

# MAINE STATE LEGISLATURE

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# Public Documents of Maine:

BEING THE

## ANNUAL REPORTS

OF THE VARIOUS

## PUBLIC OFFICERS AND INSTITUTIONS

FOR THE YEAR

1874.

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VOLUME I.

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AUGUSTA:

SPRAGUE, OWEN & NASH, PRINTERS TO THE STATE.

1874.

# REPORTS

OF THE

COMMISSIONERS

ON

# NEW INSANE HOSPITAL,

APPOINTED UNDER

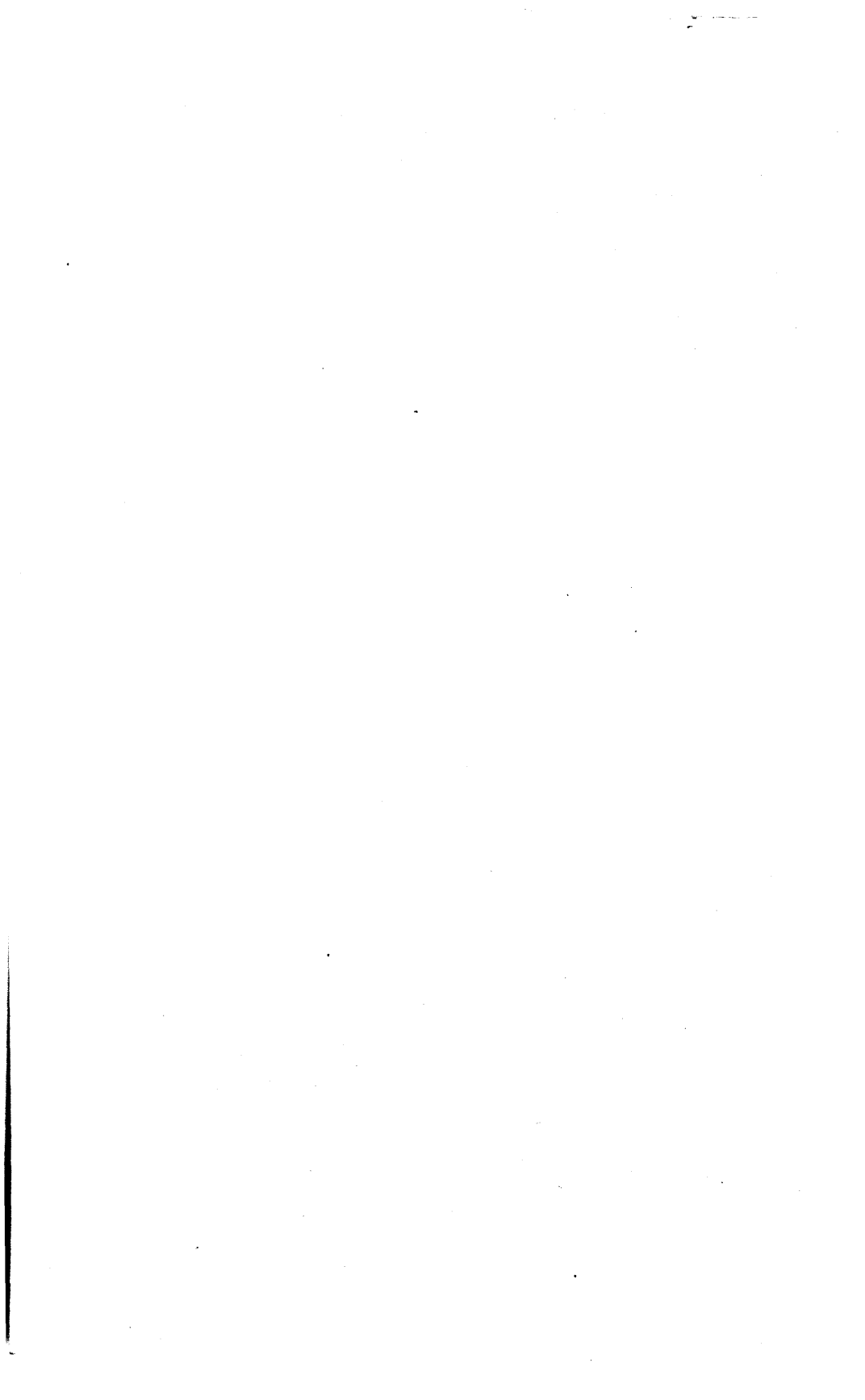
RESOLVE APPROVED FEB. 27, 1873.

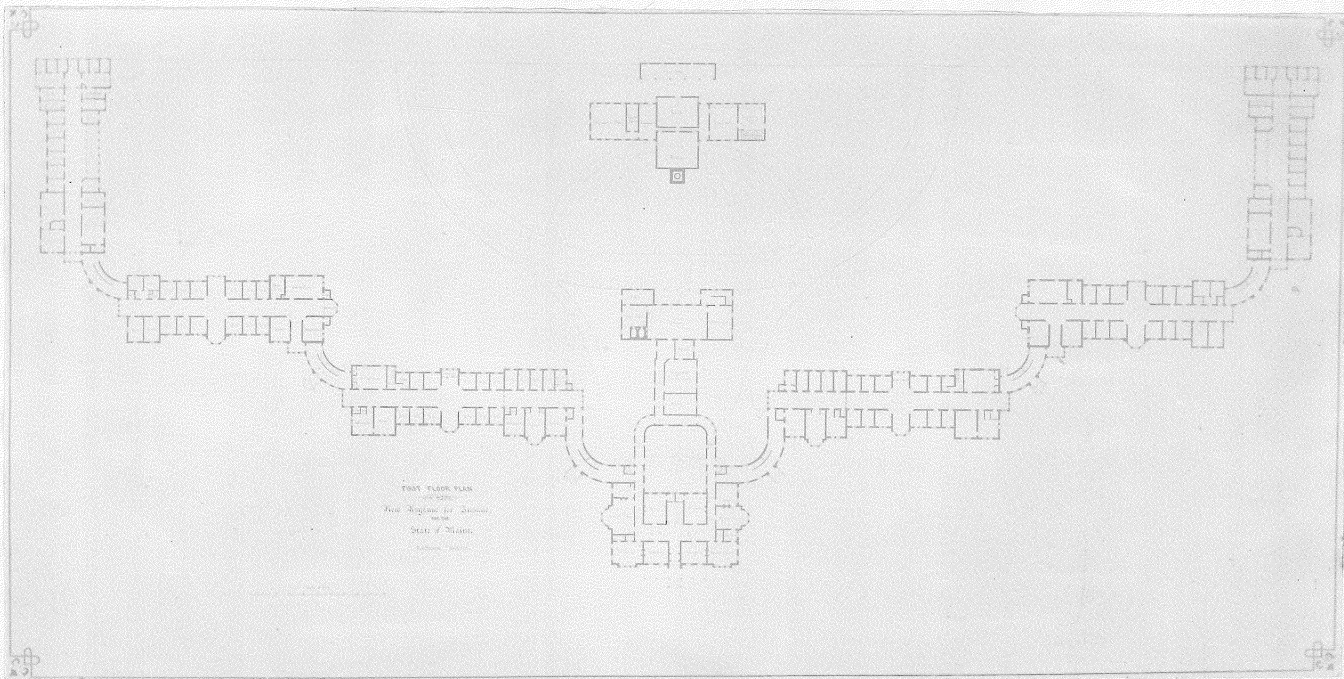


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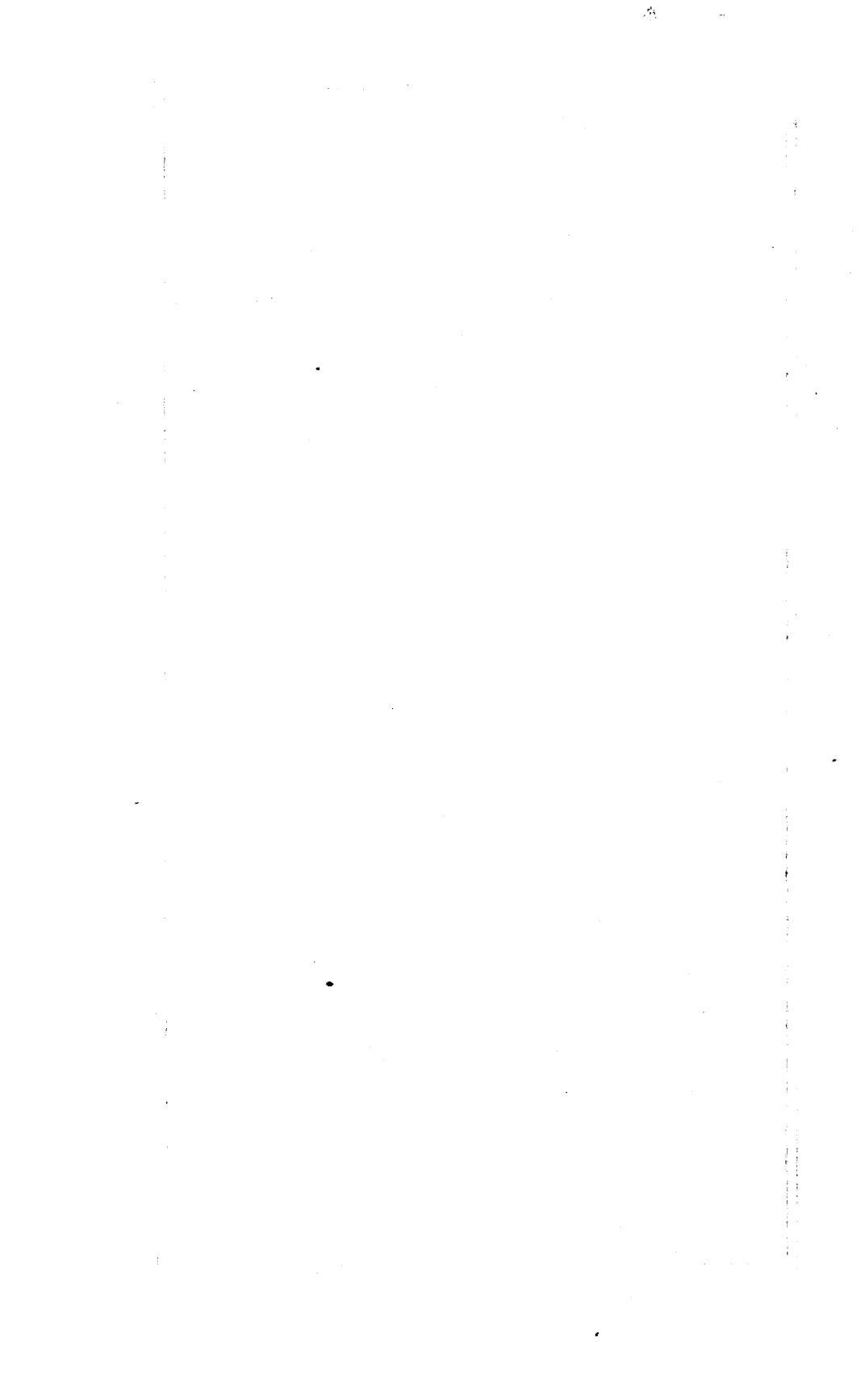
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FIRST FLOOR PLAN  
OF THE  
NEW BUILDING FOR THE  
STATE OF ILLINOIS  
DESIGNED BY  
JAMES H. HARRIS



# REPORT.

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*To the Honorable Senate and House of Representatives of the State of Maine, in Legislature assembled :*

On the 27th day of February, A. D., 1873, the Legislature of Maine passed the following Resolve, to wit :

## CHAPTER 202.

RESOLVE relating to a new Insane Hospital.

WHEREAS, The Insane Hospital is now full, and has, from time to time, been enlarged until no further enlargement thereof is feasible, and hence the State is now called upon to enter upon the work of building another Insane Hospital ; therefore,

*Resolved,* That the Governor, with the advice of the Council, appoint three Commissioners, whose duty it shall be, to solicit proposals from cities, towns, or individuals, as an inducement to the location of said hospital ; to employ a competent architect to make a plan of said hospital, and an estimate of the cost of the same ; to consider the best method for the State to adopt in its construction, and any other matter legitimately connected therewith, and submit a report upon the whole matter to the next Legislature, during the first week of its session. The necessary expenses and disbursements of this commission shall be rendered to the Governor and Council, to be by them audited and allowed.

Approved February 27, 1873.

In conformity with the requirements of this Resolve, the undersigned Commissioners, appointed under the provisions thereof, have the honor to lay before you the following

## REPORT :

Immediately after the organization of the Commission, on the eleventh of July, a " Public Notice " soliciting " proposals for a New Insane Hospital " in accordance with the terms of the above Resolve and limiting the time within which they would be received to October first, was extensively published in newspapers representing the several counties in the State.

In response to this advertisement two proposals were received: one from Mr. James P. Baxter of Portland, proposing to *sell* to the State "at its real value as a farm" his "property" at "Walnut Hill" in Gorham in the County of Cumberland, and one from the inhabitants of the town of Bluehill in the County of Hancock, proposing to *donate* to the State "the homestead farm of the late Elnathan Hinkley in said town" consisting of about two hundred acres of land.

The second meeting of the Commission was held in the city of Augusta, commencing on the tenth day of November, for the purpose of considering the "inducements" presented by these proposals and reaching a final determination with reference to the location of the new building.

In the judgement of the Commissioners the proposition from Mr. Baxter did not present such an "inducement" as was contemplated by the Resolve. No further consideration was therefore given to it. The proposal from the inhabitants of Bluehill was accompanied by a very clear and elaborate representation of the natural attractions and building facilities of that locality. But one of the first and obvious requirements for a hospital location, and one which the "Association of Medical Superintendents of Institutions for the Insane" lay down in their first "proposition" is that "every Insane Hospital shall be easily accessible at all seasons of the year." The present facilities for communication with Bluehill seemed to the Commissioners manifestly inadequate to meet this requirement. In this connection it also seemed important that the State should consider the extent and character of her present possessions before expending any considerable sum for the improvement of a new location. The present hospital farm now owned by the State, comprises *four hundred acres* of highly productive land, under a good state of cultivation, conveniently and beautifully situated on the east bank of the Kennebec in the city of Augusta. This is a greater area than the State of Massachusetts, with a number of insane four times greater than our own has ever acquired, prior to the recent purchase at Worcester, for all her institutions for the insane.

More than a hundred acres of this, admirably designed by nature for the exercise of the Landscape Gardener's art, was subjected to a topographical survey in 1868 as a basis for the detailed plan of ornamentation subsequently made by Mr. Copeland; and in view of the fact that much has already been expended in persuance



of this artistic design it is believed that the amount which would be required to bring a new location into an equally improved state, would here bring far toward perfection, those gardens, pleasure grounds, and other resorts, for the amusement and recreation of the patients, which the modern superintendent ranks among the most important of curative agencies. For its agricultural resources, for all needful exercise and industry of the patients, and all other purposes for which land is required in connection with such institutions for the insane, it was believed that the tract now owned by the State would be ample, for at least another half century. The present farm buildings, also, erected at large expense, are eligibly located, spacious and convenient for farm operations, and all that would be required for many years to come. Here too may be found superior facilities for building. Within a circuit of two miles are extensive quarries of the finest granite in the United States, and abundant supplies of brick are constantly manufactured.

Again, it was considered by the Commission, that the time had not arrived when an independent management for a new hospital and a consequent division of the responsible authority in the State, would be consistent with a wise economy, or productive of the best results in hospital treatment.

The "Pennsylvania Hospital for the Insane" ranks among the first in the United States, in the character of its appointments, in its judicious management, and the successful treatment of its patients. It now consists of a "Department for Males" and a "Department for Females," each capable of accommodating from 250 to 300 patients. Both buildings are situated on the same tract of only 113 acres of land, about one-third of a mile apart, and each hospital is distinct in all its arrangements, except that both have the same Board of Managers and a Physician-in-Chief and Superintendent.

Our tract of 400 acres, separated as it is into two great divisions by a natural boundary from east to west, is peculiarly adapted to the maintenance of similar departments under one management; and it therefore seemed that the State could best discharge her present obligations to this class of her people for the next fifty years and provide for them more of the comforts and curative methods of a first class modern hospital, by concentrating her expenditures upon the present hospital grounds, upon one institution with one management.

For these reasons among others it was unanimously voted at this meeting that the proposals received did not disclose sufficient advantages to induce the Commissioners to recommend increased hospital accommodations outside of the present hospital grounds.

#### ADDITIONAL ACCOMMODATIONS REQUIRED.

The preamble to the foregoing Resolve declares that "the Insane Hospital is now full, and that no further enlargement thereof is feasible and that the State is now called upon to enter upon the work of building another insane hospital." But in view of the inquiries still made by those not familiar with the facts, it may not be irrelevant to suggest some of the reasons which justify the language of the resolve.

The present hospital was designed to accommodate 350 patients and if each patient could have an apartment as spacious and airy as he would have in a well appointed modern hospital, it would accommodate scarcely more than 300. During the past year there have been crowded within its walls *four hundred and sixteen* patients, and new applications are constantly received. The aggregate number of insane persons living in the State was reported by the last census to be 792, and it was undoubtedly much larger. It may therefore be safely predicted that the number demanding treatment before the expiration of another half century will reach an aggregate of six hundred. At the time of the passage of the resolve the Superintendent had three times urged that immediate action be taken towards further provision for the insane, and two Legislative committees after careful investigation had endorsed this recommendation. Hence the passage of this resolve.

But it has been suggested that the necessity for further accommodations might be postponed for a number of years by removing from the present hospital the idiots and hopelessly demented persons and thus making room for those recent cases requiring treatment. In the first place it is apparent that such a removal cannot be effected without additional legislation, which would in itself be unequal and unjust. The "Maine Insane Hospital" is a State institution and all citizens of the State who are insane have an equal right to partake of its privileges and benefits. But the Superintendent informs the Commissioners that there is now but one idiot, "properly so called," in the hospital, and that the

number of demented and probably incurable patients who appear quiet and harmless under the gentle restraint of the institution, might reach one tenth of the whole number. But even these are liable in the course of their malady to those sudden and impulsive attacks which need watching. Some of this class are also paralytics and, on account of their utter helplessness and uncleanness, require much attention, and need all the comforts of a regular hospital. Again, it needs not the testimony of medical experts to show that it is impossible to determine with absolute certainty that recovery is impossible in any case. Even if it be the judgment of the physician that the case is incurable, it is the dictate of humanity that the patient shall not be doomed to utter hopelessness, but that he should be continued under treatment and kindly cared for while life shall last.

But even if it were just and humane that the "quiet incurables" should be deprived of the comforts of a hospital and compelled to "abandon hope" where would they go? To what place could they be consigned? We have no receptacles, no "asylums of despair" provided for this class of persons. Unlike Massachusetts, we have not even a State Alms-House, in which they could be accommodated. Our only provision would be the jails, the Municipal Poor-House, and the wretched system of "farming out."

But the people of Maine are neither ignorant nor inhuman. They know that with the advancement of science and civilization have come more humane and enlightened methods of treating the insane. The deplorable condition of the idiots and insane who were confined in jails and alms-houses and in the cages of private keepers fifty years ago, has not passed from their memory, and no considerations of economy will ever induce a return to practices and scenes so barbarous and revolting. They know that insanity is not a crime to be punished, but the most grievous of all misfortunes which call for human sympathy and aid, and that the work of caring for those overtaken by it is no longer a charity to be grudgingly extended, but a duty to be generously performed. The Maine Insane Hospital may be said to have had its origin in the philanthropy and beneficence of two distinguished citizens of Kennebec; but the State has never failed in responding to all reasonable calls for aid; and it is gratifying to know that there has been real economy as well as humanity in such a course. For since the institution was founded, more than sixteen hundred

patients have been restored to reason and useful citizenship and thus changed from helpless consumers to active producers.

But granting that further provision must at once be made, why, it is asked, is it not "feasible" to enlarge the present building by the addition of another wing? In the first place the building has already been extended far beyond the original design and beyond the maximum limit fixed by the Association of Superintendents in the United States. With the exception of one or two wings the building is not constructed with reference to a proper classification and the most approved method of treating the patients. It is defective in the size and height of the sleeping rooms, and in arrangements for the admission of sunlight and for natural ventilation. It is furthermore already deficient in accommodation for officers and attendants. That portion of the central building, which can be devoted to this purpose, is already over-crowded. Any further extension of the building would therefore involve the necessity of further provision for these officials; and at the same time an additional wing must be at so great a distance from the central building as to render impossible a proper supervision of the patients and attendants by the medical officers.

Finally a new wing would itself involve in its construction no less expense, when connected with the old building, than it would if made the beginning of a new and improved design, which when complete would be creditable to the humanity and progressive spirit of our people.

#### THE GHEEL SYSTEM.

The Commissioners were next called upon to determine what plan should be recommended for the new building and what method should be adopted in its construction.

In considering what plan or system should be recommended, they have endeavored to profit by the numerous discussions which have taken place, and the enlightened views which have been presented in relation to the subject during the last decade. They have sought to avail themselves not only of the practical wisdom of the experienced and "conservative" medical superintendents, but also of the opinions of the young and active who are ever on the alert for improvements and innovations.

The result of these investigations will be given by the Commissioners in recommending for adoption the improved design for a new hospital which accompanies this report.

As the earlier superstitious notions in regard to the nature and cause of insanity faded away, in the light of modern science, a complete reformation of the methods of treatment and restraint necessarily followed. A few centuries ago insanity was considered as either a spell of an evil spirit or a divine token of regard, and any resort to medical science was held sacreligious. In some instances the victim was burned as a sorcerer, and in others venerated as a saint. Some of the more furious were chained up in cages, dungeons, and the corners of hospitals, while the more tranquil were permitted to roam at large as heaven's favorites. But in 1792 the physician-in-chief of an asylum near Paris, called the Bicetre, astonished the authorities and the people by striking from the limbs of fifty maniacs the chains and shackles which they had worn from ten to forty years, and then resorting to a regular system of medical and moral treatment. The favorable results produced a sensation throughout the civilized world. But it required many years to teach the lesson, which it is believed has at last been learned, that insanity is a functional disease of the brain, and as such is to be placed in the same category with other diseases, with the peculiarity however, that the most cheerful and elegant home with all its family associations may be the most unfavorable place for its treatment. From that time to the present the efforts of scientific and benevolent men in all enlightened countries have been directed to the task of devising for the accommodation of those suffering from this disease, some plan which should provide the means of mechanical restraint and supervision necessary for the proper discipline of the patient and adequate for the protection of the community; which should secure proper classification of all the inmates, and a method of treatment in all respects the most conducive to recovery, and at the same time from its regard to economy should extend to all the insane in every community the benefits of hospital treatment. And during the last half century these efforts have resulted in more progress and improvement in this direction than in all the years preceding.

In solution of this question it is obvious that great regard must be had to the nature of the climate, character and habits of the people, the relations of labor and capital and other social and economic conditions of the country where the hospital is to be located. For instance, in the commune or colony of Gheel in Belgium, with a climate more favorable than our own, there has

prevailed for several centuries a practice of boarding the insane in private families, the success of which, among that peculiar people, has excited the admiration of many benevolent gentlemen who have visited that locality. It had its origin in a superstitious legend which is now twelve centuries old. Dymphna, the beautiful daughter of a heathen king of Ireland perished by her father's sword for obedience to her own conscience rather than to his wicked command. The blood of this saint, says the legend, irrigated the ground to some purpose, for so numerous were the miracles that occurred on the consecrated spot in succeeding years that search was made for the bones of this saint under the heather that now covered the place. To the surprise of everybody a magnificent white marble tomb was found; and the 15th of May, the day of the discovery, is still sacred in the annals of Gheel. A church was dedicated to St. Lymphna, and the marble tomb transferred to the consecrated vault. This legend was piously believed by all Flanders and the tomb became an object of daily pilgrimage, especially for the insane and idiotic who sought the aid and protection of the saint. They lodged in small cells built for their reception adjoining the church, and as their numbers increased they found accommodations among the burghers of the village, until Gheel became the "City of the Simple." To-day there are nearly eleven hundred insane persons domiciled in small numbers as boarders in private families in the village and throughout the commune. Within a few years a central building has been erected in the village and used as an infirmary and place of confinement for those becoming unmanageable at their boarding places, and the whole is now styled a "system" and an "institution." But it is an institution *sui generis* resting upon conditions which it would be impossible to reproduce in New England. The natives of Gheel are themselves so simple minded and stupid that visitors have found it extremely difficult to distinguish between the average burgher and the insane patient. They lead lives of the most primitive simplicity and frugality, and their labor brings but a pittance for its reward. A Massachusetts lady who visited this "institution" during the last year, informed your Commissioners that betrothed couples in Gheel frequently deferred their marriage for a year until they could be assured of the board of one or more insane patients as a means of income and subsistence, although the price paid per week is but a trifle.

Dr. Earle, the able Superintendent of the Northampton Lunatic

Hospital in Massachusetts, has twice visited this unique locality. In speaking of the accommodations afforded by the natives, he says, "At one of the houses a patient slept in a place which, wherever situated in the building, no New England farmer or mechanic would think fit for a lodging for any of his household other than a cat or dog. Ascending a ladder to reach it, the patient was obliged to crawl into it upon all fours, and there he found his bed of straw." Generally, however, the accommodations were comfortable, and the patient was tolerably well treated. He says, the primary and principal motive of the persons who receive the insane into their families is the prospect of pecuniary profit, and that the system has too strong a resemblance to the old practice of setting up at auction the board of the town's poor, and selling to the lowest bidder. But the great mass of the patients in Gheel are the demented incurables brought from other communes, and their condition is such that they require no treatment, and but little attention. If there are any now under treatment in a New England hospital who could safely be allowed such unrestricted liberty as those patients at Gheel, they could, with equal safety, be returned at once to their homes and their friends.

But it requires no argument to show that none of the elements which there render practice a success are found in the character, industrial habits and intellectual condition of our people. Indeed, any attempt to establish such an institution in a New England village by asking our laboring men and mechanics who earn three dollars per day, at their work, to board lunatics at three dollars per week, would be held presumptive evidence that the author himself was a proper subject for hospital treatment. Accordingly we find that no attempt has ever been made to introduce it in the United States. It would scarcely be heralded as that great improvement in hospitals which the philanthropist has been in pursuit of for the last half century, but a retrograde movement of most extraordinary character.

#### THE COTTAGE, OR FAMILY SYSTEM.

But it is said that if New England would not tolerate a modern "Gheel" in its native simplicity, or "free-air plan," on such an unrestricted scale, we may yet have a modification of it in what is known as the "Cottage or Family" system, and, instead of the aggregate hospital, which has hitherto been the prevailing form

in both Europe and the United States, we may have a small central building as an infirmary and place of restraint for the more violent, and group about it at considerable distance from each other a series of "cottages," either entirely detached or connected by long corridors. Each "cottage" is to be provided with accommodations for attendants, a dining room, kitchen, and all the appointments of an ordinary dwelling house, and to be of sufficient capacity to accommodate fifteen or twenty patients. The advantages sought in this "system" are, reduced cost in the original construction of the buildings, greater facilities for ventilation, and a wider separation of the different classes of patients.

"The Association of Medical Superintendents of American Institutions for the Insane" comprises, among its numbers, many scientific and benevolent men in the United States and British Provinces who have lived among the insane and made their care and treatment a special study. It embraces the old and the young, those of large experience and wide observation, who have made the subject a life study, and many accomplished gentlemen who have lately entered upon the work, fired with all the zeal of youth, eager to keep pace with the progressive tendencies of the hour by the discovery of some new principle or a wiser application of an old one. But, as in all other professions, some of them have, doubtless, proved unworthy of the trust committed to them, and been relieved of it; and, like all other scientific and professional men, they are liable to err. But it is certain that, as a class, they have felt the weight of the responsibility resting upon them, for they have hitherto suggested all new measures looking to the amelioration of the condition of the insane, and originated all improved methods of treatment. They have occasion to view the subject in all its aspects. They have opportunity to make practical tests and weigh the advantages and disadvantages at the same time. They have every incentive which can inspire human thought or effort to devise new methods and make all possible progress in the treatment of those intrusted to their care. They can have no conceivable motive to continue a given system after another has been found to be better. If the declarations of a body of men like these are not authority upon this question, to whom can we look for information and counsel?

As might be expected all topics relating to insanity and its practical workings of hospitals have been fully discussed at their several conventions, and with an unanimity almost unparalleled



among professional men, they have invariably pronounced against the so-called "cottage system," especially for a climate like that of New England. At their meeting in Toronto, in June, 1872, they adopted a series of resolutions, the first of which is as follows:

*Resolved*, That this association reaffirms in the most emphatic manner its former declarations in regard to the construction and organization of hospitals for the insane.

Among the "former declarations" are the following propositions:

IV. No hospital for the insane should be built without the plan having been first submitted to some physician or physicians who have had charge of a similar establishment, or are practically acquainted with all the details of their arrangements, and received his or their full approbation.

VI. All such buildings should be *constructed of stone or brick*, have *slate or metallic* roofs, and as far as possible be made secure from accidents by fire.

VII. Every hospital having provisions for two hundred or more patients, should have in it at least eight distinct wards for each sex, making sixteen classes in the entire establishment.

XIV. The hospital should consist of a main central building with wings. The wings should be so arranged that if rooms are placed in both sides of a corridor, the corridors should be furnished at both ends with movable glazed sashes, for the *free admission of both light and air*.

*Resolved*, That these institutions, especially if provided at the public cost, should always be of a plain and substantial character, and while characterized by good taste, and furnished with every thing essential to the health, comfort and successful treatment of the patients, all extravagant embellishments and every unnecessary expenditure should be carefully avoided.

Dr. Thomas S. Kirkbride, the experienced Superintendent of the Pennsylvania Hospital, already referred to, and the author of a work on the construction of hospitals, thus refers to the subject in a private note to your Commissioners.

"The 'Propositions of the Association of Medical Superintendents' are unquestionably the highest authority you can have in regard to the construction and organization of hospitals for the insane. There ought to be some very cogent reasons for varying from any one of them. \* \* \* \* \* There is no

sound reason for resorting to what has been called the 'cottage' or 'family' system. There are many grave objections. The matter has been fully *discussed in the association time after time*, and the conclusions have always been almost if not quite unanimous on every occasion. You are probably aware, that at Worcester, Mass., after all the talk about a cottage plan, they have entirely abandoned it, and are now building on an entirely different system. An American Gheel is much better on paper than in practice."

In his report for 1872, he also says: "In regard to restraint, no system of detached buildings can give more freedom to the patients than is possible in the wards of a hospital. If any one thinks that it is desirable that no locks should be on the doors, and no guards to the windows, it is the easiest thing in the world to dispense with them, and the patients may have most perfect freedom of ingress and egress."

"The question may well be asked however, *why those who can live with open doors, unguarded windows and go out and in at pleasure should be in a hospital at all? Why instead of being in one of the hospital 'families,' they should not be in their own families or in ordinary boarding houses?*

"The idea of having groups of houses for insane men and women near each other with entire freedom of ingress and egress, will hardly commend itself to many of those who know much of the peculiarities of not a few of the insane, or to those who think of this arrangement as applied to individuals in whom they have a peculiar interest, especially if they should be their wives or daughters, mothers or sisters.

"My own experience with cottages and detached buildings, even at very short distances, long since led me to the conclusion that no building to be occupied by patients should be so far removed from the main structure as not to be connected with it by a covered way, well lighted at all times and comfortably warmed in winter. The great objections, however, to the whole arrangement are, that you take away the facility for supervision, responsibility is shifted from officers to subordinates—and they often require as much supervision as the patients themselves—while the risks of accidents of various kinds, especially of escapes, personal injury and of fire, are greatly and unnecessarily incurred."

Dr. J. P. Bancroft, Superintendent of the "Asylum for Insane" at Concord, N. H., ranks among foremost "alienists" of the country. In response to a series of inquiries from your Commissioners, he promptly returned an elaborate expression of his views upon this question. He says :

"I have, for many years, been trying to form a dispassionate opinion on the practicability of the so called 'cottage system.' For this purpose I have been in the constant habit of studying each case, in order to see what proportion of those coming into my care, could be safely, successfully or agreeably treated on the cottage plan, and I have been surprised to find how large was the proportion of cases, in which would arise serious, and even insurmountable difficulties in the attempt. This observation has been corroborated, so far I have seen by the efforts of any who have attempted to organize on the cottage plan in this country.

"First, In order to render the same amount of service to the insane, on the cottage plan as in the aggregated plan, the expense would be greatly enhanced, perhaps doubled.

"Second, In scattered families, the difficulty of ensuring faithful and assiduous personal care and attention for patients, is greatly increased ; as is also the difficulty of protecting them from adverse influences. This comes of the fact of their greater removal from the responsible head, and consequently increased dependence on the discretion of subordinates ; which must result in a less rigid supervision of the methods of discharging duty, and less control over the personal relations of attendants and patients, and the animus with which duties are done. The importance of this can be fully realized only by those who are familiar with the interior operations of hospital life.

"Third, The cottage organization renders impracticable, to a great extent, one of the most important of curative agencies, namely, all which may be classed under the head of public exercises ; which fill a large place in all first class modern hospitals. Nothing has done more than this to revolutionize insane hospital life, and given it domestic cheer and variety. On no agency can we so confidently rely for the happiness of the insane, and the increase of their spirit of contentment during necessary detention for treatment. An interest clusters around this part of the activities, which imparts an entirely different cast to hospital life, and leaves much more pleasant impressions on the restored mind. In a community of scattered cottages, especially

in this climate, a large portion of the pleasures and benefits of these exercises must be lost, for obvious reasons. Indeed, *I doubt if it would require more than a single New England winter to relieve the Cottage System of all its fascination.* On the other hand, observation leads me to believe that the insane turn their associations in the congregated plan, to good account, in the formation of social enjoyment, and return to mental health.

“Fourth, But the thing sought in the Cottage theory,—the semblance of ordinary domestic life—must, and I think can be secured by a proper hospital architecture, without sacrificing the great advantages of closer associations. The hospital architect must give us sitting rooms and parlors in place of “corridors,” and varied groups of rooms with the *aspect* of the private house instead of the style of the factory.”

In relation to this “homelike appearance” it must also be considered that the charms arising from the associations of a “family” do not depend upon the number that comprise it, but upon the affectionate relations and common interests of its members; and that we are providing for those bereft of reason, who have no such relations or interests. “All other ills which flesh is heir to, leave alive the human affections and admit the consolations of sympathy and love; but insanity so sears the heart, that no affection for another can grow upon it; no love from others can penetrate within it, and the unhappy victim sinks into apathetic indifference to common decency, or is so excited as to crush the life out of the mother who bore him as coolly as he would trample upon a worm.”

But if a “homelike appearance is the great restorative,” says Dr. Earle, “why did not the inmates of the hospitals recover at their homes? Why did they ever become insane? Why is there such a rush to the hospitals? Wherefore do these patients leave the very place of all places for homelike looks, and seek a refuge where, according to some, so little of these looks is to be found?”

The Commissioners do not deem it profitable to enter the field of speculation and fancy in reference to practical questions of this character. It is a fact which cannot be controverted that 90 per cent. of all the mentally deranged in New England who need to be sent to a hospital at all, will, at some time, require disciplinary restraint of some kind. In a very large number of cases this very discipline, according to the best authorities, is a very important and sometimes absolutely essential element in the means of effecting a cure.

This restraint must either be in the mechanical form of bolted doors or come from the physical force of human hands. Now, who that has a friend requiring such treatment would not infinitely prefer that this restraint should be applied in the form of a well-secured apartment of a hospital, with bolts and bars, if necessary, under the immediate supervision of a higher officer, rather than by the violent hands of an attendant in a distant "cottage," where the discretion or caprice of this subordinate would be the only law? However it may be at other institutions the inquiry of citizens living within a circuit of a mile of our own hospital will disclose the fact that the complaint on their part is not that patients have too much restraint, but rather too much liberty.

In relation to this point Dr. Earle says, "At a time when among the people there is an almost morbid sensitiveness in regard to the management of hospitals for the insane, and when it has been acknowledged that the fault which gives rise to this sensitiveness and complaint lies with the attendants and not with the principals of these institutions, is it the part of wisdom so to enlarge the borders of these hospitals as greatly to weaken the disciplinary power of the superintendents by increasing the means of independence in the subordinates?"

In relation to the original cost of construction it requires no argument to show that if these "cottages" were built of brick, in a substantial manner, as they unquestionably ought to be, the expense would be *greater* for an equal number of patients than it would be in constructing a larger building of the same material. It is obvious that no practical builder taking a contract to provide accommodation of this character for sixty persons would ever think to construct four separate buildings. He would manifestly find it for his interest to bring the number of rooms required all under a single roof. The only precedent for brick buildings of this kind in the United States is found in the two "Appleton Wards" of the "McLean Asylum" at Somerville, a private institution. They accommodate from twelve to fifteen patients each, at an average cost of twenty dollars per week for each patient, and do not present a good model for a state institution furnishing support at \$3.75 per week.

But it is suggested that these "cottages" may be constructed very economically of wood, and still be as comfortable and secure as the average domicil for the sane people of the state. If then

the citizen requires no other treatment or accommodations when insane than when sane, either as a means of restoration to health, or for the protection of the community, where is the need of any hospitals at all? Why were not the boarding houses and private dwellings of a half century ago adequate for this class of persons? Then the permanent hospitals which have been provided within that time are no longer monuments to the philanthropy and science of a progressive age, but reminders of the folly and inhumanity of our people.

Such an idea may serve to entertain the fancy, but it is a practical fact, established by the authority of the superintendents who have earned the right to give an opinion, that not more than ten per cent. of our insane could be properly placed in wooden "cottages" like these. The quiet demented and supposed incurables must be selected for that purpose, and such a separation of incurables from the curables was declared by the "*Association of Superintendents*" in 1872, to be consistent with "neither humanity, economy, or expediency." In the first place, as has already been stated, no one can tell, with certainty, which are curable and which are incurable; but if some are consigned to receptacles provided for them as incurables, "all experience," says Dr. Kirkbride, "leads us to believe that but little time will elapse before they will be found gradually sinking, mentally and physically, and, sooner or later, cruelty, neglect and suffering are pretty sure to be the results of every such experiment."

In relation to the question of original cost, it must also be considered that while the "cottage system" was under contemplation at Worcester, a high wall entirely surrounding that part of the farm where the "cottages" were to be "grouped" was laid down on the plan as indispensable to prevent escapes. This would be no inconsiderable item in the question of cost.

But if cottages thus cheaply constructed could be made serviceable for a state institution, *the reduction in original cost* would be fully counterbalanced in the long run by the *increased cost* of heating, attendants, and other items incident to an independent management of each cottage. It is perfectly clear that however these low, detached buildings are warmed, the cost of heating must be materially greater than for the regular hospital with equal accommodations. If these "cottages" were connected by long corridors, as has been proposed, and these corridors were warmed as

they ought to be, the expense of this item alone would be nearly double that of the ordinary hospital.

The cost of supervision is much greater. "The additional labor," says Dr. Earle, "caused by the dissemination of patients in the cottage plan is equivalent to the services of one or two additional medical officers. The proportionate increase of attendants is still larger. In the two cottages for females now in operation at Worcester hospital, the pay of the attendants is to-day equal to \$3,076 monthly for each patient. In the Northampton hospital to-day, the similar attendance, including supervision, is equal to 97 cents and four mills monthly per patient—a difference of two hundred and fifteen per cent. This single item of excess of cost in the cottages is equal to \$23.22 annually for each patient."

The two cottages referred to at Worcester were the farm houses acquired with the recent purchase of land for the new hospital. Dr. Eastman, the young and efficient superintendent of that institution, informed your commissioners that he would rather be responsible for the proper care of ten patients in the hospital than for one in the cottages. No other "cottages" are to be built, as he regards the objections to the system almost insuperable. Dr. Jelly, of the McLean asylum, at Somerville, approves of the "Appleton Wards," before referred to, for the wealthy patrons of that institution who are able to pay from \$20 to \$30 per week for a suite of rooms, but authorized the Commissioners to say that he considered the system impracticable for a state institution.

But this is not a new question even in the State of Maine. It was agitated by a committee of the Legislature in 1868, and ably discussed by Dr. Harlow in his report at the close of that year. His views as there presented, will be found in entire harmony with those of the other alienists already quoted. "Our idea," he says, "of the true way to provide for the insane, is to combine the hospital and asylum in one on a liberal and humanitarian scale, with suitable apartments for a proper classification of all, curable and incurable, who may desire its benefits. Anything short of this would, we believe, be a step backward toward the primitive mode of caring for these unfortunate persons and this step once taken, the decent would be rapid and easy."

This, in brief, is the case against the cottage system upon authority precedent, and reason. It is pronounced impracticable by the medical superintendents who have originated and put in operation every improved method which has hitherto been adopted.

No *medical man* in the United States who is to-day actually in charge of a regular hospital for all classes of the insane, endorses this system. It has never been introduced in the United States, not even where climate and other conditions give better assurance of success than here. At Worcester, after much discussion, the principle was accepted; but as they approached the practical application of it in all its details, many disadvantages and obstacles were disclosed which had not occurred to them when contemplating the theory. Almost by common consent, therefore, the whole attempt was formally abandoned, and the plan for a magnificent "hospital proper" of modern design has been adopted, and the construction of it already commenced. It is understood, also, that the matter has been under consideration at Ovid, N. Y.; but the institution at that place has not been conspicuous among our hospitals for a successful treatment of insanity, but is now understood to be an overgrown retreat for the "incurably demented," many of whom may with safety, be placed in frail wooden cottages; but it has been efficiently shown that humanity and justice cry out against the consignment of this class to a district receptacle, where "without hope" they fall into the category of mere animals and are soon treated accordingly.

It is not an economical system; for we have seen that it involves the maintenance of an *entire hospital* for every fifteen patients, at an expense twice as great as that required in the regular system, aside from the annual repairs. That is a very equivocal species of economy, which wastes at one end what it saves at the other. By this system all that could be saved in original construction would be lost in subsequent management and repairs. Besides, it is wanting in all the elements of permanency and durability requisite for a State institution.

Finally, it is manifest from the language of the "Resolve" that no such system, either in connection with the old building or as an independent design was contemplated by the last Legislature; indeed a strict construction of the resolve would have entirely excluded this "system" from the consideration of the present commission.

#### THE PAVILION PLAN RECOMMENDED.

A further duty devolving upon the Commissioners under the terms of the resolve was, "to employ a competent architect to make a plan of said hospital, and an estimate of the cost of the



same." Mr. F. H. Fassett of Portland, an architect of large experience, who has given much attention to hospital architecture and visited all the prominent institutions in the United States, and several in Europe, was accordingly invited to visit the hospital grounds in Augusta, examine the location, north of the present buildings, consult with the Superintendent, and submit a preliminary plan for a new building of sufficient capacity to accommodate not less than one hundred patients, and such as might be enlarged in the future without sacrificing harmony of proportion. He was requested to avoid as far as possible, all "prison-like appearances externally and internally, to give special attention to the means of admitting sunlight and air, provide for a thorough classification of the patients, and give the whole a cheerful and home-like aspect; in short, to combine all the supposed advantages of the 'cottage system' with the indispensable features of the ordinary 'aggregate' plan, and so remove the objections to both."

It is believed that the design submitted by Mr. Fassett, projected on the "Pavilion plan" a photograph of which accompanies this report, fully accomplishes the objects sought, and is therefore an improvement over anything hitherto adopted in the United States. The two "pavilions" or wings immediately connected with the central building, will together afford a capacity for one hundred patients, and, therefore comprise the extent to which the architect was desired to go; but for the purpose of giving a better representation of his idea, and showing in what manner the building could be symmetrically enlarged in the course of the next half century, he has extended on paper two other pavilions on each side of the central building. If the wants of the State should require that the design should ever be thus completed, the structure would accommodate about three hundred patients.

The peculiarity of this system consists chiefly in locating the "pavilions" at a distance of twenty feet from the central building and from each other, and establishing the connections by means of circular corridors of an average width of twelve feet. The corridors are built in the form of arcades, and may be thrown open at the sides in the warmer season, thus entirely separating the pavilions as regards light and air, and rendering each a large "cottage" by itself; while in the severe weather of winter these corridors may be closed and kept comfortably warmed. The corridors will contain the stair cases for each floor, and as far as possible be

made fire-proof, to prevent the communication of fire from one pavilion to another.

The center building has a front of 94 feet, and a depth of 64, and is four stories in height. On the first floor are the male and female reception rooms, medical offices, medical library, dispensary, treasurer's office, dining rooms, steward's office, and room for the matron. In the second story are the apartments for the officials, and in the third and fourth stories, sleeping rooms for the attendants and guests. In the basement there will be ample room for seamstresses, etc.

Each of the two pavilions connected with the central building is 158 feet in length, by an average width of 45 feet, and is three stories in height. On each floor of these pavilions is a parlor and dining room, two rooms for attendants, store room, bath room, conservatory, fifteen sleeping rooms, and a room for sick patients, accessible from the central building without passing through the main ward. The halls or "corridors" are fourteen feet in width, and are to be furnished at both ends with movable glazed sashes for the free admission of both light and air. The walls are high and the sleeping rooms spacious, well ventilated and light.

In the rear of the central building, on the first floor, connected by corridors, are the kitchen, bake house, employes' dining room, pantry store rooms, etc. In the second story over the employes' dining room is the lecture room or chapel, and over the kitchen are the sleeping rooms for the employes. In the rear of all are the boiler house, laundry, engine room and work shops.

Especial pains have been taken to secure a thoroughly efficient system of warming and ventilation throughout the structure. It seems to be among the well established principles with reference to heating, that for many reasons steam is the best agent that can be adopted for this purpose, and provision has accordingly been made for a low pressure steam heating apparatus. In regard to ventilation, experience has wrought a material change in the minds of architects and superintendents. Forced ventilation is no longer considered essential, and the system is generally abandoned. The arrangements for natural ventilation in this pavilion plan are in accordance with the latest and most approved methods, and are believed to be effectual to render the air throughout as pure as would be possible in any "cottage" or private dwelling house.

Arrangements for a more extended classification of the patients than is possible in the old building, have also received special at-

tion; but, according to the weight of authority, it is not desirable that this classification should be carried to the extreme, for the reason that variety is as agreeable to a majority of the patients as to any one else. "They are often much interested in the delusions of their neighbors, and by their efforts to relieve the afflictions of others, frequently do much towards getting rid of their own." It is believed that this plan provides suitable and ample means to enable the superintendent to associate in the same apartment only those who are least likely to injure and most likely to benefit each other.

The whole is designed in all its appointments, with reference to the most advanced ideas touching the nature and treatment of insanity. It is pronounced by our superintendent to be superior to any of which he has any knowledge in the United States; and apparently the best which the ingenuity of the architect can devise. It is in the "Domestic Gothic" style of architecture, and is designed to be built of brick with granite trimmings, in a substantial manner, and without expensive ornamentation.

The location recommended is within seventy-five rods of the present building, and is in all respects admirably suited for a hospital site. It is proposed, as already intimated, that the new structure shall be devoted exclusively to the accommodation of females, as soon as such a separation becomes practicable, and be ultimately known as the "Department for Females of the Maine Insane Hospital." Such an arrangement is found in several first-class hospitals of the United States, the most prominent being that at Philadelphia already referred to; and in relation to this point Dr. Kirkbride says; "While there are two hospitals of the same general character in one vicinity, many decided advantages and no disadvantages will result from having one of the institutions appropriated to males and the other to females exclusively."

Again in 1871, he says: "After more than eleven years' careful observation of the practical working of the plan, I should recommend that when an old institution removes to a new site, when an old building requires enlargement to meet the public wants, or when an entirely new hospital is being established by a State, the ultimate separation of the sexes should be looked forward to in the original selection of a site, the facilities for a proper division of the grounds and plan of the buildings. I have yet to learn of a single advantage that insane patients receive from having the two sexes in the same building, but I do know of

many inconveniences and disadvantages which result from this arrangement." In his report for the same year, Dr. Harlow says: "In point of economy it would be quite an advantage over that of establishing a separate hospital for both sexes in some other section of the State not only in the first cost, but in the subsequent current expenses. The buildings could be located at a convenient distance from each other and be regularly organized with suitable resident officers, a corps of good assistants, and all under one general superintending head, subject to the same Board of Trustees."

The cost of this new hospital, viz., the central building and two pavilions, as estimated by the architect, will be as follows: For each pavilion \$45,000; for each connecting corridor, \$2,000; for the central building, including the lecture room, when completed, \$60,000; total, \$154,000. It then appears that these two pavilions with accommodation for 100 patients will cost \$90,000, and it is manifest that only one-third of the cost of the central building can properly be charged to these *two* pavilions; for the whole design comprises six pavilions with accommodations for 300 patients, and the cost of the central building should therefore be apportioned among them all, including those to be built in future years. Again it is obvious that the accommodations offered by the central building, will not all be required in connection with these *two* pavilions, and that many portions of it may therefore remain unfinished until other pavilions are added. After consulting the superintendent, the architect and several practical builders, the commissioners are of opinion that \$100,000 will be sufficient to finish one pavilion and so far to complete the central building as to render the whole available for immediate use. They believe this to be as large a sum as can be advantageously expended, and all that the State can reasonably be called upon to appropriate in a single year. They therefore recommend the passage of a resolve appropriating the sum of one hundred thousand dollars towards the construction of a "Department for Females of the Maine Insane Hospital," the same to be expended the present year, under the direction of the Governor and Council, or of a suitable commission to be appointed by the Governor with the advice of the council, as the Legislature may deem most advisable.

The Commissioners are fully impressed with the importance of estimating all considerations of economy at their just and proper weight; but they are also mindful that true economy is never

found in temporary and professional expedients. It consists not only in avoiding all waste and extravagance, but also in doing in a substantial and permanent manner whatever it is necessary to undertake at all. "Everyone concerned in providing accommodation for the insane," says Dr. Kirkbride, "may rely upon the fact being established by all experience, that the best kind of hospitals, not only the best built, but the most perfect arrangements of every kind and managed in the most liberal and enlightened manner, are sure to be the most economical in the end; will most completely fulfill the objects for which they are erected, and ultimately give most satisfaction to every enlightened community.

Other States have expended, and are expending, for this purpose far more in proportion to population, than the State of Maine. Massachusetts, with a population of about 1,500,000, has hospital accommodations for 1,900 insane, or at the rate of about *one and one-third to a thousand*. Maine, with a population of 627,000, has hospital accommodations for only 350 insane, or at the rate of a little more than one for every two thousand. Yet Massachusetts has entered upon an undertaking before referred to, at Worcester, which will involve in the original cost and improvement of the grounds, and in the erection of the structure already designed, not less than *one million of dollars*, and it is safe to predict that not less than half as much more will be expended on the new hospital at Danvers, where a site has been more recently purchased. It is true that the wealth of Massachusetts is nearly three times greater for each inhabitant, than that of Maine, but the amount which it is then proposed to expend on this new hospital, is greater even in proportion to wealth, and three times greater in proportion to inhabitants, than the State of Maine will ever be called upon to appropriate for this new "Department for Females."

Maine is not rich, but she is not too poor to do her duty. No expense that is requisite to afford the most enlightened care to the unfortunate insane, will ever be regarded as beyond the means of her intelligent, humane and industrious people. Let the argument of "economy" be heard in relation to duties less sacred; let it prevail if need be, with reference to numerous calls less calculated to affect the welfare of the people and the honor of the State; but humanity, justice and the best interests of society unite in pronouncing this to be a duty which should no longer remain

unperformed. The last Legislature declared in the "Resolve" that the "State is now *called upon*" to enter upon this work; and it is confidently believed that the present Legislature will generously respond to this call.

WM. P. WHITEHOUSE,  
JOSIAH G. COBURN.

AUGUSTA, January 12, 1872.

## MINORITY REPORT.

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*To the Legislature of Maine :*

At its last session the Legislature of Maine passed the following

### RESOLVE :

WHEREAS, The Insane Hospital is now full and has from time to time been enlarged, until no further enlargement thereof is feasible, and hence the State is now called upon to enter upon the work of building another Insane Hospital, therefore

RESOLVED, That the Governor, with the advice of the Council, appoint three Commissioners, whose duty it shall be, to solicit proposals from cities, towns, or individuals, as an inducement to the location of said hospital ; to employ a competent architect to make a plan of said hospital, and an estimate of the cost of the same ; to consider the best method for the State to adopt in its construction, and any other matter legitimately connected therewith, and submit a report upon the whole matter, to the next Legislature, during the first week of its session. The necessary expenses and disbursements of this commission shall be rendered to the Governor and Council, to be by them audited and allowed.

This Resolve was approved February 21, 1873, and the undersigned Commissioner, appointed under its provisions, having examined, with the time and ability at command, the "whole matter," submits the following

### REPORT :

The preamble to the resolution, under which we act, assumes certain positions :

*First,* That the Insane Hospital is full.

*Second,* That no further enlargement is feasible.

*Third,* That the State is now called upon to enter upon the work of building another Insane Hospital.

Had there been any doubt lingering in the minds of the Commissioners as to the truth of the first position, a thorough examin-

ation of the premises would have fully satisfied them that if the present large number of patients *confined* there, had double the space and air now at their command, the hospital would still be "full," at least, as full as humanity and well regulated sanitary considerations would indicate.

That "no further enlargement" of the present building is either "feasible" or desirable, is equally patent to the Commission.

Upon the third position assumed, viz.: that "the State is now called upon to enter upon the work of building another Insane Hospital," the Commissioners were slightly at a loss; not being quite clear as to the full intent of the Legislature, in the passage of the Resolve.

If it be meant that "the State is now called upon to enter upon the work of building another Hospital," similar in *character*, and to be conducted on the *same plan* and at the expense necessarily involved, as the present one, the subject may well be regarded as open to discussion. If the true interpretation be, that "the State is now called upon" to provide increased accommodations, in the best place, and on the best plan, and in harmony with the pressing demand for economy, then may there be less liability to division of sentiment.

The history of the movement, as we learn it, together with the wording of the latter portion of the Resolve, "submit a report upon the whole matter," inclines us to the opinion that the intent was a broad one; and in that light we propose briefly to discuss it.

By the wording of the Resolve, however, the duty of advertising for proposals, of employing an architect to submit a plan and estimates, &c., is made binding upon the Commission.

This they proceeded to do. Advertisements were extensively circulated in the newspapers, but no inducements of controlling magnitude, all things being considered, were offered.

That from Bluehill being, in and of itself, a generous one; but not available for good, under the circumstances, the offer being that of a farm—the very thing which the State already has, and has in abundance.

That at Augusta, and on which the present hospital is situated, being finely located, and containing some 400 acres of excellent land, varied in surface and soil. The expression of citizens generally, the State over, being against rather than in favor of having a "mad-house" located in their midst.



One other fact obtains :—Your Commissioners, from all the information gained by reading and inquiry, came to the unanimous conclusion that a State of 600,000 inhabitants does not need a divided responsibility in the care of its insane. These considerations induce the belief, that whatever the State may conclude to do, in the way of enlarging hospital accommodations, had better be done on the present hospital grounds at Augusta.

This brings us to the direct question :—What does a wise and prudent Legislature require? Certainly the State cannot afford to withhold its bounty if humanity toward its unfortunates, demand; nor can it afford to be extravagant in the use of money to be earned by an already over-burdened people. Again the question recurs—How, and by what means? That insanity is the sorest evil with which man or women can be inflicted, is not to be questioned. And, that christian civilization requires that those suffering from the malady should be cared for, protected, and if possible *healed*, is equally patent.

The “long-ago” in which the lunatic was treated as a prisoner to be restrained, confined, and oftentimes punished, is fortunately no part of to-day. All civilized nations and States are now striving for the best method or system for reducing the terrible disease and, if possible, restoring the victim.

Two systems at least are under discussion in this country and in Europe. The one known as the close or aggregate system; the other the open or cottage, sometimes called the Gheel system.

Both have their devotees and defenders, and both doubtless have their merits.

The former is the system of Maine, and largely of the country. In most cases the buildings are large, with extensive wings, capable of containing a large number and variety of patients. Such a structure the resolution *seemed* to contemplate.

Consequently Mr. Fassett, a skillful architect, was employed, and he presented a plan for a new Insane Hospital, possessing more merit, to the mind of the Commission, than any other now in use in New England, possibly in the country. He was specially requested to consider *light* and *air*, and most skillfully did he make the application. The plans and estimates are herewith submitted. If the present system is to continue, if none better can be found in part or in whole, we cheerfully recommend the plan submitted.

But at the risk of differing with those wiser than ourselves, we ask if something better cannot be done?

No close observer, we think, can visit one of those close, confined, prison-like hospitals, and not feel that quite a portion at least were better off and much more likely to be restored to sound minds in the sunshine and open air, and with less restraint and better associates.

In every ward are to be found those of dissimilar tastes and habits, the one chafing against the other, and all feeling confined and uneasy, breathing over and over confined air, loaded with the peculiar odor always arising from the insane—the quiet and orderly suffering often the confinement and discipline needed only for the noisy and violent.

Thus the humanity of theory becomes an evil in practice. The classes are necessarily too few and the treatment too much in common. Again, the system is an expensive one. It may strike the tax-payers of Maine as a little unnecessary that it should cost \$1,000 apiece to house or domicile the inmates of the present Insane hospital. A wing that will accommodate 50 patients, costs \$50,000. If we add a fair proportion of the cost of the centre of the building and the grounds, it will amount to more than \$1,200 to a single patient. We cannot resist the conviction that a large portion of the inmates could be better housed at one-third of the expense and the well being of patients better served.

To this suggestion of cost, a defender of the system replied that \$1,000 per head is not more than an average of the cost of housing the inhabitants of the State. A very simple application of arithmetic will settle this question. The more than 600,000 inhabitants of Maine, housed at \$1,000 per head, would amount to more than \$600,000,000 or near three times the entire valuation of the State.

If the new hospital, according to the plan, should be built, the cost of the entire building and two wings, calculated to contain 100 patients, will cost, per head, near \$2,000. It may well be doubted whether in the present over-burdened condition of the people, arising from taxation, it is wise to make such an outlay; especially if the good sought can be more cheaply secured. That it may be, we are inclined to believe.

Year by year, if we correctly interpret public opinion, are thoughtful men coming to the conclusion that more and purer air, more light, more sunshine, and more homelike life, and if possible

less restraint, and less *feeling* the same, shall characterize the treatment of the insane.

The Gheel or cottage system is calculated to partially, at least, meet the demand. That it is perfect and only good we do not claim. That it possesses many features, making strong claims upon the public judgment, we cannot doubt.

We have been especially interested in investigating, as far as possible, the facts in relation to the "City of the Simple," as Gheel in Belgium has sometimes been called. The condition of things here might better perhaps be styled a spontaneous growth on which a system has been founded. From time immemorial, at least for more than a thousand years, this obscure town has been the resort for the feeble minded and insane. Just how and where it began to be so is hardly clear. That for a long time it has been and is an extensive resort for the insane of every grade and character, is a matter of history. The town seems composed of houses calculated for ordinary occupation of either sane or insane; and for centuries the same families, from father to son, have had the care of the same class of patients; thus acquiring great skill in their special calling.

With rare exceptions, no restraint is impressed upon the insane more than upon ordinary villagers. The people live by the business, make a study of it, and succeed.

The "poor unfortunates" are not constantly reminded of their prison-like life by the immediate presence of stone or brick walls on four sides of them, nor is the epileptic stumbling against the nervous, the violent against the quiet, and each prisoned by the order of all. Crowded wards, bad air, and over aggregation are all avoided. It is a fact now well settled, we think, that any abnormal condition of the mind is heightened or intensified by contact with like; by aggregation of the malady. The morally vicious are made more so, the gloomy more sad, and the insane "more crazy still." If this be so it becomes those seeking to restore as well as protect, to be careful as to means and systems.

Dr. Howe of Massachusetts, than whom but few men in the country have given more thought to the dependent and deserving, on visiting Gheel and considering it carefully became a thorough convert to the system.

There he found the peasantry, for miles around, each seeking for the care of patients, as a means of livelihood, and each vieing with the other in doing it kindly, cheaply, and still doing it well.

Of late some changes, indicated by the "growth" spoken of, have been made. Of course no human system or growth becomes perfect at once, if ever; and, as before indicated, both these systems have their merits and both their defects. One defect found to exist in Gheel as the numbers, classes, and conditions increased, was the want of some central place to which patients arriving in town could be sent for careful, scientific observation as to sanitary condition and the proper place to locate them for treatment and, if possible, recovery.

Formerly, if a patient arrived needing medical treatment, he might or might not get it seasonably; so he might be a long time in finding his proper place. To obviate this evil a central building has been provided by the generous and placed under the jurisdiction of a skillful, earnest, worthy man, and the unfortunate, on arriving, are sent to the central house for observation. If medical treatment is needed he is properly treated and carefully attended. If the malady be wholly mental and not dangerously violent he is placed under the care of some one of the villagers, best skilled in the care of such. If really dangerous under all circumstances, then the means of restraint are at hand.

Here then, we think, is the foreshadowing of what we may safely recommend for Maine. And in doing this we feel that though slightly in advance we shall not be wholly alone. The great State of New York caring for, by State and private charities, more than 4,000 insane, is now discussing methods and systems with vigor.

A commission on public charities reported to the Senate in 1871, interesting facts and suggestions; we copy briefly: From this we learn that there are about 2,600 patients cared for in five distinct hospitals, owned in whole by the State. They are located in widely distant towns and all save one, viz.: that at Ovid, on the aggregate system. The statistics as to cost and numbers of patients are as follows:

	Capacity.	Cost.
Asylum at Utica.....	600.....	\$661,000
Poughkeepsie.....	400.....	1,200,000
Buffalo.....	500.....	800,000
Middletown.....	200.....	360,000
Ovid.....	900.....	728,000

The Commissioner finds the cost per head of housing to average more than \$1,600 in the entire State, and more than \$1,400 in the

list enumerated. The only exception, as will be seen above, is that of Ovid, and this is the only one administered even partially on the cottage system. Of this and of the system the New York Commission say: "It consists of a central edifice with wings—a plain substantial brick building. It also has a 'branch' building, so-called, about one mile from the main building, for females. They also propose to build a detached group of substantial but less expensive houses for quiet male patients—say central building \$500—'Branch,' \$200—group of colleges, \$200—\$900 in all. The trustees express the opinion that its capacity may be very properly extended by the erection of additional groups of buildings at different points on the farm so as to accommodate nearly if not all the chronic pauper insane of the State not now otherwise provided for. In the judgment of the officers it would prove economical and successful.

"This subject is one of such great public importance not only as affects the insane, but as to the cost of maintaining them, that the Board deemed it essential to invite attention thereto."

In our own State your Commissioner finds on the present hospital grounds a large central building with numerous wards and places of confinement, capable of containing some 400 patients. This he believes to be all of the kind that will be needed at least during the present century. Here all patients can be sent for observation, and for retention if necessary, and the balance for a long time, at least, we feel were better cared for upon the system of cottage accommodation.

We consequently recommend that a sum not exceeding \$25,000 be appropriated for the building, on some suitable location on the present hospital grounds, a group of cottage houses not to exceed in number five, and not to exceed in cost the money appropriated. Let the buildings be plain, simple and substantial, about such as *sane* men live in, on the farms and in the villages of the State.

We are quite sure that this outlay will furnish accommodations for fifty or more patients with their attendants, and in as good style as a majority of those who are to be taxed for the charity are able to furnish for themselves and families, and we take it for granted that upon the broadest *christian* grounds even, we are not required to do any better by our neighbors than by ourselves. The whole can be done under the direction of the Governor and Council or by a Commission, as your wisdom may dictate.

We know it will be objected that it is an experiment; to this we cannot fully assent in the light of what is transpiring. But if so it is not an expensive or dangerous one. A large portion of these patients have lived in cottages at home, and lived comfortably, we presume. Does it follow that they are to be benefitted either mentally or physically by being crowded into the wards of a hospital?

Prudentially or economically the experiment is safe; for, as at once can be seen, the interest on a new hospital, such as is contemplated by the plans, would amount in three years to more than the money herein recommended; so that, if at the end of three years, the cottage system is a failure, no money is lost.

But we hear it objected that it will cost more to warm and attend an equal number of patients upon the cottage system than upon the aggregate. This is a fair position and would possess weight if true, and at first thought it might so seem; but how when analyzed? One of our large hotels frequently accommodates 500 guests; are they cared for and fed at a less aggregate expense than the same number in our village or farm houses? Statistics prove it far otherwise. On the same side, is experience demonstrating facts, in railroad consolidations, and various kinds of aggregation in the country.

Again climate is taken into account. To this we can only say, the climate of Maine remains the same whether men are sane or insane. If sane they are not birds of flight, but remain at home winter and summer and are made comfortable—so may the insane. It will at once be admitted that most men, having care of the insane asylums of the country, defend the present system and complain that the "outside world" should differ with them. Such are the responses which your Commission have received.

It is always unpleasant to differ with men of learning and experience; still we realize that often they differ among themselves upon the same subject, and in the light of the same experience rendering it impossible for the "outside world" to harmonize with all. *Old ruts* have attachments for us all, and men of science and learning in this special calling, we presume, are no exception. In all deference, then, to the opinions of others, but in the full belief that we recommend a procedure that will include all the advantages of both the systems alluded to, while it obviates much of the evils of both, and in full conviction that humanity and

economy both lean the same way and harmonize in the conclusion ; but in no pride of opinion, and seeking only the well being of the sorely afflicted and the interest of the State, we submit this report to the intelligent representatives of the people of Maine for such consideration as their better judgment may determine.

N. G. HICHBORN.

AUGUSTA, January 8, 1874.