

CARE OF THE INSANE.

Beginning of the Provincial Lunatic Asylum.

Four Untrained Superintendents—Specialists Not Required—
Treatment of the Insane in Early Periods.

Paper Read Before the New Brunswick Historical Society, by Rev. C. T. Phillips—Feb. 23rd, 1904.

In this electrical age and of high-pressure living, when business men, professional men and the fashionable does burn the "candle at both ends," it does not surprise nor startle us very much when we are told that many persons who cannot be called insane, are yet living in the borderland of insanity. Where sanity and insanity meet, the line is not easily determined even by specialists in mental diseases. Dryden says: "Great minds are sure to madness near allied, and thin partitions do their bounds divide."

Dr. MacKenzie in his paper on "Borderland Mental Conditions," says: "The indefiniteness of our knowledge of the human mind is one of the most striking features of the study of mental diseases. It is a well known fact that even those who have devoted all their ability and time to the consideration and treatment of mental diseases have met with almost insurmountable difficulties in their efforts to define the limitations and requirements of a sound and healthy mind."

All the medical authorities that I have consulted agree with Dr. MacKenzie, and express themselves as often perplexed in cases where sanity is not clearly defined.

Such frank statements on the part of the medical professions will explain to the lay mind many things that have been perplexing. Why, for instance, a lawyer who is defending his client accused of homicide, brings in the plea of insanity when he is convinced that the evidence will convict the prisoner. His friend may never have suspected the accused of latent insanity—hereby it is against the assumption—and yet who can say that the insanity plea is dishonest one and made simply to defeat justice, and save a guilty man from the gallows?

Since a great many persons believe that suicide is a crime, and evidence of insanity, may not homicide be evidence of insanity? We shall have more sympathy for the eccentricities who want to patent a new religion or the mad scientist who will fly when we can throw over them the mantle of incipient insanity.

We shall have more charity for a partisan press, for political agitators, for politicians who enrich themselves at the expense of the government. Instead of charging them with embezzlement, or plain theft, we again bring into use the expressions of sympathy which we have seen in the case of the "political kleptomaniacs."

Laymen who do not visit the insane, with the exception perhaps of the psychologists, have the impression that the insane are easily known, their manner, their speech betrays them. But there are numbers of them who are as mild mannered and spoken as the sane, and only specialists after careful study of the suspect would detect insanity.

This explains why it has been possible for designing, unscrupulous persons who wished to get rid of an enemy, or get control of the property of a ward or relative, to have them admitted into an "asylum" and confined in private.

Charles Read, in "Hard Cash," told the story so graphically and thrillingly of some men and women suffering and dying in insane asylums, that he has made the heart of England, and while those who were accused of such crimes professed to sneer at the accusation as the sensational story of a novelist, careful students of the facts, and as a result many a poor unfortunate, whose liberty had been stolen, was restored to freedom.

In "Hard Cash," the story of the private lunatic asylum is told. A little push behind your back and you slide into one; but to get out of one is to scale a precipice with climbing ropes.

The world is indebted to Mr. Read more than it knows, for he has made it possible for many deeply wronged persons to get out of the "prison" of the madhouse, and he has made it more difficult for unscrupulous men to push them in.

There were enough influential men who believed that the "prison" of the madhouse, which led to the liberation of numbers of sane men and women who had been for years in private insane asylums.

That sane men and women have been—and are yet to some extent—in insane asylums cannot be questioned. But we need not be alarmed, better laws have made it well nigh impossible for the designing and ignorant to put men and women in asylums who ought not to be there. The danger, perhaps, lies in the other direction, that too many insane people who may at any time develop homicidal tendencies are not placed where they cannot harm themselves or others. There are many criminals who have their liberty who ought to be in prison, and there are some who ought to have their liberty; but there has been no intention of injustice, there has been a perversion of justice through ignorance.

Among European countries, and in the fifteenth century, Spain, then a centre of learning, seems to have taken the lead in providing for this class. The treatment adopted in Spain, as elsewhere, was, however, cruel in the

extreme, and was based on the general belief that the insane were possessed by evil spirits. Many were burned to death, others were scourged and tormented in the vain hope of expelling the demon and liberating the victims from the powers of the Prince of Darkness.

It is simple justice to say that among all these prevailing errors, and torments, the vain hope of expelling the demon and liberating the victims from the powers of the Prince of Darkness.

Less than a century ago, persons of unsound mind and great numbers were treated worse than wild beasts. They were heavily manacled in cells and dungeons. The poisoned air not only prevented cure, but hastened death.

A little more than a hundred years ago the insane were treated with more humanity. As a result of this treatment many who were originally not beyond hope of recovery became permanently deranged. Those who were not deemed dangerous to the public safety were left to roam about the country in a neglected and pitiful state. Shakespeare might have seen them wandering through the streets of Stratford-on-Avon, for he thus graphically describes them:

The country gives me proof and precedent Of Bedlam beggars, who with roaring voices
Stuck in their numb and mortified
bare arms, wooden pricks, nails, sprigs of rosemary,
And with this horrible object from low farms,
Poor peeling villages, sheep cotes,
Sometimes with tunnic bans, sometimes with prayers
Enforce their charity.

The history of the treatment of insanity has been stated to be divided into three epochs—the barbaric, the humane, and the remedial. But this does not take into account the very humane and highly remedial system of treatment which obtained in very ancient times.

Among the ancient Egyptians, the priests along with their supposed all potent spiritual agencies, employed such powerful aids as the influence of music and the beautiful in nature and in art, together with healthy recreation and agreeable occupation. Later, a member of a Greek medical school publicly condemned the excessive use of bodily restraint of the insane.

Centuries after those Eastern philosophers, the humane and humane treatment of the insane began. It was first the humane and then for long centuries the barbaric method, which was continued up to the middle of the last century. The absurd superstition that the insane were possessed by demons led to the cruellest persecutions upon them. The devils must be driven out of them, and so the poor creatures were tormented in every conceivable way. James VI. of Scotland wrote a learned dissertation on demonology, in which he contended that "evidence not amissable against other offenders should be accepted against so-called witches, that marks should be searched for and picked with a long needle to ascertain whether they were insensible to pain or not, and that their bodies should be floated on water." At St. Nun's hospital, it was the custom to plunge patients backward in the water until their excitement was calmed down, the last century, certain medical authorities began openly to rebel against the doctrine of demonology, whereupon they were severely censured by the royal James for what he was pleased to term "their damnable opinions." But in spite of all that was done by the medical profession to educate public opinion, as late as 1716 a woman and her daughter were sentenced to death at Huntingdon by an English bench of judges for "selling their souls to the devil."

In Scotland, also, the practice was common of putting the insane to death under the belief that they were witches, and possessed of an evil spirit. The first insane asylum in England was established in 1547. A monastic institution established in the twelfth century was converted by Henry VIII. into an asylum, or, more correctly speaking, "dungeon house," for furious lunatics, in which capacity it became popularly known as Bedlam, hence the term "as crazy as a Bedlamite."

The asylum was only large enough to accommodate some sixty patients, and in 1615 it was removed to Moorfields, where a building that would accommodate one hundred and fifty-two inmates was provided.

The earliest legislation bearing directly upon the treatment of insanity was that of George II., and that was not in the interests of the insane, for no attempt was made to restrain them from injuring others.

The first asylum in England in which the curative principle is discernible is that of St. Luke's, supported by the subscription of a few charitable persons in London in 1751.

And yet it is not to England, but to France, that the world is indebted for humane and curative treatment of the insane in modern times.

Dr. Pinel, who had attained distinction as an alienist, was appointed superintendent of an asylum which contained upwards of two hundred

male patients, believed not only to be incurable, but entirely uncontrollable. Dr. Pinel had been a diligent student of the authorities of his own and foreign countries on diseases of the mind, and in his earlier years had been appointed by the French government to report on the conditions of the asylums at Paris and Charenton. On assuming the superintendency of the asylum he found fifty-three patients loaded with chains, who had been bound for many years. The sight of men grown old and decrepit as the result of prolonged torture appealed to his sympathies as well as his judgment. He made appeal after appeal to the commune, craving power to release the unhappy beings of his charge. The authorities tardily and unwillingly yielded to his importunities and the fifty-three men were released from their chains, and

ants, especially for the female patients, those who apply for the position are coarse and ignorant, and he qualifiedly adds, "their only qualification for the position is good muscular development, and absence of all proper sensibility."

Dr. Peters did not seek for the position of superintendent of the asylum, the position sought him. As visiting physician to the jail and almshouse he had seen convicts and the insane confined in the same room, and he said, very correctly, "that it was an injustice to both."

Dr. Peters, W. Jack, and John Ward, junior, and others whose names I have been unable to find, began an agitation which shows how public spirited and humane they were—to have an asylum built in some central place for the joint use of the provinces of Nova Scotia, P. E. Island and New Brunswick; but for years nothing was done.

The insane did not get the sympathy of the public, and the almshouse was good enough for the harmless pauper insane, and the jail was the proper place for the violent insane. If the public safety was not menaced, and the insane were safe within the prison walls, what more was needed? That the insane might be cured and that every effort ought to be made to cure them did not occur to many of the legislators of that day.

It was with great difficulty that a grant was procured for the maintenance of the temporary asylum in the city. Only one thousand pounds was granted, and Dr. Peters, Mr. Ward and Mr. Jack had to make up the deficit which amounted to three hundred and thirty-seven pounds—out of their own pockets. I have not found any record which shows that the money was put back into their pockets but it is not at all likely that they were made to suffer for their generosity.

During the first year of the establishment of the asylum twenty-four patients were admitted, the most of them taken from the jails of the province. George Matthews held the joint office of overseer of the poor and superintendent of the asylum, and was outraged and abused. The keepers visited them whips in hand and lashed them into obedience. Patients in a state of nudity, women as well as men, were forced to do the menial work.

The Earl of Shaftesbury, chairman of the English board of commissioners in lunacy, before a parliamentary inquiry in 1877, said: "I recollect I used to see as many as thirty or fifty patients chained to the wall. I never knew a keeper go about who had not leg-locks and hand-locks at his waist which were applied without remorse."

I do not mean to say that people in those days were less humane than we are now, but they were ignorant, and many of them thought that a madman was a creature so devoid of sense and feeling that he might not only be treated as a beast, but worse than a beast. I remember as the White House asylum in Bethnal Green, it came out in the evidence, and the physicians who were at the head of it never decried the singular and cruel treatment he did not think there was anything wrong in the fact, that on Saturday night more than two hundred patients were chained down in their cribs and never visited again until Monday morning. There was a crust of bread and a crust of water put beside them and they were left to their fate.

The first asylum in America was opened at Williamsburgh, Virginia, in 1773. The object of this institution, as defined by the act which created it, was "the cure of those whose cases have not become quite desperate, and for restoring others who might be dangerous to society."

In 1817 the Society of Friends in Pennsylvania purchased fifty-two acres of land at Frankford, near Philadelphia, and there opened a hospital, the object of which was to receive and cure the insane. The language of the projectors, "That the insane might see that they were regarded as men and brethren."

The first effort to provide for the accommodation of insane persons in the province was made in the year 1836, when a building was procured in the city of St. John and appropriated to the purposes of a Provincial Lunatic Asylum. The building was on Leinster street, corner of Wentworth. It was afterwards used as a cholera hospital.

Previous to that time the demented, who were deemed harmless, wandered where they pleased and begged for their support, or were sent to the Almshouse. Those who were dangerous, or were supposed to become dangerous, were sent to jail. The law, as it then existed, authorized any medical certificate—"to issue a warrant for the apprehension of a lunatic or mad person and cause him to be securely locked up in some safe place, and if they deemed it necessary to be there chained."

Some insane persons were sent to the United States for treatment where their relatives could afford the expense, but only in exceptional circumstances was this done. There were no railroads, and boats were few and far between, and the language of the projectors, "That the insane might see that they were regarded as men and brethren."

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Kennebecasis river, five miles from the city. Harry Peters and N. H. DeVeber believed that Gagetown was the proper place for the asylum. Col. A. C. Evanson and Dr. E. A. Yail selected six sites near Sussex. When the commissioners met in committee of the whole they could not agree on any of the sites selected by the several committees.

At a subsequent meeting of all the commissioners, after a heated discussion, the present site, which proved to be the "dark horse" was agreed upon. The land was purchased from the mayor and aldermen of St. John for two thousand pounds. Tenders having been asked for, that of Otis Small, being the lowest, or most satisfactory, was accepted.

Matthew Stead was the architect. In the year 1848 the main building was finished and on the twelfth day of

December of that year Dr. Peters, with nineteen patients, moved to the new and commodious quarters.

Up to the close of 1847 six hundred and fifty-two patients had been received into the temporary asylum, and with the exception of the ninety who had been removed to the new asylum, the others had been discharged as cured, or had died. The percentage of deaths during these years was much higher than at any subsequent period. This may be accounted for from the fact that the most of the patients had been taken from the almshouses or jails of the province. Some of them had been there for a long time, and their confinement, without any attempt at curative treatment, had worn them out, and the temporary asylum did not materially better their condition, because it was almost impossible to get proper attendants.

Dr. Peters resigned his position and Dr. Waddell was appointed to his place.

Dr. Waddell had received no special training for the position; it is not recorded that he hesitated about accepting the appointment for that reason; and it is not on record that the government hesitated about appointing a superintendent who had received no special training. Dr. Waddell, whatever his qualifications for the important work may have been, or whatever his limitations, did conscientious work, and there were none to question his integrity. He was always interested in the welfare of the asylum and did all in his power to make it an efficient institution. He might have been a successful clergyman as well as physician for his reports while well known to the government, and his pointing a superintendent who had received no special training. Dr. Waddell, whatever his qualifications for the important work may have been, or whatever his limitations, did conscientious work, and there were none to question his integrity. He was always interested in the welfare of the asylum and did all in his power to make it an efficient institution. He might have been a successful clergyman as well as physician for his reports while well known to the government, and his pointing a superintendent who had received no special training.

Dr. Waddell said that his patients were as well cared for as the grants made by the government permitted. Here is the menu for the patients for each day of the week:

Sunday morning—Bread, tea and sugar. Other mornings—Bread, tea and sugar. Monday—Bread, tea and sugar. Tuesday—Bread, tea and sugar. Wednesday—Bread, tea and sugar. Thursday—Bread, tea and sugar. Friday—Bread, tea and sugar. Saturday—Bread, tea and sugar.

For the mental pabulum of his patients the doctor provided papers, and books, and gave them to read, and the Christian Visitor, Religious Intelligence, Presbyterian Witness, Morning News, Freeman, and the Globe for copies of their papers, and other friends gave them books and magazines.

For a number of years there was no chaplain appointed by the government, but the clergymen of different churches gave their services gratuitously, and visited the sick, buried the dead, and held a service every Sabbath afternoon. The clergymen report the services as well attended, and the congregation as well behaved and devout as any of their church congregations.

The story is told of one clergyman who had hurriedly gone to his "barrel" for his sermon, but not having time to read the sermon before going to the asylum service, gravely and earnestly urged the hearers not to have their influence exclusively to their own church.

Special mention is made of the faithful services rendered by Father Doland, Rev. Mr. Coster, Rev. William Scott, A. M., and other clergymen. In 1860 Rev. Mr. Scott was appointed chaplain, and was granted a small salary, but altogether disproportionate to the faithful service he rendered.

In 1855 Dr. Waddell, in his annual report says "on the third of October two of our most faithful and experienced attendants, Mr. Campbell and Mr. Barry, fell victims to their death by the violence of one of the patients. Many of the material circumstances are involved in mystery and are likely to remain so. In the year 1857 Dr. Waddell resigned and was succeeded by Dr. Steeves. Dr. Steeves' appointment was not made because he was distinguished himself as an alienist.

He had been a successful physician, but had not made mental diseases a specialty. It is not recorded that the government hesitated in making the appointment because some member had asked the question: "Had Dr. Steeves shown his fitness for the position by his previous study in mental alienation?"

Dr. Steeves did his best, he became keenly interested in his work. Handicapped as he was by not having had the training of a specialist, the percentage of cures under his administration compared favorably with those of other superintendents who had not had special training for their work.

Dr. Steeves was succeeded by Dr. Hetherington, and as his appointment is of yesterday (historically) I need not dwell at length upon it. It is not recorded that the government hesitated about his appointment because he had received no special training. But Dr. Hetherington must have had some scruples about accepting the position without some special training for his work, for he visited asylums in England, Scotland, France and the United States, and came back with well filled

note books regarding the treatment of the insane in the places he visited, which was of great advantage to him. The asylum reports are accessible, and if any person cares to go over them—since they were first published and given to the public—he will find that from the first year the present asylum had been occupied the percentage of cures has steadily increased, and the percentage under Dr. Hetherington and that of the assistant superintendent, Dr. Travers, has been a fraction higher than during previous years.

The question naturally arises, if one with only partial special training, does better work than those who have had none, would not a doctor thoroughly trained in Mental Alienation do still better work?

A comparison of the percentage of cures in hospitals well equipped, and with trained attendants, and those who are neither well equipped nor have trained attendants show that there is a much larger percentage cured in the well equipped institutions.

The insane hospital at Augusta, Me., has about the same number of patients as the one at St. John. Dr. Sanborn, the superintendent, is regarded as an expert alienist; he has trained assistants and an institution much better equipped than the one at St. John. Larger grants are made to it and evidence of the generosity and their interest in the insane under their care, the commissioners granted two thousand and three hundred dollars (\$2,300) for entertainments, and their visit to that no money ever expended gave better results. The superintendent reports that there were 664 patients in the institution during the year 1903, increase of 23 over the number on the same date a year earlier. Of those in the hospital 377 were men, 287 women. During the year 1903, 132 men and 132 women were admitted; 132 men and 132 women were under twenty years of age, six men being over ninety years. In the table of the causes of insanity of the 239 admitted for the year, 75 are marked unknown, and in 48 cases heredity is given as the cause; ten were made insane by alcoholism; one woman being amongst the number. Of those admitted, 86 were married; 95 single, 10 widowed; 5 divorced and 4 unknown. Of the 239 admitted, 40 are put down as having had no occupation; 38 are given as laborers; 230 housewives; 22 farmers; 16 as domestics; 80 mill operatives, and so on. The occupation in two cases is given as students, and that of one woman is given as a Christian Scientist. One bartender was admitted during the year. Fifty-seven patients were discharged as recovered, 38 men and 19 women. Of this number, 18 had been in the institution less than three months, and no fewer than 47 of the 57 had been there less than one year. One had been in the institution sixteen years. During the year 71 inmates of the institution died, 46 men and 25 women. January was the most fatal month, as twelve died then. December ranked next with eight deaths. Three of those who died had been inmates less than one month, and twenty-one had been inmates less than a year. Three had been inmates twenty-five years, and one for over half a century.

The whole number treated in the hospital for the year was 840, the greatest number in the hospital on any one day being 688, and the daily average being 646. As stated above, fifty-seven were discharged as recovered; thirty-one are put down as improved, and seventy-one as unimproved. At Banghampton, New York, there is a large insane hospital; last year it had 1,847 patients. There are seven resident physicians, one of them a lady physician. There is a training school for attendants, and they have superintendents of attendants, who are responsible for the proper attention given to the patients. They have a well equipped gymnasium, and there are workshops where men who have trades can work at them, and they have apprentices as well, for it is the policy to keep the patients employed as much as possible, for congenial employment for the insane, especially the melancholic insane, is one of the most curative agencies employed. They have a good library and the patients are allowed the patients. In summer many of them take long walks into the country every fine day. "In the autumn," the superintendent says, "many of these somewhat nomadic members of the hospital family, gather quantities of chestnuts, hickory nuts, and butternuts, for which they find a ready market in the city and are enabled to themselves with articles of clothing and other necessities. They are particularly fond of pleasure in fishing and some take vigorous exercise on the bicycle. In every insane hospital the percentage of deaths and cures and those improved, varies from year to year, from natural causes. In Banghampton Insane Hospital, with a population of 1,847 in 1901, 114 died, 74 were discharged recovered, 88 were discharged improved. Discharged as sane after their sanity was tested, 4

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