate remedies. In a very large proportion of cases, even of such as are of long standing, there is some disorder of the digestive organs, indicated by coated tongue, costiveness, flatulence, or morbid appetite. To correct this condition, I have been in the habit of giving the compound colocynth pill, and substituting for white flour bread, that made of Indian meal and rye, or of unbolted wheat meal. When the biliary system has appeared to be affected, the blue pill has been used to a limited degree. Under this treatment, persevered in for a few weeks, we

have often, especially in the more recent cases, had the satisfaction of witnessing a marked improvement in the state of the mind. Occasionally, this connection between morbid conditions of the digestive organs and mental disease, appears to be of the most intimate character. Indeed, in very recent cases, copious evacuations of the bowels have been sometimes followed by immediate convalescence. In several cases of suicidal propensity, a degree of comparative calmness and desire of life has occurred as soon as the bowels came under the influence of gentle laxatives, and been succeeded by extreme restlessness and suicidal desires when the medicines were withheld for a few days. That my meaning may not be misunderstood, I would remark that the object in view is not long-continued, active purgation, but merely a free state of the bowels, the medicine being withheld or diminished, the moment the former effect is produced.

In a large proportion of recent cases there is an unusual degree of heat of the scalp and flushing of the face, indicative of determination of blood to the head, for which local bleeding would seem to be strongly indicated, and is indeed much practised in the English hospitals. If bleeding were ever proper in insanity, these circumstances would warrant its use, but I am not certain that it would be preferable to some other means. Apart from the unfavorable moral impression it is apt to make, it does not admit of that frequent repetition which will often appear to be necessary in order to effect the purpose. Admitting of unlimited repetition, less repugnant to the patient, and more efficient in its operation, is the application of cold water to the scalp and face, either by means of wet cloths, or of a stream poured from a height of a few inches. It very often has the effect to calm the gen-

eral mental excitement, and especially to moderate the force of those paroxysms with which the symptoms in question are sometimes accompanied. We have found it not unusual for patients who have once experienced its effects, to ask for its repetition when conscious of the approach of the paroxysms.

Another very common accompaniment of insanity in all its stages, is disordered functions of the skin. Some degree of such disorder might not, perhaps, be unexpected, considering how little pains are taken by most people when in health, to preserve these functions in a healthy condition. However this may be, the functions of the skin seem to be more frequently disordered in insanity than in other diseases attended with greater derangement of the general health. For this condition I know nothing more efficacious than frequent warm bathing, accompanied with the plentiful use of soap and brisk rubbing. When there is much vascular excitement, however, it is liable to be increased by warm bathing, and under such circumstances, cold bathing becomes an excellent substitute. Long-continued immersion in the hot bath, which is said to exert a very sedative effect, I have never practised.

In a large majority of cases, the most prominent feature, that which is popularly regarded as constituting the disease itself, is nervous excitement, indicated by restlessness, loquacity, vociferation, and turbulence. Frequently mistaken by those not particularly acquainted with insanity, for vascular excitement, it has been met by large bleedings by which it has been usually aggravated, and the foundation laid for a tedious convalescence, if not chronic insanity. To quell this symptom has been considered by physicians, as particularly desirable; as if they

thought that so far as they succeeded in this point, just so far they advanced in the cure of the disease itself. This is a serious mistake, and the expectations founded upon it, are often doomed to be disappointed. Insanity involves something more than mere excitement, and though the subsidence of the latter is, no doubt, a favorable symptom, yet it is not always the immediate precursor of convalescence. True, the excitement must be allayed before recovery can take place, but I apprehend the treatment would not be precisely the same, whether we regard the excitement as merely a symptom of the disease, or as the morbid condition itself. In the latter case, the physician would think it his duty to attack it at once and directly, and not to stay his hand until he had exhausted, if necessary, all the resources of his art. In the other case, he might be contented with waiting for the effect of a withdrawal from all moral stimuli, and of remedies calculated to correct the disorders of other bodily functions. The occasional success of treatment founded upon the former supposition, has probably contributed to perpetuate the mistake in question. Hence has arisen the practice which has lately gained much credit, especially in this country, of administering narcotics in large doses. My own experience leads me to believe that the value of this method of treatment has been greatly over-estimated. At any rate, my results have been very different from theirs who regard this treatment almost in the light of a specific in mania, and that, too, in the more quiet and dejected, as well as its more turbulent forms. For the purpose of subduing inordinate excitement, I have occasionally given digitalis, stramonium, conium and hyoscyamus, but never with any success. The friends of this mode of treatment rely chiefly, it is true, on opium in some form or other,

and although it has not proved quite so inert as other narcotics, yet its results in my hands have not been such as to recommend it very strongly to my favor. I have used it frequently and freely, and I believe that my experience with it has been sufficiently extensive to warrant me in speaking of it with some degree of confidence. In a very few cases, I have seen its exhibition followed by a subsidence of the excitement and a speedy convalescence. It may be worth our while to remark in passing, that in nearly all these cases, the patient, though wild and turbulent, still possessed some degree of self-control, and was capable of conversing with tolerable coherence. With these exceptions, I cannot satisfy myself that opium has been followed by any permanent benefit. Occasionally, it has evidently diminished the excitement more or less, but the effect could be maintained only by constantly increasing doses; and the deceitful calm thus produced, has disappeared as soon as the medicine was stopped, as became finally necessary, from its effect on the stomach or bowels. In no single instance have I witnessed *any* benefit from its use in recent, raving mania with intense excitement. In these, and in all other cases not included in the above exceptions, I have thought its effect was rather to increase than diminish excitement. In old cases marked by bad temper and a spice of malice, opium has had the effect to render them better-natured, and disposed to engage in some employment; and I am not sure that it has been followed by any ill effects. It may be said, perhaps, that I have not administered this remedy in sufficiently large doses, or not observed some other condition necessary to its successful effect. I can only reply, that I have followed the directions of those who profess to have met with signal success in its use, and that I am unable

to conceive of any mystery in the mere mode of administering a medicine, that can be fathomed only after a peculiar experience and tuition.

Another very common accompaniment of insanity, is sleeplessness in a greater or less degree. As patients suffer so much from this cause sometimes, and sound and refreshing sleep seems to be so necessary to recovery, the physician is strongly induced to ascertain how far this affection is under the control of art. When connected with high nervous excitement, it would not seem to be the subject of any special treatment; but I am aware that others entertain different views, and are in the habit of prescribing narcotics for this purpose. Following the light of their experience rather than my own, I have sometimes, in urgent cases, allowed myself to try them, but almost invariably with the result of increasing rather than remedying the evil. When sleeplessness is attended with much vascular excitement and heat of the head and skin, the cold shower-bath often affords temporary relief, the patient going to bed and enjoying sound and refreshing slumber. Taken at bed-time, it was found in several instances, during the hot, summer nights, to procure tranquil and uninterrupted rest, in place of noise and mischievous industry. It sometimes happens, however, that great sleeplessness is experienced by patients who are but little excited, and in whom it is connected with no obvious disorder of other functions. Opium is sometimes serviceable here, but oftener increases than diminishes the evil. Lupulin and hyoscyamus in the form recommended by Dr. Brigham, Superintendent of the New York Lunatic Hospital, (Tinct. Lupulin, Tinct. Hyoscy. 4 oz. each; Camphor gum 1 dr.; Ol. Valerian 32 m.) have afforded relief when other things have failed. For

promoting sleep and quiet at night, we have found nothing like hard work in the open air, and when we have been able to use this means, we have seldom been obliged to have recourse to medicines. Hence, in females, who are necessarily more sedentary in their habits than males, want of sleep, and restlessness, are far more common and less easily remedied.

Where the strength of the constitution is much impaired, as has been the case in a very large proportion of our young, married female patients, to whom the cares of an increasing family have proved to be a burden beyond their powers of endurance, tonics and occasionally stimulants have seemed to be indicated, and I have thought they were of considerable service, especially the former.

Such are the main features of our medical treatment. It is simple, embraces but few remedies, and is intended to correct those disorders of the bodily functions which are indisputably within the reach of medical means. Medicines given expressly and directly for their supposed efficacy in curing insanity, without reference to other disorders, I have never administered. Never having regarded insanity as a disease of inflammation, I have not been disposed to treat it by depletion, and seeing no proof of its resulting from debility alone, I have never, for that reason simply, attempted its cure by stimulants and tonics. But considering it an affection of the brain with the nature of which we are but imperfectly acquainted, I have thought that in the present state of our knowledge, the physician's duty consisted in remedying those bodily disorders with which it is generally accompanied. But when these disorders are removed; when the digestive organs have resumed their healthy condition; when the pulse becomes natural or nearly so, and no unusual degree of

heat or dryness remains in the skin ; when the excessive nervous excitement has disappeared and the patient becomes tolerably calm and self-possessed, while reason is still very far from having resumed her lost dominion, then are we obliged to rely almost solely on *moral means*.

By moral treatment I have reference to that which is addressed directly to the mind itself. If other diseases are often relieved, and even completely cured, in this manner, with much more confidence might we expect the same result when the mind itself is the disordered part. Accordingly we find that very much of the advantage possessed by hospitals over private families, in the care of the insane, consists in the greater fidelity with which this kind of treatment can be pursued. It is a character of insanity manifested, with but few exceptions, in all its various forms, that many of the persons and objects among which the disease is contracted, become sources of annoyance to the patient, thereby maintaining and increasing the existing irritation. Disagreeable thoughts are constantly recalled by certain things with which they are associated, as well as by persons whose kindest attentions are construed into proofs of ill-will and hostility. Thus is the patient's mind kept in a state of constant irritation, sufficient to counteract any curative process which the power of nature or of medicine may be preparing. By withdrawing him from home, we get rid at once of these morbid associations, and benigner influences may act favorably upon him when unimpeded by lets and hindrances from without. The advantages of this step can be fully conceived of only by those who have had opportunities of knowing how easily the minds of the insane are excited, and how much benefit a comparatively small change in their outward circumstances may often accom-

plish. The excited insane are naturally uneasy, restless, fond of change, impelled at every turn by unbridled appetites and passions, while indulgence, by a kind of reaction, only increases their power. But placed where none, from fear or favor, are ready to listen to their unreasonable requests; where privileges, to be obtained, must be earned by proper behavior, they begin, perhaps for the first time, to learn a lesson of self-control, and thus is accomplished the first step towards their recovery. The order with which the service is conducted, the regularity with which meals, exercise and amusements succeed one another, the recognition of mutual rights and privileges made necessary for their mutual comfort,—all these exert a healing influence upon the diseased mind, sufficient in many cases, even without other means, to effect a complete restoration. Without relying solely upon these, however, we usually avail ourselves of more positive measures.

Amusements have not been so much used in this institution, as in some others, for the reason, that our patients are chiefly from a class of persons who seldom indulge in them when well, and consequently are not disposed to be much interested in them when ill. Still there are always a few fond of spending an idle hour in a game at cards, or draughts, or nine-pins, and the effect is undoubtedly salutary. In many cases, some amusement or other is the first thing that arrests the attention and withdraws the mind, for the moment, from the contemplation of its own morbid fancies. Often, after our utmost endeavors to draw out the patient from himself have seemed to be fruitless, we have had the satisfaction of seeing him, attracted by the example of his fellow-patients, seated at some game of chance or skill, and entertaining other

thoughts than such as relate solely to his own condition. To play at such games requires an effort of the attention and of self-control, and just so far as it has this effect, it has a restorative tendency. It often awakens an interest in outward things which gradually extends to more important concerns, and besides, is promotive of cheerfulness and good humor. In addition to the ordinary amusements, we this year introduced playing at ball. During two or three months in the spring when the weather and ground were suitable, such of our male patients as were disposed, spent an hour or more after tea, in this exhilarating game which had attractions that many had never found in any other. Combining physical with mental exercise, it has been found more productive than any other, of cheerfulness, good spirits, and diversion of the thoughts into healthier channels.

Though not strictly an amusement, yet partaking somewhat of that character, and producing similar effects, as the last, is the habit practised by our patients of walking abroad for an hour or two, every pleasant day. The various objects that are thus brought before their attention, the pure, bracing air, the glow of healthy exercise, the sight of the blue heavens above and of the cultivated fields around,—all these powerfully affect the insane mind, calming its tumults and restraining its wanderings. That sympathy of the mind with outward nature which seems to be a law of our being, is not entirely destroyed by insanity. Some one of its countless forms or aspects will often awaken a healthy emotion, and be regarded with a clear and steady light penetrating through the obscurity and gloom that envelope every other view. Even the noisy and highly excited patient whom nothing else could affect, I have seen day after day calmly and quietly walk-

ing abroad, as if under the control of some superior influence.

Another moral means on which we have been accustomed to rely with great confidence, is *reading*. It is an encouraging symptom for the patient, (if recently attacked,) to wish to read,—in other words, to quit ruminating on his own morbid fancies, and occupy his mind, for a moment, with ideas affording a real and healthy interest. The first wish of this kind, therefore, we have carefully watched for and gratified. While occupied with a book or newspaper, the patient dismisses his own troubles, moves again in the walks of men and mingles in their pursuits; ideas and feelings some time dormant, revive; the strong hold possessed by his delusion is weakened; and a faint glimmer of light beams in upon his mind. Those only who are engaged in the care of the insane can conceive how difficult it is to draw them out from themselves and fix their attention, for ever so little, on some foreign object. Persuasion, entreaty, example, continued day after day, are often found ineffectual in making them desist from chewing the cud of their own bitter fancies. Once produce a desire to read, and they will often and voluntarily resort to this means of lightening their troubles. Apart from its curative effects, reading furnishes an invaluable means for employing many of those hours which would otherwise be spent in a wearisome round of idleness, and thus strongly contributes to the maintenance of quiet and good order in the house. A disposition to read, among the insane, is far more common than is generally suspected, and to cater for their peculiar tastes constitutes no small item in the care which they require. A suitable collection of books, therefore, is one among the means and appliances indispensably

necessary in a hospital for the insane. To meet this want it was determined two years since to appropriate thirty dollars annually, and the books thus obtained, together with such as have been given us, already form quite a respectable library. Newspapers constitute a very useful kind of reading in an insane hospital, for besides gratifying those who are anxious to know what is going on in the world, they catch the attention of many who would never think of taking up a book. I would take the opportunity to present our thanks to the editors of the Boston Olive Branch, the Eastern Argus, the Portland Transcript, the Christian Mirror, the Yankee Blade, the Cold Water Fountain, the Bangor Whig and Courier, the Bangor Gazette, the Waldo Signal, and Franklin Register, who have generously sent us their respective prints during the past year. Could they witness the eagerness with which their papers are sought by their unfortunate brethren who, for the time, are cut off from all the enjoyments of home, and whose humble means forbid the gratification of taking a paper themselves, I am confident they would experience a pleasure greater than the mere pecuniary compensation of a subscription could afford. The kindness of the editors of the Kennebec Journal, and of The Age, in giving us their exchange papers, I would also most gratefully acknowledge.

Music is not to be overlooked in the moral treatment of insanity. Not because, as a general rule, it exercises any specific effect in tranquilizing the mind, as some have supposed, but because it furnishes employment and recreation to those who are fond of it, and is sometimes the first thing to awaken a healthy interest. Some of our patients have derived more comfort from their violin or flute than from any other source whatever, while at the

same time, others have been agreeably entertained in listening to their strains. One evening in the week those who were disposed, both male and female, have assembled together for improvement in sacred music, and I am assured that their performances would bear a favorable comparison with those of most country singing-schools.

We have occasionally made dancing-parties for our patients, but as I am not disposed to make so much account of them as others do whose opinions I estimate very highly, I have not encouraged their frequent occurrence. There are always some in too excitable a state to mingle in such scenes, but who having set their hearts on attending, and anticipating much pleasure from the occasion, are greatly irritated by a refusal. This objection does not apply to a game of goose, or blind-man's buff, in which our female patients have sometimes indulged on cool evenings in autumn, when a little exercise becomes a pleasant substitute for a fire. They have also a weekly gathering, called a sewing-circle, which serves to relieve the tedium arising from the monotonous succession of the same scenes and objects, to a certain degree unavoidable if not necessary, in an insane hospital. Reading, music, and a little gossip, I fear, (though in this matter, perhaps, they might not shrink from a comparison with similar circles in the saner portion of the female community,) increase the interest of these meetings, and by those especially who are just recovering the power to conduct with propriety in such scenes, they are anticipated and enjoyed with a healthful glow of pleasure. The products of their industry are sold, and the proceeds devoted to the purchase of some article of feminine comfort and convenience.

The value of religious services as a means of moral

treatment, was once a much-debated matter, but it is gratifying to observe that latterly there has been a nearer approach to unanimity of opinion respecting it. The former diversity of views partly arose from theoretical considerations. It was thought that the truths of religion were of too sublime and momentous a character to be safely presented to the contemplation of minds excited by disease, while others on the contrary, have believed that the intrinsic excellence of religion would necessarily render its services beneficial under any and all conditions of the mind. Fortunately, mere speculation has not been allowed to decide the question, and we are referred to the results of observation and experience. These too have been somewhat diverse, owing probably to the injudicious manner in which the experiment has been tried. Just so far as those are admitted to the service who are too excited to control their feelings, or too deranged to understand its nature, to that degree it becomes a source of excitement and confusion. Not only do such patients derive no good from it, but their presence proves positively injurious to others. It seems now to be generally admitted that there is a class of the insane upon whom religious services can have no good influence, comprising such as have not sufficient self-control to behave with propriety, and such as, in consequence of some peculiar delusion, entirely misconceive the nature, object and spirit of the occasion. In regard to the rest, and this class embraces a majority of the inmates in our hospitals, I am strong in the belief that religious services are a valuable means of moral treatment. The regular observance of the sabbath, in some way or other, is promotive of good order and sobriety of behavior, among the insane as well as the sane. It keeps alive that respect for the

day which, as well as all other good feelings, should be cherished in the insane ; it serves to relieve the tedium of so many unoccupied hours, and is looked forward to with pleasure by such as still associate the idea of religious worship with their fondest recollections of home and happier days. In the convalescent, too, we may reasonably expect to obtain the true object of religious worship,—the cultivation of the moral and religious feelings and principles—for in that condition the mind may be supposed to be softened by calamity and penetrated by a sense of the divine goodness. I can hardly coincide with those, however, who believe that this effect may also be produced, in any degree, upon the unequivocally insane. Religious improvement seems to be altogether incompatible with insanity.

In the class of patients who are made worse rather than better, by religious instruction, I am not disposed to include all those who entertain delusions on the subject of religion. True, it must be very carefully dispensed, its topics must be fitly chosen, and its benefits are not to be hastily expected. Religion is as little capable of directly inspiring hope and peace in the bosom of him who believes he has sinned away the day of grace, or heard his doom pronounced by an unearthly voice, as are the soundest arguments in dispelling notions manifestly absurd and ludicrous to every body but the patient himself. To endeavor to dissipate the errors of the former by an array of scriptural texts, or a strain of pious reflections, would be as fruitless a task, as to try to set him right, by mere force of reasoning alone, who believes that he has destroyed the universe, or is the son of perdition, or is a creditor of the state for a sum of money that no powers of arithmetic can enumerate. As a general rule, no de-

lusions should be directly assailed. They are best treated by letting the patient understand indirectly, by the habitual tone of our discourse, and even, when it cannot be helped, by the simple expression of our unbelief, in what light we regard his peculiar notions. And thus it is that some of those who fretfully reject the consolations of religion if directly addressed to them, may have their attention arrested by a word incidentally dropped, and a remark not meant particularly for them, may diffuse a gleam of light into their despairing souls. Let then the poor victim of despondency be reminded by the observance of the sabbath, that there is such a thing as the gospel, and hear its gracious promises offered to all, and it is not impossible that the mere force of sympathy and example alone may lead him to doubt within himself, whether his case is quite so desperate as he imagines it. Finally, to sum up the whole doctrine in a simple sentence, let good influences be steadily, habitually and judiciously exerted, and however uncongenial they may be to the present temper or belief of the patient, we may reasonably expect that they will be ultimately felt.

The insane, however little they may believe themselves to be so, often feel that from some cause or other, they are under a cloud. The language of consolation, encouragement and promise, therefore, is most congenial to their peculiar state of feeling and will most effectually engage their interest. Exhibitions of the divine benevolence ; of the softening and elevating effect of suffering ; of the calm which pervades the hoping, trusting soul ; of the providential care and kindness which mark all the allotments of life with mercy and temper the wind even to the shorn lamb ; exhortations to patience and resignation ; cheering views of our relations to God ; and above

all the bright example of Him the peculiar friend of the grieved, afflicted, and down-trodden,—all these are topics that may be appropriately presented to the attention of the insane, and often, I doubt not, with salutary and abiding effect. On the contrary, discourses that dwell on the exceeding heinousness of sin, must be prejudicial to those who refer all their sufferings to sin; and the stern requirements of divine justice can hardly be brought into view, without aggravating the distress of him who imagines he has incurred the hot displeasure of God and become an immortal victim of his wrath. Sectarian views should be carefully avoided, for they are sure to offend those who have embraced a different belief, and it may be doubted whether the utmost good they can effect, can compensate for such a result. There is certainly enough of common ground in Christianity on which all sects may meet without jostling one another, and he who cannot find it or intentionally shuns it, can never be an acceptable preacher to the insane.

Our Sunday evening service has been generally conducted by the clergymen of Hallowell and Augusta, the most of whom have come when asked, and sometimes I doubt not, with some degree of personal inconvenience. Their ministrations, with scarcely an exception, have been exceedingly judicious, and their appearance has been always welcomed by our inmates. They have our heartiest thanks, and, what they will value more, the consciousness of having labored in a good cause. Some of the patients have also attended church in the village whenever the weather has been suitable, and although more than half our inmates have enjoyed this privilege, I am not aware that it has been abused in a single instance by any impropriety of behavior.

Of all the remedies for razing out the written troubles of the brain, none can compare with labor, wherein I include all useful employment. No other moral means is adapted to so large a proportion of the insane, and applicable to so many of the various forms of the disease. The excited and depressed, the gay and the melancholic, the wild and the calm, the curable and the incurable, may be furnished with some form of labor adapted to their particular case, and calculated to produce a beneficial effect upon their bodily or mental condition. Indeed, the great feature which characterizes the management of modern hospitals for the insane, is the extensive use of labor as a means of moral treatment. And therefore it is that these institutions, instead of being as they once were, merely strong houses for the safe keeping of persons whose enlargement would endanger the welfare of society, abounding with instruments of restraint and coercion, and presenting a melancholy scene of idleness, indolence and depravity, have now become places of refuge for the unfortunate, where a spirit of industry is fostered, and a healthful mental activity maintained by various forms of useful employment.

The manner in which labor exerts its beneficial influence upon the insane mind, differs, no doubt, in the different forms of disease. In most highly excited patients the surplus nervous energy will be consumed, if no other way is provided, in mischief and noise; but let it be expended in useful labor, and, although the work may not always be perfectly well done, yet the patient thinks it is, and he experiences that kind of gratification which springs from the consciousness of having done a good thing, and consequently, so far as it goes, is a sound and laudable feeling. This feeling, the guardian of the in-

sane cannot too carefully watch over and foster, for it directly leads to an increase of self-control and self-respect. Indeed, many a patient will refrain, for the first time, from destroying his clothing, or abusing his attendants, on being allowed the privilege of going to work. The depressed and dejected patient who may be found day after day and week after week, in the same position, wrapt up in his own gloomy reveries, or sunk into a listless apathy from which no form of amusement can arouse him, may sometimes be induced to labor, and when he can, the effect is usually beneficial. True, it may be necessary for an attendant to stand over him and direct every movement; patience and perseverance may be required, day after day and week after week, before the least interest in the matter can be awakened in his mind. But the gratifying success which is sometimes obtained, affords great encouragement to persevere in the effort, and for the additional reason that it furnishes almost the only ground of hope. The convalescent patient too, tired of confinement to the house, and anxious to use again his mental and bodily faculties in his accustomed way, earnestly solicits employment, engaged in which, his thoughts are diverted from his troubles and his strong yearnings after family and home. For this latter feeling, which so often mars the comfort of the convalescent and even produces a degree of mental irritation that threatens a relapse, constant employment is the most effectual remedy. Incurables who are able and willing to work, are much more contented and enjoy better health, when employed. Even some of the most demented will be found capable of doing something, and though it may not be very profitable, yet it keeps them out of mischief and thus contributes to the quiet of the house. In the course

of the summer, a party of this class of patients, with just mind enough for the purpose and no more, carried into the cellar and shed, and piled up all our wood, amounting to some three hundred cords.

There is a limit, however, to the use of labor as a moral means. There are always a few patients to whom it has appeared to be decidedly injurious, by increasing, in some way or other, the mental excitement. This effect is apt to be produced in recent cases when the patient has been allowed to go to work too soon after the paroxysm, or began by working too long at a time. Labor naturally produces increased activity of the circulation, and if there is the least disposition to determination of blood to the head, increase of mental excitement is liable to be the result. I have so often observed this fact, that I have deemed it necessary to be exceedingly cautious how we made use of this means with such as were just recovering from violent excitement, beginning with light in-doors exercise and thence trying, as the next step, hard work in the open air, protected from the sun, half an hour or less at a time, and gradually extending the period. In some, the ill effects of labor seemed to result from the presence of other patients and the sight of a variety of objects. I once observed a patient very quietly at work in the garden, until his attention was arrested by a steamboat that was passing down the river, when he dropped his hoe, ran about highly excited, and was obliged to be carried into the house.

Of course it would be highly desirable to furnish every patient with the kind of employment most congenial to his habits, tastes and state of health; but as this is not possible within the precincts of an asylum, it is necessary to provide such as are calculated to benefit and interest

the greatest number. Various mechanical employments have been introduced into different institutions, and their utility can scarcely be over estimated, especially in the winter season when there is little to be done out of doors. We have always had some patients who preferred this kind of labor to any other, and we have endeavored to consult their wishes as far as was in our power. Shoemakers, tailors, joiners, masons and stone-cutters, have pursued their respective vocations with us, and a joiner's shop has furnished the means of agreeable occupation to many who, without being bred to any particular trade, were fond of using edge tools, and, while pleasing themselves, they have done us some good service. A multitude of little jobs, in the line of repairs and improvements, as well as the pickets, planed and shaped by them, for 140 rods of fence on the avenue from the county road, bear witness to their industry and skill. But useful as mechanical employments undoubtedly are, they are unsuited to a large portion of our patients. They require a little natural or acquired ingenuity, a steadiness of hand, and a degree of carefulness and attention to minute details which is not possessed by many patients at all, and by others only in the convalescent stage. The operations of agriculture, however, are not liable to this objection. They are mostly of a very simple nature, easily performed by most of those who are capable of laboring at all, are interesting to a large portion of patients, are performed in the open air, combine a certain degree of mental and bodily activity, and furnish topics of conversation with one another. No form of labor appears to be so well calculated to promote the comfort and restoration of such patients as are found in most of our New England hospitals, as working on the farm, and no institution for these

unfortunate persons can fully accomplish its objects without a plenty of land for this purpose, and a sufficient number of attendants to superintend their operations.

I would take this opportunity of adverting to a very prevalent error touching the pecuniary value of the labor of the insane. It is apt to be thought that many of them can do as much as other men, and that, in strict justice, they should receive something by way of compensation. It is true we sometimes have a patient whose labor is worth to us something like that of ordinary men who work for their living, but such cases have been very rare. The most of them lack the energy and vigor of good health; they are unable to labor, hour after hour, of a long summer's day, with their natural industry and steadiness, and their intervals of rest are long and frequent. Attendants are generally required to watch over and direct their operations, and this duty engrosses the most of their attention. These attendants have other duties to perform in which they cannot be assisted by patients, and the consequence is that the working day of the latter has seldom exceeded six or seven hours. Patients are apt to waste materials and break tools, and, oftentimes, with all the appearance of indefatigable industry, actually accomplish very little, although the benefit to them may be equally great. Taking all these things into consideration, therefore, it must be obvious that the labor of the insane cannot be very profitable in a pecuniary point of view. In the Report of the Massachusetts Lunatic Hospital for 1842, is presented a debt and credit account of their shoe-shop, from which there appears to be a balance in favor of the shop of only \$125,52, the value of work done together with stock on hand, amounting to \$1130,48. In the Report of the McLean Asylum for 1839, it is

stated by Dr. Bell that their work-shop, in which patients were employed in making soap and candle boxes, produced them little or nothing. I trust it has now been made perfectly apparent that the idea of remunerating the insane for their labor with any approximation to equity, can hardly be carried into execution.

Before concluding my remarks on the management of patients, I would take the opportunity of adverting to a subject which has latterly excited unusual interest, that of restraints. Within a few years the doctrine has come into vogue in England, that *mechanical restraints* are improper, and accordingly they have been entirely banished from some of its institutions. Of course this is proclaimed to be a remarkable and valuable reform, and all who would not be considered as laggards in the march of improvement, are imperatively called upon to adopt it. That some change on this subject was required in that country, is evident enough from the following passage in the report of the lunatic asylum for the county of Lancaster, for 1841. "From the opening of this asylum in the year 1816, mechanical restraint appears to have been extensively employed; and at the time your officers took charge [1840] they found twenty-nine persons [whole number of patients being 530] wearing either handcuffs, leg-locks, or strait-waistcoats—exclusive of between thirty and forty patients who were chained down during the day-time on seats so constructed as to answer all the purposes of water-closets, in rooms known by the appellation of 'warm rooms'; moreover during the night-time all the epileptic and violent patients were chained or otherwise secured in bed. It was also an established custom to place every case on admission under restraint during the night-time, for a longer or shorter period, as might appear

expedient." It certainly is not strange that these gentlemen, on being convinced of the absurdity and cruelty of such practices, should have conceived an unwarrantable prejudice against the use of restraints, and ran to the opposite extreme of error. It is not the first time that the transition from one extreme of opinion to the other has been accomplished in a single step. And it may be for the simple reason that such practices have never been allowed in our institutions, that we are unable to sympathize with the strong feeling against the use of restraints at all, now so prevalent in England. That a hospital for the insane can be conducted without them, nobody doubts. But the real question at issue is, whether the welfare of the patients is more promoted by the judicious use, or the entire disuse of restraints; and this question is far from being settled by the fact that some hospitals are conducted without them. Before we can admit that the interests of the insane require the disuse of all restraints, it must be proved, either that they are positively injurious to the patient, or that their intended object can be better obtained in some other way. I am not satisfied that either of these positions has been established, but it may be well to look for a moment at the merits of the question.

Of course it is not contended that the insane should be subjected to no restraint whatever, but that it should be exercised by the hand of an attendant instead of any mechanical contrivance. When, therefore, mechanical restraints are entirely disused, the first consideration that presents itself is, that the number of attendants must be much larger than when they are used even in a very limited degree, and thus the expenses of the establishment be swelled to a very onerous amount. In many parts of our country, the only alternative is between a cheap es-

tablishment and none at all; and certainly, nothing but the clearest and weightiest reasons should be suffered to have the effect of debarring a large number of the insane from receiving the benefit of hospital treatment.

But it is not on this ground that I would defend the use of mechanical restraints. In most cases where they are now used in American hospitals, I have no hesitation in saying that they are far preferable to the vigilance or force of attendants. The object is gained more surely, more effectually, and with far less annoyance to the patient. A mechanical contrivance performs its office steadily, uniformly and thoroughly, and is submitted to as something inevitable. The will and strength of an attendant are capricious and variable in their operation. The strong effort is occasionally relaxed, and the idea of eluding his vigilance or overpowering his strength, is constantly present to the patient's mind. The former is mere inert matter and excites no feeling, while an attendant, constantly present, watching and restricting every movement, is viewed as the author or abettor of his sufferings; his spirit is chafed and a state of constant irritation is produced.

The propriety of these views will be abundantly confirmed by an examination of some of the cases that require restraint. Take a very common case, specimens of which no hospital is without for any length of time. The patient is covered with sores or abrasions which he is converting into bad ulcers by scratching off the scabs, or lacerating them with his nails; or he is bent on tearing open a wound in his neck made by an attempt at suicide. If entrusted to an attendant without any mechanical aid, he must encircle the body and arms of the patient with his own arms, or else by keeping near him, watch the

slightest motions of his hands and arrest them in season. The former means would be exceedingly irksome to both parties, and perhaps impracticable, and the latter would fail of its object which would require a degree of vigilance and quickness of motion that no man can be supposed to possess. On the contrary, let the hands be restrained by a simple leathern strap which confines them to the waist while they still possess considerable freedom of motion, and thus one end is attained and the patient may be left to the undisturbed enjoyment of all his other motions. Seeing that he cannot meddle with his sores, he abandons his attempts, and his mind is at rest on that point. Again, a patient is highly excited and restless, and strongly suicidal. If, in order to prevent any harm, an attendant is put in his room at night, the hours are likely to be spent, not in sleep or quiet, but in a series of struggles between the attendant and patient, the latter, in the blindness of his excitement, venting his wrath upon the former, and thereby being made worse rather than better. A simple contrivance like that just mentioned, would answer the purpose, while the patient would be left to himself in comparative quiet. Another, though exhausted by sickness and needing repose, is constantly endeavoring to rise from his bed, while the conversation and movements of an attendant only excite his attention and maintain the morbid activity of the brain. Let such a person be retained upon the bed by means of the *bed-strap*—an admirable invention of Dr. Wyman, the first superintendent of the McLean Asylum, whereby the patient is gently held upon his bed, though able to turn from side to side—and he ceases to struggle, his mind is comparatively calm, and sleep may visit his eyes. It often happens that in order to prevent a patient from doing

some improper thing, two or three attendants would be required, and they could effect their purpose only by using a degree of force that would exhaust and irritate him. With the muff, or mittens, upon his hands, he could be allowed to control his own movements, with perfect safety and far less annoyance to himself. It very often happens that in case of the same patient and in the same condition, mechanical restraints are substituted for the personal efforts of an attendant, and the superiority of the former abundantly shown by the superior calmness and comfort of the patient while under their application.

It is objected to mechanical restraints that they leave disagreeable impressions on the mind of the patient who regards them, even after recovery, as marks of degradation and unkindness. That such feelings may have been observed in patients whose recovery was quite imperfect, and who consequently regarded restraints, as they might a thousand other things, in a very false light, is very probable, but not a single instance of such feeling has come to my knowledge, in patients who had attained healthy views on every other subject. It is also objected to them that they are liable to be abused; that they are often applied to save trouble, and even to gratify the spite of attendants. If the application of restraints is to be left entirely to the discretion of attendants, then the result implied in the above objection would, no doubt, frequently happen. But in this institution—and I presume it is so in all others in this country—no restraint can be applied except by order of an officer. It is our rule to use no more, and continue it no longer, than is necessary to effect the object in view, and in all cases, it is the comfort of the patient, not the attendant, which is consulted. In well-regulated establishments, the number under re-

straint is always very small. While writing this there is not a single patient in this institution, with any kind of restraint upon the person; and this is often the case for many days together. Occasionally, the number under restraint may amount to four or five, but probably the number would not average more than two or three. It is also objected to them that they chafe the skin and produce sores. This, no doubt, occasionally happens, but if the restraint is discontinued as soon as it is observed, the evil is not a very serious one.

Such are the objections that have been made to the use of mechanical restraints. Whether I have disposed of them satisfactorily or not, I have no hesitation in saying that they may be urged with far more propriety against the substitute that is proposed, besides some others peculiar to the latter. An attendant can seldom control the movements of the patient so effectually and gently, as a mechanical contrivance. He is very apt unintentionally to use more or less force than the occasion requires. The struggles of the patient must be overcome by the superior power of the attendant, and under such circumstances, it is impossible, in the nature of the case, that he should always keep within the proper limits. But the patient makes no allowance on this score. It is sufficient for him that force has been used at all, to believe that he has been hardly dealt with. In his mind force is synonymous with abuse, and it often happens that patients who recover their reason in all other respects, never see this matter in its true light. For this reason alone, were there no other, I should adopt the conclusion, that when the nature of the case requires a continuous restraint, the preference is always to be given to some mechanical contrivance. It must be recollected, too, that the mind of the wretched

lunatic who would be likely to need restraint, is filled with all manner of suspicion and distrust. He believes that his path is beset with snares and that enemies encompass him around. What can be more annoying and irritating to such a person than the constant presence of one or two strangers at his side, watching every look and constantly interfering with his movements? What restorative process can be commenced, while every arrangement made for his safety tends to cherish and confirm the delusions that have taken possession of his mind? In the early stages of the disease when there is much excitement, nothing so effectually prevents the patient from sleeping, as the presence of an attendant. It often happens that one who has not closed his eyes for many nights and days, is enabled to get refreshing slumbers the first night after he comes into the house, by being left alone in his room, and, if necessary, subjected to some mechanical restraint. Again—they who object to mechanical contrivances, on the ground of their liability to abuse, seem not to be aware that the substitute they offer is open to the same objection. That man must be either singularly ignorant of human nature, or culpably remiss in the discharge of his duties, who, after having had charge of an institution for the insane, can say that no attendant of his ever used a harsh word, or handled a patient less gently than he might. Attendants are but men and women, subject to the common infirmities of human nature, and for whatever patience, kindness and long-suffering they may exhibit, they must necessarily be indebted more to nature than to the chastening and elevating discipline of life. When we consider how arduous and trying is their duty when placed as a restraint upon a patient who is constantly endeavoring to elude their vigi-

lance, to annoy them with abusive language, and render them uncomfortable in every way, is it strange that they should sometimes lose their temper, irritate their charge by returning a harsh answer to his abuse, and even endeavor to subject him by exercising an unwarrantable degree of force? He or she must be happily endowed by nature, or admirably disciplined by education, who could endure such a trial hour after hour, days and weeks together, and never lose their calmness and self-control. Without meaning the slightest disparagement to this class of persons generally, and certainly not to those now employed in this institution, whose uniform fidelity to their trust is entitled to my warmest thanks, it is to be feared that the number of such is small.

Such are the views which more than three years' experience has led me to adopt, on the comparative merit of the two kinds of restraint,—views which are not the result of a mere reaction of feeling, but of a dispassionate and thorough examination of the case. Still, whether this disuse of mechanical restraints in some foreign establishments, be persisted in or not, I am willing to admit that the experiment thus far has strengthened the important truth, that kind words and interesting employment will be found—much oftener than we have been in the habit of believing—a successful substitute for their use.

Considering the proneness of the times to ultraism of every form and hue, we can hardly be surprised that *seclusion*, or solitary confinement of the patient to his own room, should have been included with mechanical restraints, in the same category of condemnation. The experiment of dispensing entirely with the use of seclusion, was lately tried in the Lincoln asylum, England, very much to the satisfaction of the medical officers; but

whether their example has been followed anywhere else, I have never learned. That seclusion is liable to great abuse, and that it may be entirely dispensed with, are points that may be admitted without touching the true question at issue,—whether the comfort and recovery of the insane would be promoted by abandoning its use in every case and in every stage of the disease. The idea of introducing a furious, raving maniac, vociferating in the loudest tones and using the most revolting language, into the company of patients tolerably quiet, and capable of being disturbed and excited by his presence, would seem too monstrous ever to have been seriously entertained, and perhaps it has not. But the evil would be scarcely less, if such patients were associated only with others somewhat like themselves; for the result would be that they would increase one another's excitement, and effectually prevent even its temporary remission. If there is anything in such an exhibition calculated to calm and soothe the troubled spirit, I certainly have never had the good fortune to observe it. Our way of treating such cases is by seclusion in strong, comfortable rooms, so furnished that they cannot injure themselves, and so ventilated and warmed that they may divest themselves of all clothing, and still be sufficiently warm. Here they can expend their fury without let or hindrance, neither disturbing nor being disturbed by others, until the excitement passes away, when they are gradually introduced into the company of others. This change must be very cautiously made, for if premature, or effected too suddenly, nothing is more common than to see the excitement re-kindled by the looks and acts and voices of others. In cases, too, of more moderate excitement, occasional seclusion for an hour or two at a time, is a most salutary

measure, and I do not see how it could be dispensed with without the risk of great injury to the patient. Occasional seclusion is also valuable as a means of moral discipline. The patient understands that so long as he conducts quietly and peaceably, he will enjoy the privilege of associating with his fellow-boarders, but that the moment he disregards their rights and annoys them by ill-temper and ill-manners, he will be regarded as unfit for companionship, and subjected to temporary seclusion. Thus is inculcated an impressive lesson of self-control, the opportunity for which would of course, be lost, were not seclusion used as a means of moral treatment. It may be carried too far, and must be necessarily, in hospitals poorly provided with the means of classification. In such, a little superfluous noise, merely because it disturbs others, leads to seclusion in the solitary, the effect of which may be anything but restorative. The condition of the patient himself, should be the only test of its propriety, while the comfort of others should be provided for by suitable architectural arrangements. It is deeply to be deplored that a measure of so much importance as seclusion is too often used, in consequence of defective construction, for patients to whom it is quite inappropriate, and but very imperfectly applied to those on whom it would have a salutary effect.

Such is an outline of the medical and moral treatment pursued in this institution, while it has been under my charge. It does not differ materially from that of other similar institutions in this country, and this is, perhaps, the best proof I could offer of its general correctness. Indeed, the strongest evidence that the progress of knowledge in this interesting branch of inquiry, has been sure, if not great, is the fact of this uniformity of the

general principles of treatment adopted in the different institutions. The difference between them chiefly consists in the different amount of means and appliances for carrying these principles into effect, and of facilities for increasing the comfort of the patients by ministering to their tastes, gratifying every harmless wish, and judiciously associating them together.

I. RAY, *Superintendent.*

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 woolen cloth—two pairs of woolen 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 for males; not to exceed two dollars and fifty cents, nor be less than one dollar and fifty cents, for females, 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 be less than two dollars for males; not to exceed two dollars and fifty cents, nor be less than one dollar and fifty cents for females;] 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.

Extract from "an act relating to the Insane Hospital,"
approved March 22, 1843.

SEC. 7. On the application of any relative of any insane person, or other respectable person in behalf of such insane person, or of any guardian of any insane minor, to the mayor and aldermen of any city, or to the selectmen of any town, for an order for sending such insane, to the Insane Hospital, at the expense, in whole or in part, of such city or town; it shall be the duty of the mayor and aldermen of such city, and of the selectmen of such town, as soon as may be, to determine what part, if any, of the expense of committing and supporting such insane person at the hospital, shall be borne by such city or town, and what part, if any, by the patient, or by such relative or relatives as are, by law, liable for his or her support; and on reasonable security being given or offered for the payment of such part of the aforesaid expense as they shall have determined to be reasonable and just, the said mayor and aldermen, and the said selectmen, as the case may be, shall cause such insane person to be forthwith sent to the hospital; and the decision thus made shall be immediately communicated in writing to the applicant, signed by the mayor and aldermen or selectmen. And in case any insane person, or his wife, or his or her guardian, or any relative of such insane, by law liable for any part or all of the expense aforesaid, shall be aggrieved at the decision and determination of such mayor and aldermen, or

of such selectmen, and shall signify the same in writing to said mayor and aldermen or said selectmen, or either of them, within twenty-four hours from the time of receiving official notice of their decision, claiming an appeal therefrom, naming at the same time a justice of the peace and of the quorum, selected on his or her part and resident in a neighboring city or town, and designating a place for the further hearing on the subject, which shall be in the town or city where application is made, or in one adjacent thereto; and also specifying the time for said hearing and trial, which shall be not more than two days, unless Sunday intervenes, and then not more than three days after the time of claiming said appeal; then, on the receipt of said notice of appeal, it shall be the duty of the mayor and aldermen, or of the selectmen, to select one other justice of the peace and of the quorum, also resident in a neighboring city or town, who shall meet the justice selected and appointed as above provided for, at the time and place designated by the party claiming an appeal; and these two magistrates thus selected and convened shall constitute a tribunal for the purposes hereinafter specified; and if either of the said justices shall neglect to appear, or refuse to sit on said trial, the party selecting him shall have power to designate and procure forthwith another justice of the peace and of the quorum, not resident in the city or town where application was made, to sit and officiate in his stead; and if at the expiration of three hours from the time specified for the meeting, either party shall have failed to select and procure a justice as aforesaid to sit and assist in the trial, then all the powers and duties of the two justices shall devolve upon and be performed by that one who shall be

present, and said justice or justices shall receive for their services two dollars for each day they may be employed, and ten cents a mile for their travel.

SEC. 8. The said justices shall inquire and decide, as well into the fact of the insanity of the patient, and into the expediency of sending him or her to the hospital, as into the ability of such insane person, or of the relative or relatives liable by law for his or her maintenance, to support such insane, in whole or in part at the hospital; and to determine what part of the expense, if any, shall be borne by the said insane, or his or her relative, and what part by the city or town. And the said justices shall have power to call for such testimony on any and all the points submitted to them as they may deem necessary to a right decision. And after an examination into all matters submitted to them, if the said justices shall be of opinion, either that the patient is not insane, or would not be benefited by a residence in the Insane Hospital, they shall so decide, otherwise they shall give under their hands, a certificate of the patient's insanity, accompanied by an order for his or her commitment to the Insane Hospital, for the space of six months, unless sooner discharged by order of the trustees, or superintendent. And the said justices shall certify what part of the expense of said patient's support at the hospital, shall be borne by the patient, or by his or her relative or relatives, and what part by the city or town; and likewise in what manner and by whom the cost of this examination and trial shall be borne and paid. And should the justices order the commitment of such insane person to the hospital, it shall be the duty of the mayor and aldermen of the city, and of the selectmen of the town, where such insane person

resides, or such other person as the court shall order, to cause the order of said court to be carried forthwith into effect. And the said justices shall make and keep a record of their judgment, and furnish a copy thereof to either party who shall apply and pay for the same.