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Board of Trustees

OF THE

MASSACHUSETTS

GENERAL HOSPITAL,

FOR THE YEAR

1841.



BOSTON:

PRESS OF JAMES LORING.

1842.

REPORT

OF THE

BOARD OF TRUSTEES OF THE MASSACHUSETTS GENERAL
HOSPITAL, PRESENTED TO THE CORPORATION AT
THEIR ANNUAL MEETING, JANUARY, 1842.

THE Committee appointed to examine the accounts of the Treasurer, and to prepare a report on the general condition of both branches of the Institution, to be laid before the Corporation at its annual meeting, having attended to the duty assigned them, respectfully report:—

That they have examined the accounts of the Treasurer and the statement of the property in his charge belonging to the institution, together with the vouchers and evidences of the same, and find them all correct. The accounts of the receipts and expenditures in the two departments of the institution, prepared by the Superintendent of the Hospital and Steward of the Asylum, together with a detailed report from the Physician and Superintendent of the Mc Lean Asylum, are herewith presented.

In consequence of the resignation of Capt. Charles Sumner, our late Superintendent of the Hospital, it became the difficult duty of the Board of Trustees to supply his place at as early a period as possible, and they accordingly selected from among several strongly recommended candidates, Mr. John M. Goodwin, the present incumbent, who entered upon his duties early in April last, and has since performed the same in a manner so satisfactory, as to give every reason to believe the Board made the best choice in their power.

By reference to the tables contained in the report of the Superintendent of the Hospital, it will be seen that the whole number of patients admitted the past year amounted to 404, of whom 151 were discharged well, 87 much relieved, 65 relieved, 53 not relieved, 26 died, 3 eloped, and 6 unfit, leaving in the house at the close of the year 48, being one more than was remaining there at the end of the preceding year. It will likewise be evident that the proportion of all the ward beds occupied by free patients was almost as 2 to 1, and that the average time of stay of said patients was six weeks and six days, being considerably longer than the returns for several preceding years will show. Further, that notwithstanding there was a much larger number of persons admitted, many more of whom enjoyed the advantages of free beds, still, the whole amount of expenditures for this branch of the institution has been considerably less than in any of the previous seven years, which of course, shows a very decided diminution in the cost per week, incurred for each patient. This happy result, a considerable reduction of the expenses, notwithstanding the increased number of patients, is owing in part to a material diminution in the price of provisions, and also to the great care and good management of our Superintendent.

The Committee are indebted to Doct. Bowditch, our most indefatigable Assistant Physician to the Hospital, for the following valuable statistical notices on the subject of free beds, and admissions of patients in general.

	1839.	1840.	1841.
Number of applicants for admission, .	563	523	518
do. of permits allowed, . .	350	342	362
do. of permits refused, . .	174	143	112
do. of refusals in consequence of no vacant free beds, . .	81	78	48
Whole No. of free patients admitted, .	134	164	213

From the above it may be seen that the number of applications for admission has diminished during the last two years,

while the whole number admitted has increased. Again, that the number of refusals to persons applying for permits has been nearly one third less the past year than in 1839, and that the number of refusals, in consequence of no free bed being vacant, was nearly one-half less compared with 1839, and lastly, that the number of free patients who have actually resided in the House and enjoyed its advantages, has been augmented this past year more than one-half of the whole number of the same class received in 1839 ; thus proving that the Hospital has more fully met the wants of the community of late than heretofore.

In reporting on the general condition of the McLean Asylum, we have the great satisfaction of saying that in every respect it continues to maintain its well earned reputation. The system of medical and moral treatment, so wisely and happily commenced by the eminent predecessors of our present worthy Physician and Superintendent, has been most successfully carried out by him. During the past year several new rooms have been fitted up for the accommodation of patients, all of which were immediately occupied, and it is believed that at this moment, as great a number of patients are receiving benefit from this noble institution, as can conveniently be accommodated and attended to by its various officers.

It will be seen from the accompanying report of Doct. Bell, that on the 1st of January, 1841, there were remaining in the Asylum 126 patients, since which 157 more have been received, making a total of 283 under treatment during the year, of whom 141 were discharged, leaving in the House at the expiration of the year, 142 patients.

To the above, much valuable and important information might be added, but the Committee being unwilling to do injustice to Doct. Bell's most able and elaborate report by attempting an imperfect abridgment of its contents, respectfully recommend its careful perusal to all, feeling well assured that in so doing they are engaging the sympathies of every one in the alleviation and cure of the most distressing malady to which we are exposed. While closing our remarks it only remains for us to state, in

speaking of the success of the Asylum, that we cannot but attribute it mainly to the unremitting assiduity with which its several officers have ever discharged their arduous duties—an *assiduity* which must have its origin in the deepest interest in the cause, as well as the individual cases, this it is alone which can support them through the many trying scenes to which they are subjected.

It will be perceived, on reference to the accounts of the Treasurer, that the present value of all the productive property of the institution, deducting its debt of \$20,000 to the Massachusetts Hospital Life Office, is about \$90,000, and that the receipts of interest, dividends, and donations for free beds, together with the returned funds from the McLean Asylum during the past year, amounted to about \$24,000, while the expenses for the same period were \$23,600. All of which is respectfully submitted.

CHARLES AMORY,
EBENEZER CHADWICK, } *Committee.*

Boston, Jan. 1842.

REPORT

OF THE

SUPERINTENDENT OF THE HOSPITAL IN ALLEN STREET,
BOSTON, FOR THE YEAR 1841.

Admitted to the Massachusetts General Hospital, from January 1, 1841, to January 1, 1842.

	Males.	Females.	Total.
Patients paying board,	124	44	168
do. do. part of the time,	18	5	23
do. entirely free,	105	108	213
	<hr/>	<hr/>	<hr/>
Total,	247	157	404

Discharged during the same year.

	Males.	Females.	Total.
Well,	96	55	151
Much relieved,	53	34	87
Relieved,	35	30	65
Not relieved,	34	19	53
Not treated,	7	5	12
Eloped,	3		3
Unfit,	3	3	6
Dead,	19	7	26
	<hr/>	<hr/>	<hr/>
Total,	250	153	403

Proportion of deaths to the whole number of results, is 1 in 15.5.

	Private Rooms.	Paying.	Free.	Total.
Greatest N ^o . of patients at any one visit,	7	29	37	61
Least do. do. do.	2	13	26	41
Average number of patients, .	3½			51
do. do. of foreign patients,				15.5

Proportion of Ward beds occupied by free patients, is a fraction short of two to one.

Average time of stay of Ward-paying patients, is $4\frac{5}{7}$ weeks.

do. do. of free patients, is $6\frac{6}{7}$ do.

Analysis of Patients.

		Pay.	Free.	Part of time paying.
Males.....	Mechanics,	35	24	4
	Laborers,	22	37	5
	Farmers,	8	3	1
	Sailors,	14	9	1
	Minors,	13	9	1
	Teamsters and Coachmen, .	2	6	
	Traders,	5	3	
	Clerks,	3	2	
	Merchants,	2		
	Clergymen and Students, .	4		
	Waiters and Domestics, .	2	2	2
	Other occupations, . .	14	10	4
There were of this No. in private rooms, 31.		124	105	18
Females....	Domestics,	16	56	1
	Dressmakers & Seamstresses, .	3	14	
	Spinsters,	4	3	1
	Minors,	2	8	1
	Housekeepers,	5	1	
	Wives,	11	12	2
	Widows and Nurses, . .		3	
	Factory girls,	1	3	
	Cooks,	2	4	
	Other, and no occupation, .		4	
Of these in private rooms, 5.		44	108	5

More than one quarter of the free patients were female domestics, and of the male laborers, more than one sixth, most of whom were Irish.

Annual Expenses for 1841.

Stores,	.	.	.	.	.	4,000	51	
Wages,	.	.	.	.	.	3,381	90	
Fuel,	.	.	.	.	.	1,224	73	
Furniture,	.	.	.	.	.	857	37	
Medicine,	.	.	.	.	.	1,070	87	
Repairs,	.	.	.	.	.	718	47	
Stationary,	.	.	.	.	.	62	25	
Grounds,	.	.	.	.	.	9	54	
Total,						\$11,325	64	
Deduct Contingent Cr.	.	.	.	.	.	129	93	
								\$11,195 71

The whole amount of board charged during the year to all the patients, was \$8,610 45; of this sum there was charged for free patients, \$4,974 55 to the Trustees, and the balance \$3,635 90 received in cash from the paying patients.

If from the amount of annual expense	.	.	.	.	.	11,195	71	
be deducted, as usual, the charges for								
repairs,	.	.	.	.	.	718	47	
do. for grounds,	.	.	.	.	.	9	54	
also the stores on hand,	.	.	.	.	.	107	70	835 71

and this balance be divided by 52 (the week,) \$10,360 00
and this quotient by 51, the average number of patients, the results will give \$3,90 for the weekly expense of each patient.

JOHN M. GOODWIN, *Superintendent.*

To the Board of Trustees.

TWENTY-FOURTH

ANNUAL REPORT

OF THE
PHYSICIAN AND SUPERINTENDENT OF THE Mc LEAN ASYLUM
FOR THE INSANE, TO THE TRUSTEES OF THE
MASSACHUSETTS GENERAL HOSPITAL.

IN presenting the annual Report required by the regulations of the Massachusetts General Hospital, the Superintendent of the McLean Asylum for the Insane would willingly confine himself to a brief statement of the numbers received and dismissed from its care, and the prominent results of the cases.

At this period however, so much public attention is turned to the subject of hospitals for the insane with a view to their establishment in almost every section of our widely spread country, where they do not already exist, and the older institutions are so much called upon for facts and suggestions, that he feels as if his duty to the cause would hardly be discharged, without offering each returning year some views and remarks of a wider scope, than those specifically called for in the rule requiring him to make an annual report.

Impressed with this feeling he gave year before last a detailed account of the constructions, system and means which the experience of this nearly the oldest curative institution in the country had adopted to secure its ends; last year prompted by the views which a cursory examination of some of the metropolitan institutions of England and France had suggested, he attempted some comparison of the general principles of providing

for the insane in Europe and in this country, in the wish to add his convictions to the testimony of their own best writers against the very objectionable character of the *private madhouse* system. At the present time the arrangement of topics for which a brief consideration is proposed is,

1. *A recapitulation of the ordinary results of the operations of the Asylum during the year just closed.*

2. *An explanation of the omission of any further statistics, and a protest against the usual system of reporting the facts connected with institutions for the insane.*

3. *Some approximative comparisons of results for a few consecutive years, remarks on the general health, extent and causes of deaths during the past year, and an explanation of the high rate of cost for each inmate as contrasted with other institutions.*

4. *Views of the relative value of medical and moral means of treatment, with an outline of the main features of the latter, embracing the mutual obligations and duties of an Asylum and the friends of those committed to its care.*

1. *Recapitulation of Results.*

	Males.	Females.	Total.
Number of patients, Jan. 1, 1841, .	75	51	126
Received during the year, . . .	85	72	157
Whole number under care, . . .	160	123	283

There have been discharged :

Recovered,	47	28	75
Much improved,	6	5	11
Improved,	6	7	13
Not improved,	15	14	29
Dead,	7	4	11
Unfit,	0	2	2
	81	60	141

Remaining at the end of the year, .	79	63	142
-------------------------------------	----	----	-----

The above is the usual outline of results, following the precedent of former years. I have for the reasons given last year,

made no attempt to enter further into the so called *statistics* of circumstances relating to the insane, as presented in the experience of this institution. The views of the absurdity of such figuring then presented have been still more strongly confirmed in my own mind, and it has been a source of satisfaction to find that some able medical writers in our own country and abroad, have simultaneously concurred in deprecating a system of attempting to give a numerical expression to incidents having no mathematical relations—a system necessarily filled with guess-work and calculated to convey so many wrong impressions to those not conversant with or who have not reflected upon the subject.

There are but few circumstances touching the history, causes, type or results of the cases of insane persons which are capable of being stated numerically. Of these few, it unfortunately is true, that their importance is almost too insignificant as matters of curiosity or of science, to render their communication of much more value than the fashion of their dress or the aspect of the planets. I presume that the ages of patients, their civil state as married, widowed or single, the color of the hair and eyes, the complexion and the like, might be recorded and conveyed with a tolerable degree of exactness, but beyond this any thing of the ordinary tabular statistics requires so many explanations and qualifications on account of their complexity, uncertainty and changeableness, as to deprive them entirely of the character to which they seem to aspire.

When it is practicable by any acuteness of sagacity to seize upon, and by any precision of language to express in signs and classify in columns the degree and character of the affective sentiments, the moral qualities and the intellectual capacity of an individual, then we may look for the characteristics and results of insane hospitals in tables of scientific accuracy.

It may be alleged that such tables from the very nature of the subject profess to be nothing more than mere approximations to exactitude. The question then is, whether it is not safer and better, to trust to general statements of facts on a subject of this

kind, than to attempt to coerce loose approximations and conjectural estimates into the semblance of mathematical data. When an institution authorizes the general statement that cases of insanity of not many months duration usually recover, it appears to me quite as valuable a fact in its relations to science or practice, as if a given percentage were announced from approximative data and more so, for there are many circumstances which would probably render the last statement inexact, nay, it is impossible that it can really have the accurate character to which it pretends.

I have ventured the opinion that very few and trifling facts relating to insane hospitals, are capable of numerical expression *bonâ fide*. Even the *profession* or *vocation* of patients cannot be specifically stated in a vast many instances without going into the whole personal history of the individual, which of course could not be expressed in a *table*. Many, perhaps most insane men have constitutionally ill balanced minds, and have been restless, vacillating and unsteady in their pursuits. Some have scarcely followed any business to a degree worthy to identify them with it as having any relations to disease, (and in this view only is the research worth making,) while others have run through half the mechanical arts with about equal claims to each as their calling.

As to the *causes* of disease and its *duration* before admission, I must give my testimony that receiving patients principally from the better educated and most intelligent classes of society, and from the proximity of the residence of most of their friends to the Asylum being in such constant communication, as enables us to ascertain and verify antecedent facts to the highest practicable extent, there is not one case in ten where a satisfactory or adequate single cause can be decided upon as certain, and I suspect that in a majority of cases, the first impressions of the probable causes of disease, as derived from friends will be changed on more mature examination.

The *type* or form of disease whether mania, melancholy, dementia, moral insanity, or any other understood description of

symptoms, might be given on any one day with considerable exactness. But how the same case running through several forms in the course of a few months, resting perhaps about as long in mania as in melancholia, and peradventure closing in dementia, can have an annual character applied to it and be classified in tables, is difficult to be understood. Every one familiar with the insane knows that the character of the disease is constantly changing, many cases for years having no form so prevailing or usual as to justify its being ranked under one head rather than another.

Even the annual return of *deaths*, (and the small ratio of mortality is a point on which our institutions have occasionally manifested considerable elation,) a subject which one would suppose capable of accurate, unqualified expression if any were, will vary much not only as affected by the care and skill of an institution or its healthiness of position and arrangements, but by the views which may be entertained of the expediency of permitting the sufferer to spend the last weeks or days of expiring life among kindred or without removal. The ratio then of mortality will express nothing beyond a mere contingent circumstance, and possess the slightest value as a fact in science.

The number of patients *eloped* also a subject of statistical returns, will depend upon the exertion and expense employed in regaining the fugitives, for the number of "eloped" is based not on the frequency of escapes, but upon those not returned. Perhaps no other way is practicable, if any expression of so unimportant a fact is worth making at all, for the stages of elopement betwixt a mere losing sight of a patient for a moment, his absence for a week or his permanent release have no line of demarcation upon which any other more constant standard can be founded.

The returns *much improved* and *improved* are obviously mere expressions of opinion, without any settled standard by which a supposed amelioration can be measured so as to convey any precise meaning except to the mind which judges and decides upon the given case, and the term *recovered*, apparently suffi-

ciently plain and intelligible, is far from conveying an exact unqualified idea. Indeed, it is far from an easy duty to make out a list of those who form the recovered. The degree of mental, moral, and affective soundness is widely various. In contrasting the results of one institution with another, or with a different period of the same, there is a radical uncertainty from the rules and rights of detention or dismissal. In a hospital having a legal power of detaining the patient until in the director's judgment he is recovered, those who have passed over four-fifths of their progress towards restoration, will not as in an Asylum under different regimen, be removed by impatient or presumptuous friends to add to the number of "much improved" only. In such a case, it is the opinion or rather the will of friends, that determines the return of "recovered," or "much improved."

As a matter of comparison this branch of statistics is still more likely to lead into error. This was adequately shown in our last annual report of this Asylum; the records demonstrating that the returns of "recovered," were affected an hundred per cent. in favor of late, as compared with early years, by the establishment of a rule requiring at least a three months' residence in case recovery were not sooner obtained. Any legal or conventional power of retaining patients until the event was fairly and fully decided, would effect still another change in this respect.

Again, if a case of insanity presumed to be of not more than six months' standing is called *recent* in one institution, and of twelve at another, the consequence will be that at the first the ratio of cures of recent cases will be essentially, and of old cases immensely greater than at the latter under identical facts! So if those dismissed from an institution in a convalescent state are entered in the register of one institution as "much improved," while at another, if they are heard of as sound before the end of the year, they swell the list of cured, it is manifest that the same facts make a widely opposite report.

The two great points in relation to "recovered" patients, on which an approximation to accuracy would be peculiarly desirable both for popular and professional information, are the degree

of integrity to which the sufferer arrives in his intellectual powers, his moral sense and his affective sentiments, and the number of attacks to which he may have been previously subjected. We have never attempted to go fully into these in our American institutions ; we have not only not essayed to tabularize them, but have not often ventured general expressions of opinion. For ought which has been reported, the public is justified in supposing that in all cases “recovered,” a state of original integrity is attained, while melancholy experience too strongly demonstrates that this is far from being uniformly the case ; the temper, feelings and intellect of the sufferer, perhaps previously ill-balanced or ill-regulated, feel the influence of a decided attack of disease in augmented irregularity and eccentricity.

The register too of any institution will not fail to present many instances of “recovery,” which have “recovered” before, and that perhaps repeatedly, cases often of periodical disease arriving at a certain stage of soundness perhaps complete, but not permanent. It is possible that a single case of this kind might constitute several recoveries in a single year ! This would readily happen if the sufferer’s residence were so near an institution that he could be removed when in his rational stage from its care, and be replaced when a paroxysm of excitement or depression supervened. Every Asylum has its proportion of these frequent comers. If entered anew each time of relapse, and discharged as “recovered,” in the ratio or percentage of recoveries, especially in an institution discharging not more than fifty or a hundred patients annually, the effect would be ludicrously obvious.

A single illustration in this matter of statistics will show how easy it is “to keep the word of promise to the ear, but break it to the sense.” An eminent English naval officer in his book of travels in the United States, shows his estimate of the high character of our institutions for the insane, by referring to the statistics of one where the ratio of recoveries is given as 91 $\frac{7}{8}$ per cent. This statement was doubtless literally accurate. Every work on insanity since issued from the press abroad, comes to us repeating



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sional men who are devoted to this department of the medical art." Whether any thing could be accomplished in this country by such an arrangement is well worthy of consideration. As things now are progressing there is infinite danger that the public mind may arrive at such views and expectations as to the curability of insanity, as will eventually react most unfavorably on our successors in these holy, though arduous avocations, if not upon ourselves.

3. Some approximative comparison of results for a few consecutive years, remarks on the general health, extent and causes of deaths of the past year, and an explanation of the high rate of cost for each inmate as contrasted with other institutions.

In the operations of the institution during the year just closed, there has been little of incident or novelty to be communicated to your Board. From the Recapitulation given, it will be seen that the Asylum has received and dismissed more patients than during any previous year. In fact it has been filled to overflowing, although the admissions and discharges have so nearly kept pace with each other, that we have not been obliged to refuse any application.

The curative results are essentially the same as during the preceding years that the institution has been under its present head, as far as can be estimated from an approximation towards the facts, deduced annually on the same principles, and with as great a degree of uniformity of judgment as could be hence expected.

The following is the sketch continued from last year's report, of such results as have been presented for some years past.

Year.	No. admitted.	No. discharged	Whole No under care.	Died.	Not improved.	Improved.	Much improved.	Recovered.	Remaining.
1835	83	84	163	11	7	11	9	45	77
1836	106	112	183	10	24	5	9	64	71
1837	120	105	191	8	8	4	10	72	86
1838	138	131	224	12	13	7	23	74	93
1839	132	117	225	10	13	11	11	69	108
1840	155	138	263	13	18	20	12	75	125
1841	157	141	283	11	29	13	11	75	142

The proportion of those adjudged recovered, and of deaths in those discharged, and of deaths in the whole of those under the care of the Asylum, as continued from the table published in the last Annual Report, is as follows :

Year.	Per cent. of recoveries.	Per cent. of deaths of discharged.	Per cent. of deaths of all under care.
1835	53.5	13.	6.1
1836	57.1	8.9	5.5
1837	68.6	7.6	4.2
1838	56.4	9.1	5.4
1839	59.	8.5	4.4
1840	54.3	9.4	5.
1841	53.2	7.8	3.9

The custodial results, and these, comprising the degree of comfort, security and health, not only of those under treatment but of a large class of incurables accumulated here from the very foundation of the institution, can be considered as no secondary object, have been as far as I am a suitable judge, as well maintained as in former years. The establishment has been filled perhaps beyond its most advisable limit, but by extending the accommodations by various architectural alterations and increasing the number of attendants, much inconvenience has been obviated.

The health of the inmates has been favorable. The deaths have been comparatively fewer than for many years, and no one has deceased after leaving here as far as has been learned. We can hardly expect another year so favorable in this respect. Many of the inmates of the Asylum who have been here from its early years, are approaching the verge of life from old age, and the number of epileptics already constitutes four or five per cent. of our average number.

The deaths during the year have been from epilepsy, and that so common winding up of the lives of the insane known in the reports of hospitals under the various appellations of exhaustion, marasmus, general decay and debility, being a gradual prostra-

tion of the powers of life with more or less manifestations of cerebral and intestinal affection.

We have again the privilege of rejoicing in an exemption from any death by the patient's own hand. The number of those brought here with a suicidal propensity has been very numerous. Our remarkable exemption year after year from this sad form of death, is doubtless attributable in part to the very frequency of the disposition inducing the habit of constant scrutiny and vigilance in detecting and preventing its design. Unceasing vigilance has saved many from the ordinary modes of perpetration, and the use of the stomach pump from self-starvation. We have now received between eight and nine hundred patients without this fatal accident, except in a single case, where what would ordinarily have been a slight suicidal attempt resulted in death from the exhausted condition of the aged patient.

In relation to the general management of the institution, there is one topic of the Financial Report which will be before you, on which some explanation is due, less for the information of your Board and those familiar with the Asylum, than for those elsewhere, who examine the returns of insane institutions with a view to the supplying of distant States with their aids. This is the much greater expenditure here than at many of the other institutions. A bare statement of the fact that the average amount expended on each patient here was twice as great as at some other hospitals, might lead to the suspicion of some strange want of economy or management with those not cognizant of many circumstances, involving necessarily a departure from the frugal and unexpensive mode in which it is possible for an institution to be carried on. The explanation is founded in part upon the greater proportion of cases admitted in a stage of activity of disease and probable curability, requiring of course much more expense in attendance, means of diversion and the like, than would be expedient for the quiet and incurable, but principally from the fact that we have considered it a leading object to adapt the means of the institution to the accommodation not only of those in moderate circumstances, but of the wealthier classes of our

community. The humbler classes as far as this world's goods are considered, have been well provided for in this Commonwealth by institutions adapted to their good and secured to them by statutory provision. If this institution should not receive the wealthy, they must be without provision unless they are so manifestly dangerous, that the statute makes provision for them. If received here it is due to them that the most abundant aids should be secured to them. They have always evinced a readiness to fully repay for such aids, and their liberal remuneration has justified the institution in furnishing a much higher grade of curative and comforting appliances to all under its care, rich and poor, than would be practicable under other circumstances. The apparently high weekly stipend paid by many of the wealthy, is most freely and gratefully met, and perhaps though nominally large, is comparatively less onerous than the minimum rate to those to whom such rate is charged. The friends of the wealthy feel that a price far beyond the actual cost is but a just donative to society, for the liberal provision made in anticipation to meet their very need. It is by such recompense that the Asylum is enabled to receive one half its numbers at a price below the actual cost.

Still more has it been felt that the only mode in which that system of unutterable horrors, the *private madhouses* of the old world could be kept from New-England, was by having some of our institutions so adapted that those who abroad would fill the private madhouses, might be received and treated with as high provision of expenditure as their artificial wants might render to them necessary.

With these views, our conviction has been that any parsimony in providing every aid that pecuniary outlay could procure, would be a prodigal waste in the chances of cure and comfort. Our enquiry has been not how shall we contrive to reduce expenses by curtailing and abridging, but how can money, valueless indeed in comparison with the object to be attained, be used to forward the designs of the institution.

4. *Views of the relative value of medical and moral means of*

treatment, with an outline of the main features of the latter, embracing the mutual obligations and duties of an Asylum and the friends of those committed to its care.

The general management of the institution has remained without essential change, beyond the auxiliary aids which each year's experience must necessarily add to the means of treating a class of diseases so peculiarly dependant upon experience and direct observation, and not upon theory or transmitted information, for its best medical and moral appliances, as insanity.

Each year that I have passed in this extensive field has served to diminish my confidence in an active medical treatment of almost every form of disease of the mind, and to increase my reliance upon moral means. No individual at the head of an insane institution would now think of combating any form of insanity, with the depletory and reducing means once regarded as indispensable. The practice of bleedings, violent purgations, emetics, vesicatories and derivatives, has passed away before the light of experience. A different and opposite mode of treatment by energetic sedatives, I am satisfied, is obnoxious to many objections, although far to be preferred to the first. The recoveries under their administration, occasionally most magical and most gratifying in appearance and for the present, as far as my observation and experience have extended, are neither so perfect nor so permanent as under a less decided course of measures. A *wise expectation* and a cautious use of medical agents to meet symptoms, comprise most of the aids that the pharmacopœia is capable of affording. But in relation to moral means, especially carried through as they can be only by the instrumentality of an appropriate institution, my annual experience has only exalted my confidence.

Under the head of moral treatment, many points are comprised, and all so indispensable that none can be omitted without irreparable loss. Perhaps they may be all included under the heads of,

1. Separation from home, friends, and ordinary associations, with interdiction of all circumstances calculated to contravene this indication, as visits, letters, and the like.

2. Direction, including the application of such measures as adapted to the varying circumstances of each case are calculated to save from noxious influences upon mind or body, to change and divert diseased action, to secure as much personal comfort as practicable, to retain as long as, and no longer than the real interests of the sufferer require. Natural characteristics of mind and heart, education, social position, type of disease, all modify the directory course to be pursued. When to temporize and when to insist, when to indulge and when to require, when to persevere and when to abandon treatment satisfied with what may already have been attained, can only be decided in view of each case. Of course as perfect a direction as from the nature of the subject is practicable, can be exercised over such a number only as can be thoroughly known.

3. Classification, by arranging in society with, and confining intercourse to such persons, patients and assistants as are most likely to exert a favorable, or save from a noxious influence during the period of mental disorder; the principles of self esteem and emulation and forbearance, being also brought into action upon the character of the insane individual, by means of such classification.

4. Occupation, including under this head every means of employment and diversion, whether useful or amusing, which ingenuity or experience may have introduced.

These are merely presented as prominent objects to be secured, and not as any philosophical arrangement, since under the general head of direction all the various means medical and moral might be comprehended.

1. Separation. The duties of the friends of the insane, and an institution to whose care they are to be committed are mutual. An asylum ought not to be regarded as a public hotel or caravansera to which individuals when troublesome at home are to be brought under any circumstances, and removed as summarily. The object which our benevolent founders had in view and for which they contributed so bountifully was to attain the highest degree of restorative and custodial results. This can only be secured by the co-operation of friends. In almost every institu-

tion of our country, every place is filled and each that is occupied under circumstances of any unfavorable character prevents the accommodation to some who might be essentially benefitted.

To co-operate requires on the part of friends some information on the subject, some honesty and moral courage. It is no uncommon circumstance for a patient to be beguiled here under false pretences. Instead of being fully and candidly informed (if he is capable of comprehending) of his mental state, after which every thing which had been, and was to be done, would appear to him consistent and intelligible, although it might seem erroneous and absurd, it is perhaps represented to him that he is a little indisposed, that he had better ride and consult the physician, or he is inquired if he should like to reside in a splendid hotel or boarding house, where horses, carriages, servants and amusements are to be at his will and under his control. Every thing is represented to him *couleur de rose*. Once within our walls, friends retire, perhaps with their last adieux promising to call again to-morrow or every day, congratulating themselves how well they have succeeded in introducing him without force. The unhappy patient feels that he has been deceived, cheated, abused. He finds that he is not in the paradise which had been promised him. An insane Asylum relieved of all its distressing adjuncts as far as benevolence, expense and experience have been able to do so, is after all a place of bolts and bars. There is no magical line which can confine an insane man, and at the same time allow him to be a free agent.

If informed truly that a certain amount of restraint and direction is inevitable from the very nature of the case, he will probably be agreeably disappointed at the limited extent to which it is possible that it can be reduced. If deceived by a contrary impression, he has lost confidence in his friends and of course in the institution.

It is no uncommon circumstance for friends to induce the insane person to come here with the understanding that if the physician thinks it best for him to remain, he will stay. The patient, self-confident that no unprejudiced man can for a moment



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and whose duty is so little formal or undervalued as not to have been omitted perhaps for a single week during the almost quarter of a century the institution has been in operation, in the entire separation of all pecuniary or selfish connexion with the results of the establishment on the part of the officers, in the unlimited amount of means placed in the hands of the institution to secure its objects, relieving from all possibility of temptation to abuse or neglect its trust in order to save trouble or expense, in whatever guaranty the character of its immediate officers in their own reputation and their social connexion, in the absence of higher and holier responsibilities, might offer ; and lastly, in the testimony whether favorable or unfavorable of a body of sixty or seventy restored patients annually dismissed into society, they have an infinitely higher security of just and appropriate management, than any slight observation of their own or intercommunication with their diseased friends under care can be supposed to furnish. Their testimony after recovery, whether for good or evil, the institution can never object to receiving as evidence of its character and system ; while diseased, the Asylum is obliged daily to repudiate it against the conduct of friends at home, and of course expects the same justice.

We would again say to friends, do not bring your patient to us if you can do as well or better by him at home or elsewhere, do not bring him with the impression that you are to regulate his treatment, or that any peculiar knowledge you may have of his traits of character will enable you to decide better than the institution where he shall be placed in its classification, when or by whom he shall be seen, or when he is in a fit state to be removed. This Asylum desires to receive no patients except on its own terms ; it asks no patronage ; it was established to confer, not to receive benefits.

I am thus plain upon the mutual relations of the institution and friends of patients, not because we have had any unusual trouble from an imperfect understanding on this head, indeed, each year has found less ; but we still are occasionally subjected to a disposition to have patients experimented upon. If re-

covery is not so prompt as perhaps it has been in some other case, probably of an entirely different type, we are liable without regard to the eventual prospects, without reference to the labor already bestowed and of which satisfactory fruits are in bright prospect to our eyes, without respect to the testimony of all who have the best means of judging, to have friends experiment; they will insist on trying a chance in a lottery where success only saves a few week's delay or a few dollars, and where failure jeopardises the perpetual loss of reason, and all the sad concomitants of hopeless insanity.

The benefits arising from a removal from home and an interdiction of the associations connected therewith, need but little illustration. It was one of the earliest facts in the history of medicine. The experience of all ages and all countries coincides in its importance, so that the general statement is fully warranted that patients seized with insanity and removed to an institution usually recover; while those treated at home generally do not. Not unfrequently removal alone has appeared adequate to effect an entire change of the diseased mental action.

If a patient be irritable, excited and violent, experience shows that he will not submit to friends as readily as to strangers. If feelings of hatred and vindictiveness exist, they will be probably directed towards those in whom he ought most to confide. If a master of a family and accustomed to direct, he will not readily and without reason as it appears to him abdicate his authority. If a child in his father's house, his insane sagacity will at once show him that he need not yield peaceably the government of himself, where the tender feelings of an afflicted family will deny the firmness to insist. If restraint becomes indispensable, a wide difference will be found in its application as administered by new hands, and by those whose experience has taught them that mildness and decision are not incompatible, and that strength and violence may distress and aggravate, but do not often calm the maniac. There should be in fact as much difference in a well regulated institution in the character and extent of physical force necessary to control a dangerous patient, as applied by experi-

enced and well disciplined attendants, and the ordinary aids called to effect the same objects in families, as there is between the leathern mittens and secure rooms of an Asylum, and the chains, straitwaistcoats and cages, which are deemed indispensable in furious cases without the walls of a hospital.

If hallucinations and delusions constitute the leading features of a case, it is almost impossible for a patient to be removed from conversations and associations continually renewing their strength in the mind, while at home or under the guidance of those unskilled. Friends and acquaintances can hardly avoid attempting the effect of argument, remonstrances, appeals to the feelings, or even threats. It is natural that those whose experience is limited to a single case, should do so; while they who have been taught by experience the futility of such attempts will not aggravate and excite a diseased point with continual meddling.

2. Direction. Under this important head of the treatment and care of the insane, I would comprise the whole organization and government from the fountain of regulation and counsel, the charter under which an institution is founded, through the immediate superintending officers down to the assistants constantly in the presence of the patients and ministering to their wants. In the last year's Report, the general advantages and peculiarities of a system of control by which an institution has a mixed public and private character, were remarked upon; the requisite duties and responsibilities of superintending officers, it can be hardly expected of the writer to touch; my present design therefore, is to urge the indispensable value of an elevated, intelligent, and conscientious corps of assistants, limited in number only by the extent to which they can be profitably and usefully employed. Had an institution a Pinel, an Esquirol, or a Tuke for its head, with as perfect a suite of architectural arrangements as the ingenuity of man has devised, and were obliged to depend on a few ordinary *keepers*, its character and results must inevitably fall far below the practicable maximum. Recent cases of disease might recover from the effects of interdiction and the spontaneous efforts of the constitution; but in cases of considerable dura-

tion, the prospect of benefit will depend upon the amount of persevering well directed labor which is bestowed. To secure such labor, an honorable appreciation and an adequate remuneration are requisite. In this country, such services as those of the best attendance upon the insane, can only be had by a liberal expenditure of money. As so much aid is required in the full employment of moral means, it is manifest that a proper keeping and care of the insane, must always, as compared with the support of those of sound mind, be expensive.

It is most ardently to be hoped that in the provision now happily so generally in progress in our land for the insane, the fatal error of cheap hospitals may be avoided. The spirit of our habits and institutions may have a tendency towards such a result. Our seminaries of education, our penitentiaries, our almshouses, have arrived at a most advantageous and honorable system of self-supporting measures. It is just and proper that it should be so.

If there be any extreme economical arrangements in our colleges, the object to be attained justifies the sacrifice, and it is voluntarily submitted to. The application of penal justice sanctions no undue provision of luxury in our prisons ; our poorhouses must be adapted, if not to repel, certainly not to invite residents. But the insane cannot be kept as they should be to do them justice, cheaply, more than other forms of bodily sickness.

The assistants in the care of the insane must not only be well selected and well compensated, but well instructed. There are natural gifts of person, address and temper, which are not to be disparaged, but beyond these there is a tact, an aptitude, a discrimination in managing the insane, which can only be acquired by observation and practice, after being put upon the right track. Some persons with apparently adequate gifts of nature, never are able to acquire this art.

The system which has always been pursued here, is that of elevating the office of assistant. Neither the term *keeper* nor *servant*, has ever been known in the intercourse of attendant and

patient. The latter has always been led to look upon the former as a friend and equal, and from the interior of New-England, it has always been practicable to obtain a class of male and female aids who have fully met the claims of the duty. The test question by which the character and fitness of every male and female care-taker of the insane should alone be tried is, whether under like circumstances, the director would desire his wife, children or parents, to be submitted to the same hands.

3. Classification. It will readily be conceived that to place a wild and frantic maniac in an apartment with a refined and timid individual, whose sole deviation from soundness is one false or delusive idea, or to permit a demented epileptic lost to all sense of decency and propriety, to sit at table with one whose intellect perhaps is unchanged, but whose affective sentiments alone are diseased, would be alike inconsistent with the happiness or recovery of the party capable of suffering. These are extreme and palpable cases, but others less tangible are no less important. There is a nice adaptation of intellects, of feelings, of social position, of cultivation of mind and manners to be arranged in consociation, forming a great and oftentimes difficult problem to be solved every day within an Asylum and with a correct and judicious determination of which the welfare of each individual is more or less closely connected.

Nor is it merely in such a classification that injury may be avoided. Experience shows that the very highest curative advantages are effected by the mutual action and attrition of diseased minds upon each other. Emulation, forbearance, self-respect, benevolence, diversion of diseased ideas or sentiments into new and natural channels, are all capable of being secured by a proper association of different individuals.

To accomplish this classification, proper architectural arrangements are requisite. In fact, appropriate edifices constitute an apparatus almost as indispensable for the treatment of insanity, as any mechanical contrivances in the practice of surgery.

The principle of these architectural provisions, is that of embracing the power to separate the number of inmates into as

many divisions as are most useful, and constitute each division into a separate class or family ;—to secure from injury with as little wound to the self-respect as practicable ; to allow a constant inspection without annoyance ; and to furnish what is necessary to health and comfort in heat, ventilation, and cheerfulness of prospect.

The extent of division will depend upon the number of patients and the character of their disease. An institution mainly designed for old cases who soon become quiet and routinal, requiring little beyond custodial attention, may have a number of twenty or thirty associated in a gallery ; whilst in one where a majority are cases of activity demanding curative aids, a greater number than six to twelve would be inexpedient.

The best construction of lunatic hospitals is a subject worth in this country more investigation than it has received. In Europe, there is an immense diversity of interior construction ; on the continent many having been altered from old convents and other public buildings. With us one model essentially has been followed, and recently published investigations in Germany and elsewhere, have satisfied me that communities having a provision for their insane in contemplation, can find plans more eligible than any now existing among us, and not involving a higher cost considering their greater completeness and adaptation.

4. Occupation. There are unquestionably certain stages of disease, where quiet and rest, and even seclusion from all external objects likely to irritate body or mind are essential. But such conditions are not usually very long required, and indeed not very common in an insane institution, many patients having passed the acute stage of diseased action prior to their admission. The general law, both as regards the curative treatment or custodial comfort of the patient, is constant but varied occupation of body and mind. To ensure this, requires every opportunity and aid of labor and amusement. The more perfect the system of an institution, the more ample will be the provision to secure these ends. The different education, tastes and pursuits of individuals, will render it impossible to subject all to the same course in this respect. To one, agricultural or horticultural avocations ;

to another, mechanical employments ; to a third, the fine arts or some form of busy idleness must be adapted. The various means of employment and diversion at this Asylum have been somewhat fully detailed in former years. The high estimate heretofore placed upon their value is still fully maintained.

Such are some of the more prominent means in the moral treatment of insanity. There are still other adjuvants such as judicious counsel, explanations, and at a proper time even reasonings, a proper participation in the services of religion, and a regulated intercourse with the sane, all of which are of the highest utility.

It is a satisfaction to feel that we live in a country and at a period most auspicious to the treatment of the insane. Truth may compel us to acknowledge that, if pathology and experience have added scarcely any thing to the legitimate medical means of treating insanity, still the age no longer requires us to bow to the authority of great names or traditionary prescriptions, in the application of doubtful or noxious measures. And if a reference to the writings of those who have gone before us, as of a Pinel, or especially of a Tuke, compels us to admit that there is scarce one item of moral treatment which is now in use that nearly half a century since they did not recognize and appreciate, we still have the privilege of knowing that no obstacle exists to a most full and free application of every aid, in our institutions. If the facts, (and in regard to this perhaps a wrong impression may exist to some extent in our community,) require us to decline the honors of much new discovery of means and appliances, we may solace ourselves with having it in our power to make as full and thorough application of the means that are known, as could be desired. That great element in sustaining, encouraging and improving our institutions to the highest point, an enlightened public confidence, has been most freely given.

LUTHER V. BELL,

Physician and Superintendent.

*Mc Lean Asylum for the Insane,
Jan. 1, 1842.*



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understand where he is to be placed, and the reason—that his seeing them will depend upon circumstances—let no deception be employed nor the responsibility of deciding whether he had better stay or whether he can be relieved, &c., be thrown upon the institution, as is frequently attempted.

The importance of immediate subjection to curative treatment is so great, that recent cases may be brought to the Asylum without previous application except to the Committee for the approval of the bond. Cases of long standing, or those where custody only is regarded, should have application made for them prior to its being decided to have them leave home ; for it must hereafter be impossible to receive all such applications on the instant. The blank form of bond will be furnished on application ; or on occasion of emergency, the form annexed may be copied and executed. It is expected that the evidence as to the responsibility of the signers will be forwarded with the patient.

Relatives or Guardians, with the assistance of a Physician who is acquainted with the case, are requested to annex precise answers to as many of the following questions as are applicable.

Q U E R I E S .

1. What is the patient's age ?

Married or single ? Number of children, if any ?

2. Employment, and reputed pecuniary circumstances ?

3. What were the first evidences of mental derangement, and when first noticed ?

4. What changes have occurred in the mental or bodily condition since the attack ?

5. Does the disease appear increasing, declining, or stationary ?

6. Is deranged mind evinced indifferently on various subjects, or chiefly on a few or single one ? Mention particularly any permanent hallucination or mental deception ?

7. Are there any periodical exacerbations or improvements ? Any entirely rational intervals ?

8. Has suicide or other self-injury been attempted ? In what manner ? Is the propensity now active ?

9. Has any disposition to injure others been evinced? If so, was it premeditated or in a sudden passion?
10. Is there a disposition to tear clothes, break glass, &c.? to filthiness of person and habits?
11. Has any restraint or confinement been employed, and if so what kind?
12. Has there been any former attack? When, and of how long duration?
13. What connexions, including grandparents and cousins, have been insane?
14. Before the accession of insanity, what were any remarkable peculiarities or eccentricities in the patient's disposition, temper, deportment, habits, or pursuits? Mention, especially, predominant passions, religious impressions, any kind of habitual intemperance, as the use of ardent spirits, tobacco, &c.
15. The history of any bodily disease, the suppression of evacuations, eruptions, sores, epilepsy, palsy, injuries, &c., which may have a bearing on this attack?
16. What are considered, amongst friends and neighbors, to have been the causes of the derangement?
17. What curative means have been pursued, and the effect? Mention, especially, whether depletion by blood-letting, leeches, cathartics, low diet, &c., has been employed, and to what extent?

CERTIFICATE AND APPLICATION.

I hereby certify that _____ of _____ is insane.
Physician.

I request that the above-named insane person may be admitted as a patient into the Mc Lean Asylum for the Insane.

18 .

This should be signed by the guardian or nearest relative or friend of the applicant, stating the relationship after the signature.

OBLIGATION.

In consideration of being admitted a patient into the Mc Lean Asylum for the Insane, at my request, I, of promise the Massachusetts General Hospital to pay the Treasurer thereof, at said Asylum, quarterly, on the first days of January, April, July and October, with interest after said days respectively, the rate of board determined by the Trustees of said Hospital and stated in the order of admission hereunto affixed, to provide or pay for all requisite clothing or other things necessary or proper for the health and comfort of said patient, to remove said patient when discharged, to reimburse funeral expenses in case of death, and if removal uncured, against the advice and consent of the Superintendent before the expiration of three calendar months, to pay board for thirteen weeks.

I also agree to pay for all damages, not exceeding One Hundred Dollars, which may be done by said patient to the property of said Hospital, and the board and wages of a special attendant in case the Superintendent should deem one necessary, and reasonable expenses in case of elopement.

WITNESS my hand this day of 18

I of for the consideration above stated, guarantee the performance of the above obligation.

ORDER OF ADMISSION.

To the Superintendent of the Mc Lean Asylum for the Insane.

Receive the above-named patient, if brought within two weeks from date, at dollars, cents per week.

Visiting Committee.

The obligation is to be signed by responsible persons as principal and surety ;—if from a distance, and unknown, a certificate from the Selectmen, or other satisfactory evidence of sufficient ability, must accompany the bond.

REPORT

OF THE

STEWARD OF THE Mc LEAN ASYLUM FOR THE INSANE,
FOR THE YEAR 1841.

The following are the balances of the several accounts :

Stores,	.	.	.	.	.	.	\$11,013 81
Wages,	.	.	.	.	.	.	4,217 20
Diversions,	.	.	.	.	.	.	624 37
Medicine,	.	.	.	.	.	.	175 51
Contingencies,	.	.	.	.	.	.	487 89
Furniture,	.	.	.	.	.	.	1,726 53
Repairs,	.	.	.	.	.	.	1,348 50
Improvements,	.	.	.	.	.	.	800 17
Boxes,	.	.	.	.	.	.	108 45
Stationary,	.	.	.	.	.	.	39 24
Library,	.	.	.	.	.	.	73 26
Fuel,	.	.	.	.	.	.	1,417 02
Abatement,	.	.	.	.	.	.	444 76
Retreat and Barn,	.	.	.	.	.	.	2,109 03
							<hr/>
							\$24,585 74
Salaries,	.	.	.	.	.	.	3,600 00
							<hr/>
							\$28,185 74
Deduct credit of Farm, &c.,	1,412	75					
Sum abated,	444	76					
Retreat and Barn,	2,109	03					
							<hr/>
							\$24,219 20

COLUMBUS TYLER, *Steward.*

Mc Lean Asylum, Jan. 1, 1842.

OFFICERS OF THE INSTITUTION. 1842.

EDWARD TUCKERMAN, *President.*

JONATHAN PHILLIPS, *Vice-President.*

HENRY ANDREWS, *Treasurer.*

MARCUS MORTON, JR., *Secretary.*

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WILLIAM T. ANDREWS,
GEORGE BOND,
NATHANIEL I. BOWDITCH,
MARTIN BRIMMER,
EBENEZER CHADWICK,

GEORGE M. DEXTER,
HENRY EDWARDS,
ROBERT HOOPER, JR.,
THOMAS LAMB,
FRANCIS C. LOWELL,
HENRY B. ROGERS.

Consulting Physicians.

JAMES JACKSON, M. D. JOHN RANDALL, M. D. GEORGE C.
SHATTUCK, M. D. JOHN HOMANS, M. D.

Consulting Surgeons.

JOHN JEFFRIES, M. D. ABEL L. PEIRSON, M. D. EDWARD
REYNOLDS, M. D. OLIVER W. HOLMES, M. D.

Officers of the Hospital.

JOHN M. GOODWIN, *Superintendent.*

JACOB BIGELOW, M. D.

ENOCH HALE, M. D.

JOHN B. S. JACKSON, M. D.

} *Visiting Physicians.*

JOHN C. WARREN, M. D.

GEORGE HAYWARD, M. D.

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} *Visiting Surgeons.*

HENRY I. BOWDITCH, M. D. *Assistant Physician.*

EZRA W. FLETCHER, *House Physician.*

GEORGE HAYWARD, JR. *House Surgeon.*

CHARLES K. WHIPPLE, *Apothecary.*

Officers of the Mc Lean Asylum.

LUTHER V. BELL, M. D. *Physician and Superintendent.*

JOHN FOX, M. D. *Assistant Physician and Apothecary.*

COLUMBUS TYLER, *Steward.*

MRS. MARY E. TYLER, *Matron.*

HOMER GOODHUE, *Male Supervisor.*

MISS RELIEF R. BARBER, *Female Supervisor.*

VISITING COMMITTEES

FOR

1842..3.

March,	Messrs.	CHADWICK and ANDREWS.
April,	“	ANDREWS and EDWARDS.
May,	“	EDWARDS and BOWDITCH.
June,	“	BOWDITCH and HOOPER.
July,	“	HOOPER and BOND.
August,	“	BOND and LAMB.
September,	“	LAMB and DEXTER.
October,	“	DEXTER and LOWELL.
November,	“	LOWELL and ROGERS.
December,	“	ROGERS and AMORY.
January,	“	AMORY and BRIMMER.
February,	“	BRIMMER and CHADWICK.



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