

NINTH BIENNIAL REPORT

OF THE

Visiting Committee

TO THE

HOSPITALS FOR THE INSANE,

1891.

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REPORT.

HON. HORACE BOIES, *Governor of Iowa:*

The visiting committee of the hospitals for the insane herewith present their biennial report for the term ending June 30, 1891.

VISITS.

During the biennial period the hospitals have been visited by the individual members once a month, and when occasion seemed to warrant it by a majority of the committee. A thorough inspection was had of the wards, the living and sleeping apartments, beds, bedding, bath rooms, dining rooms, kitchens and wash rooms, and a due consideration given to the sanitary condition and the personal and general care and comfort of the patients. Other interests within the province of the committee have received proper attention and investigation, to which reference is made farther along in this report.

CARE OF PATIENTS.

The physical care and comfort of the patients has been as thorough, under the rules and regulations adopted by the superintendants, as could be expected, considering the crowded state of the hospitals, during the last half of the biennial period. The comfort, cleanliness and general physical welfare of the patients, requires and receives a constant watchfulness, both from the medical staff, and the supervisors, and attendants upon the wards.

FOOD—QUALITY AND QUANTITY.

The committee has made it a point at each visit to examine into the quality and quantity of the food and its preparation, cooking and serving. We have found the quantity ample, and the quality the best obtainable, the preparation made with due care, the cooking satisfactory, and the serving marked with regularity and promptness. The food includes a variety of the ordinary nutritious kinds,

both animal and vegetable, including special dishes and delicacies for the sick, and a bountiful supply of fruits in season. On the whole the service attending the quality and quantity, and preparation of the food has been quite satisfactory, and, notwithstanding complaints from patients (the committee having given all such a thorough investigation without being able to substantiate the claims) we unhesitatingly commend the liberal provisions made in the service as entitled to our most hearty praise.

FURNISHINGS, ETC.

In the biennial period just closed there has been a marked improvement in the furnishing and ornamentation of wards. The asylum is the home of the insane, and the more home-like the apartments are made to appear, the more satisfactory it becomes, creating in the mind of the patient a contentment that is not otherwise obtained. The insane are exceptionably susceptible to the effect of color, and a record which was recently made of experiments in this direction by the directors of the Milan Insane Asylum illustrates the idea we would convey:

A melancholy patient was placed in a flood of rosy light and in twelve hours he improved perceptibly; in twenty-four hours he called for food, although for many preceding days he had refused nourishment, which had to be given him by force. Green and blue were found to be the most quieting; rose the most cheering, and red the most exciting to patients generally. The results obtained were so uniform and so satisfactory that the authorities of the asylum have decided to adopt a systematic course of color treatment in the future. Every department in the building will be furnished in colors specially calculated to improve the condition of patients.

Fresco work, bright, clean, painted walls, the wood-work in cheerful bright colors, with here and there embellishments of a high order, are attractive features and pleasing to the patients.

Pictures upon the walls, library cases filled with choice reading, easy chairs, rockers, ottomans, sofas, etc.; pianos, organs, billiard-tables and innocent, amusing games of one kind and another, are essential features in the furnishing of apartments for the insane, and serve in many cases of treatment as an antidote more effective than medicine. Our Iowa hospitals are well along in this direction, and are rapidly reaching the desired end where the home of these poor unfortunate wards of the state shall enjoy the comforts of a quiet retreat, surrounded by every inducement and every home appliance for the successful treatment of the terrible affliction that has come upon them.

OUT-DOOR EXERCISE AND AMUSEMENT.

It is required at each of the hospitals, that each day (weather permitting) the patients who are not employed in some useful way shall take a walk out about the grounds or to adjoining groves, or exercise in the fresh air and sunshine for an hour or so, forenoon and afternoon. In addition, carriages are provided, taking out ten or a dozen patients at a load for an hour's ride, giving as many as possible the benefit of this pleasure each day. It is not deemed advisable to confine the patients to their respective wards, when the circumstances of their case will permit, but give them the largest liberty possible, to the end that their minds may be diverted from the malady with which they are afflicted. The result of this policy on the part of the superintendent is made apparent in more ways than one, and is always of material benefit to the patients, a part in the treatment of the insane that is commendatory to the highest degree.

A decided interest is manifested among the patients over the various agencies adopted for furnishing amusements. Literary societies have been formed at the Independence and Mt. Pleasant asylums, the exercises generally consisting of music, recitations, essays, and often discussions upon interesting subjects with which the patients are more or less informed. One evening each week is set apart for dances, in which all who are inclined are permitted to participate. Exhibitions, concerts and dramatic entertainments are of frequent occurrence, with now and then lectures by one of the physicians. To these entertainments all patients who are able are permitted to be present and to them these amusements afford the greatest pleasure. The holidays are generally observed in a manner befitting the occasion and the event to be commemorated. Thanksgiving day, Christmas, New Years, Washington's Birthday, May Day, Memorial day, and Independence day.

In these varied amusements many of the patients take an important part, with the zeal and enthusiasm characteristic of the American love of country and home.

In this department, the authorities in charge of the asylums are doing a noble work, praiseworthy in every respect.

RELIGIOUS SERVICES.

Every Sabbath day services are held in the three hospitals, conducted by pastors of the different churches, residing in the vicinity

of the institutions. These services are attended by a large percentage of the inmates, and are a source of spiritual help and comfort to a considerable number of regular attendants. The deportment of patients in these meetings is praiseworthy in all respects; the interest manifested and the eagerness with which they look forward to this hour of holy communion amply rewards the authorities of the asylums for the liberal provision made for religious worship.

READING MATTER.

At the Mt. Pleasant and Independence asylums well filled library cases have been acquired, and additions of later popular works are being made.

These libraries are a source of enjoyment to a large number of patients, and afford a class of reading both instructive and beneficial. A number of daily and weekly newspapers are received and distributed among the patients, thus providing them with a reasonable knowledge of the world without.

At the Clarinda hospital no start has been made as yet toward securing a library, though it is contemplated in the near future. The press of the state has been extremely liberal so that a large number of newspapers are on each Sunday morning distributed among the patients. It is to be hoped that the establishment of a well selected library will be provided for at an early day, either through the generosity of the people of Clarinda or by the personal exertions of the authorities and patients of the institution.

THE HOSPITAL PRESS.

At the Independence asylum, a well-regulated and amply supplied printing office is in operation, and once a month the *Hospital Press* is issued. This department has more than paid its cost in doing the printing required by the institution. The expense of the plant need not exceed one thousand dollars, which will secure a press of sufficient size, and a quantity of type and other material adequate for turning out all the printed material required; and in a short time, as has been shown by the Independence plant, it will more than pay for itself. A like investment should be made at the Mt. Pleasant hospital, and as soon as the Clarinda hospital is completed and put in good running order, one should be established there. In the interest of economy as well as the service it affords to patients, this department should be established in each of the three hospitals for the insane.

AMUSEMENT HALLS AND CHAPELS.

The completion of the new amusement hall and chapel at the Mt. Pleasant hospital is a source of congratulation. The auditoriums are munificent in their proportions, elegant in their finish, and rich in their appointments, affording a seating capacity for six hundred to one thousand patients. The chapel is equally well equipped, and, with a large, rich-toned pipe organ, is pointed to with pride as nowhere in the northwest excelled by any public institution. The Independence hospital is also well equipped in this respect, having a fine, handsomely-appointed auditorium, which is used both for amusements and religious services. With the completion of the Clarinda hospital we have hopes that the amusement hall contemplated in the accepted plan of that institution will be constructed at an early date. Upon this subject, we extract from the seventh biennial report of this committee, and reiterate the sentiment therein expressed.

It must be remembered that all persons sent to hospitals for the insane are not bereft of reason, thought and feeling, and that many of them are as susceptible of impressions and influences as are those who are perfectly sane. Hence the importance of ample provision being made for their spiritual guidance and the diversion of their minds by rational amusements; your committee consider these things second in importance to no other in the treatment of the insane.

SOLDIER INSANE.

At the date of this report there were in the Mt. Pleasant Asylum twenty-three (23); Independence Hospital, thirty-seven (37), and Clarinda Hospital, seventy-eight (78) patients who served in the Union army during the War of the Rebellion; thirty-seven (37) of whom are credited to Iowa regiments, eleven (11) to Illinois, three (3) to Indiana, five (5) to Ohio, one (1) to Oregon, three (3) to Michigan, seven (7) to Wisconsin, five (5) to New York, one (1) each to Missouri, Pennsylvania and Maryland, and two (2) to Arkansas. Many of these veterans are bereft of reason from exposure and disease contracted during and in the service of the government, and most, if not all, are entitled to the liberal beneficiary allowed by the pension laws. However, inasmuch as the State has provided a home for veterans, and necessarily must sustain a hospital in connection therewith, it would seem to the best interests of these patients, and an act of justice and an act of charity as well, on the part of the State if an arrangement could be made by which they could be transferred to the Marshalltown home. In the name of frater-

nity, charity and loyalty these veterans are entitled to the Home, where comradeship is akin to brotherhood.

STATE PATIENTS.

There are a number in our hospitals who are termed state patients, who have no legal residence in the state. This number has materially increased in the last biennial period. A careful investigation discloses the fact that they belong to neighboring states, and were temporarily in Iowa when committed to the asylums. There is no provision of law under which the authorities of our institutions can transfer this class of patients back to the states to which they properly belong. And it would seem but an act of justice that provision be made by which a patient belonging to Nebraska, Missouri, Minnesota, Wisconsin, or any other state, could be sent back and retained in the state institution to which they legally belong. Iowa will willingly and liberally provide for its own, but it can hardly be expected to give support to citizens of other states; especially when its asylums for the insane are crowded to their utmost capacity, and the demand is for more room and greater capacity, with enlarged facilities for the care and treatment of the insane.

CRIMINAL INSANE.

With the establishment of a hospital in connection with the penitentiary at Anamosa, the number of criminal insane in the three hospitals has been considerably lessened. In no case should the criminal insane be permitted a residence in either of the three hospitals, and provision should be made whereby it shall be unlawful to commit a criminal insane person to the asylums. We have in one of our asylums an insane person who previous to his incarceration served a term in prison. His presence is the subject of bitter complaint on the part of patients, who abhor the idea of the association. The insane are decidedly sensitive upon this point, and are free to roundly upbraid the authorities that compels an association contrary to their gauge of morality and uprightness. The question is one that calls for earnest and candid consideration of right thinking men.

CLASSIFICATION OF INSANE.

An important feature of asylum management, and without which the highest degree of success is impossible of attainment, is that of classification, based upon the various forms of disease that are represented among the inmates. At Mt. Pleasant and Independence

the classification is as well as it can be, considering the overcrowded condition at Independence, and that very little if any room is to be had at Mt. Pleasant, while at Clarinda, until the building is completed and a re-arrangement is had, the rightful classification of patients is out of the question. It is to be hoped that the day is not far distant when the Iowa asylums for the insane will present a perfect classification. It is in the interest of a just administration to the patients, to whom it will prove a great benefit and perhaps be the means of affecting a greater ratio of cures. The present crowded condition of the asylums and the urgent demand for more room makes it impossible to secure at the time the desired classification. In the interests of humanity and economy alike, there is a demand that the state continue its liberal and munificent gifts towards the advancement of these institutions, to the end that the insane wards of the state shall have that care and treatment their unfortunate condition so justly merits.

MEDICAL TREATMENT.

In general, the committee can find no fault with the medical treatment accorded to patients. So far as we have been able to learn, the medical treatment has, in the main, been of a satisfactory character. The committee, however, are decidedly of the opinion the best interests of the State and the patients alike are served by the employment only of experienced physicians. It will hardly admit of dispute that the medical staff in the hospital of the insane should possess skill and ability of an exceptionally high order for the successful management of the insane, in addition to the administering of drugs. Many things are required and a close observation of the care and treatment of the insane convinces the committee that the greater the skill, ability and experience of the physicians the better and more satisfactory is the service obtained.

NURSES AND ATTENDANTS.

A growing want in our asylums for the insane is trained nurses and attendants. No department of the service to the insane is so sadly in need of competent men and women as this department. Their duties are of a highly responsible character, and attendants and nurses must be, in order to give effective service, intelligent, trustworthy, kind and cheerful. The instructions should include the general care of the sick; the managing of the helpless patients in bed, in moving, changing bed and body linen, making of beds,

giving baths, keeping patients warm or cool, preventing and dressing bed sores, bandaging, applying of poultices and minor dressing. The preparing and serving of food, the feeding of helpless patients and those who refuse food, the admistering of medicines, attendance upon patients requiring diversions and companionship, the observation of mental symptoms, delusions, hallucinations, delerium, stupor, etc., and the care of excited, violent and suicidal patients; also in the best practical methods of supplying fresh air, warming and ventilating sick rooms. The proper care of rooms, wards; in keeping all utensils clean and disinfected, and observe the sick accurately in regard to secretions, pulse, breathing, skin, temperature, sleep, appetite, effect of diet, of stimulents and medicine, and management of convalescents; also instructions in the modern methods of physical training, the medical application of physical exercise; in fact, it should be a school of thorough instruction, including lectures and demonstrations followed by frequent examinations chiefly upon practical points.

Until some such system is adopted and carried into effect our asylums will never obtain the service the patients actually require. Only well trained and thoroughly competent attendants and nurses will meet this most urgent demand. It has been suggested that an apartment for this purpose might be set aside or apart at the State University, but in the opinion of your committee each hospital for the insane should be required to maintain a school of instruction for attendants and nurses, and that each attendant and nurse should be received upon probation of three or six months before being regularly employed or given charge of a ward or apartment. This matter is urged upon the attention of the legislature, with the hope that a school of instruction may be established at an early day. The cost will be trifling compared with the good results to be obtained.

THE PROPER CARE OF THE CHRONIC INSANE.

This subject has received more or less attention in our medical societies and through the medium of the public press. It is a subject fraught with interest to all who have the care and treatment of the insane. We herewith insert a paper read before the Iowa State Medical Society, in April last, by Dr. F. McClelland, a member of this committee. We believe the paper will be found not only interesting but instructive to the general public. Dr. McClelland says:

For the purpose of this paper I shall not make any special classification other than that of the chronic insane, grouping under this general head persons whose recovery is slow, whose improvement is not promising or whose ultimate cure is seriously questioned, including epileptics. From this general classification I think there might be a large number selected who could be properly cared for at home,—persons in such mental and physical condition as to require neither the treatment nor care of the hospital,—tractable and harmless, requiring only a little additional watchfulness and care on the part of relatives and friends.

But to do this the conditions must be favorable. In these conditions I would include willingness and financial ability on the part of friends or relatives of patients. Unfortunately for this class of patients, and the state, both these requisites are often lacking—the former, I fear, more frequently than the latter.

It is a lamentable fact that children in good pecuniary circumstances, made so by the life labors of their parents, send father, or mother, or both, to hospitals for the insane, when disturbance of mind incidental to old age renders them unable to work, querulous, fault-finding, or exacting, and ever after refuse to have them at home, turning a deaf ear to the most pathetic appeals, and hard hearts to the most cogent reasons for their return. Parents, wives, husbands, relatives, all having interest in or who should be the natural protectors of these unfortunates, are guilty of this unnatural treatment of the chronic insane to a greater or less degree. They are, as a matter of fact, insane, but this insanity is of a mild form or type; they are harmless; they are simply somewhat troublesome, require additional care and attention, occupying time, perhaps, which the members of the household think could be more profitably employed in work or pleasure. It is simply inconvenient to have them at home; they are in the way, and are sent to the hospital as a matter of convenience. True, they are technically insane, and are legally committed, but it is not the degree of their insanity which has placed them in the hospital, but the heartlessness of relatives and friends. There are many such cases in our hospitals to-day, and could you hear the sorrowful tales, the pathetic appeals to be sent home, heard by those who have oversight of them, or read the cold-blooded, heartless letters in reply to requests to children and other relatives to take their friends home and care for them, you would not be surprised that it has become a serious question in the minds of those conversant with these things how far our laws regulating the commitment and retention of this class of insane to our hospitals are responsible for the inhumanity thus perpetrated, and to seriously ask if it is not the duty of our law makers to enact laws compelling children and other relatives to care for their friends in the condition under consideration, when they are amply able and favorably situated to do so, and to hold them strictly responsible for their proper care, and to make it a criminal offense to neglect or maltreat them.

There are numbers of patients in our hospitals for the insane belonging to this type, who could and should be cared for at home, if there is any way to compel it. True, they might not be better cared for than they are at our hospitals, but their declining years would be happier for the influence of home surroundings and tender care of children and friends. There may be, however, exceptions to this recommendation, prominent among which

would be the homes where there were young children. Children are imitative, likely to absorb the spirit of those with whom they are associated; hence, when an adult has lost his self-control to a degree, as to make them constantly cross and unkind in word, disgusting or offensive in action, profane or with marked insane delusions, their influence upon children might prove harmful.

In this connection I would suggest that epileptics should not be permitted to attend our public schools. In the idolescent period great care should be taken to prevent nervous shocks, and especially the shock incidental to that produced by children witnessing a sudden eplepsia seizure. Permit me to give my own personal experience in illustration of this point: When a boy I attended school where there was a boy afflicted with epilepsy. He had frequent seizures in the school-room and on the grounds. I became so nervously affected on witnessing them that I was in a constant tremor when he was present, could not study when he was in the school-room. The impressions thus made remain to a marked degree to this day. I can visit the wards of our hospitals in which are the most disturbed patients, without a thought of fear or a feeling of nervousness, but when I enter an epileptic ward, that same feeling of fifty years ago in that school-room comes over me. I am nervous and uneasy all the time I am in the ward, and if a patient has a fit, it frightens and shocks me more than I would be if assailed by the most violent patient in the institution. This is individual experience in this matter, and I do not think my case is an exception among scholars who have been or may be similarly circumstanced. I believe this subject worthy of the consideration of physicians generally.

In view of this fact that the chronic insane cannot be cared for at home except under the most favorable conditions, the important question suggested is, what is necessary for their proper care in institutions specially founded for them. The question is an important one,—so important that I hesitate in approaching it, so inexhaustible that I realize my ability to only hurriedly glance at it in this paper. It must be remembered in considering this subject, the chronic insane are not all, nor, indeed, any large portion of them, imbeciles; that they are not as a rule persons having no conception of personal comforts, no regard for pleasing surroundings or care for pleasant, reasonable and sensible conditions, no appreciation of kindly treatment and no interest in the affairs of life. On the contrary, a large proportion are as sensible about surroundings, choice of associates, select as to individual persons, neat, clean, and circumspect in their words and actions as though their minds were not disturbed.

Many of them are from the higher walks of life, refined in taste and sentiment, educated and cultivated, while those who are not have the same claims on humanity, the same rights to full charity in all that pertains to their proper care as those who are, hence we can make no distinction, no radical differences in our endeavors to give this class the care their helpless conditions demand.

One, and, indeed, a very important consideration in the care of the chronic insane, is to provide means, in the institutions provided for their benefit, for proper classification. This is essential in the care of this class of unfortunates. There should be ample provisions made for the complete separation of the noisy from the quiet, the cleanly from the uncleanly, the

orderly from the disorderly, the profane from the religious,—in a word, a classification which will permit the grouping of the different types, and thus secure the means of carrying out different methods necessary under different conditions of body and mind; methods which might be applicable under one condition, but not under another. This necessarily presupposes ample room, favorably situated, conveniently arranged and appropriately divided; provisions which are sadly lacking in our own state.

In this connection, I am of the opinion that the cottage system has many advantages. Cottages capable of accommodating not less than fifty or more than one hundred patients I think preferable to those with a greater or less capacity. One advantage of this plan is its cheapness, especially in the matter of attendants. It also affords a better classification and apparent freedom from restraint than is secured by the ward plan, especially where the wards in the general or main building are crowded, as they too often are, a condition which cannot be avoided with the capacity for caring for the insane in Iowa to-day. Most of the chronic cases like the cottage plan.

I have rarely heard a patient moved from the wards to the cottages at Independence complain of the change, on the contrary, as a rule, they are pleased with it. I cannot better illustrate this plan than by recalling the words of a patient, who had been removed from the ward to a cottage. On inquiring how he liked the change, he replied, "Oh, I like it better here, I feel more at home; there is more fun among the boys."

There is, however, an occasional exception to this. Such chronic cases have an idea that when patients are moved from the wards to the cottage, they are considered incurable, and the change does them harm. I call to mind one case which illustrates this: His was a type of disturbed melancholia; his condition was such it was thought best to move him to a cottage, as his almost constant crying and bemoaning disturbed the patients of the wards to a very great degree. The removal was made, and the first time I saw him afterward he made the following pathetic appeal: "What does this mean? Does it mean that my case is hopeless, that I am incurable, and that I must spend my days in a mad house?" He was returned to a ward and soon showed evidences of improvement. And here, permit me to say, is an excellent illustration of a peculiar condition of mind in many of the chronic insane. They believe they are being cured; they never lose hope of ultimate recovery; they are always getting better, always nearing the time when they will return to their home and friends, fully recovered.

To encourage this hope is an important factor in caring for the chronic insane. To discourage it, by putting them in a place or surrounding them with conditions which would lead them to think they are incurable, is to at least embitter their lives, if not to do them positive harm, and render their recovery impossible. Hope

is the mainspring and comfort in all our lives. Ample room provided and appropriate arrangements secured for classification. The next important step is to secure attendants adapted to care for the insane.

They should possess even tempers, sunny dispositions, a versatility of genius, and a fund of resources for entertaining, amusing, controlling, aiding and directing those in their charge. They must have themselves in perfect control, be able to command their tempers under all circumstances, to be firm without harshness, positive without unkindness, in a word, the attendant who is unable to control himself or herself under all circumstances, and who does not fully realize the importance of his or her trust, or fully appreciate the fact that patients are not placed in the asylum for punishment for any cause whatever, and who does not show an interest in mental, moral and physical welfare of patients is not fitted for the right performance of the duties of attendant and the responsibilities accruing thereto. An important factor in the care of the chronic insane is to teach and aid them in self control. They should be treated, as far as possible, as sane persons; the attempt should be made to remove, as far as possible, the idea that patients are considered by those in charge, as insane; to place them in such conditions as will call forth an exercise of their will power to make them conform to conditions of sanity.

To this end they are furnished rational amusements, given employment such as will call forth an exercise of judgment or, at least, to so engage their attention, to keep the mind from feeding upon itself. The chronic insane in our hospitals are, as a rule, in much better condition mentally and physically, during the summer months when they can exercise and be employed out of doors, than in winter when compelled to remain inside; hence the question of furnishing constant employment and the means of daily out door exercise to this class of insane is an important one; and just how far it is practicable to introduce productive industries into places provided for their care is worthy of careful consideration. At present productive industries in Iowa institutions are limited to work on the farm and in the garden which, of course, can only be done in summer; making brooms for the use of the institutions; preparing the rugs, and weaving rag carpets for the halls and wards; packing curled hair for mattresses used in the hospitals, together with various domestic services in the wards, kitchens, dining rooms, bakeries, laundries, etc. This employment is necessarily limited under the present system, and the practicability of increasing and diversifying

it by the introduction of such industries as would give constant employment to all the chronic insane who are at all capable of mental and physical labor is a question of much importance and, I think, worthy of trial.

In this matter of teaching self control wholesome discipline is sometimes necessary. A patient on parole, having the privilege of the grounds or wider, who takes advantage of his or her liberty and abuses the privileges granted, if deprived of them for a time is not likely to soon again violate the confidence imposed. A patient in a front or convalescent ward who becomes noisy, quarrelsome, or inconsiderate of the rights and comfort of his or her associates, is often reformed, or at least greatly aided in self control, by being placed in a back ward to associate for a time with those who have entirely lost the power of self control. The closed bed and mild restraint for a limited period, has a most salutary effect in shortening a paroxysm of excitement. Cases are not rare when patients refuse to eat, but who, at the sight of a stomach tube being prepared for service, will at once partake of food.

A serious problem in the care of this class of unfortunates is that of the propriety of sending home the milder cases, whose whole thought and constant importunity is to get out of the hospital to their homes. It is a serious question whether patients in this condition are better or not in the hospital, whether more harm than good is not done by keeping them under the restraints of the institution. The conditions being favorable, the patients being harmless, with friends to care for them and homes to go to, I believe it advantageous to send them home on a visit, or on trial, even though they may not have improved under the treatment and care of the hospital. This conclusion is arrived at from the fact that many patients thus sent away have improved at home; some who have run away from the hospitals have gone home and remained there. Some of them seem to have entirely recovered, while others appear so much improved as to be able to support themselves and families. There are also many cases where friends have been persuaded to take patients home, and who did so reluctantly, to find they improved rapidly and never had to return.

True, there are many cases where the experiment has failed; where the patient, having made decided improvement in the hospital, grew worse on release, and had to be returned; but the fact that even a few, sent home under seemingly unfavorable conditions, have improved and become self-sustaining warrants the belief

that the experiment is worth trying oftener than it is, and while this is frequently done, it would be done much oftener if there were any pecuniary provisions made therefor. The officers of our hospitals have no fund to defray the expense of sending patients home, and friends are not able or not willing to pay it. It often occurs that when the superintendents do assume the responsibility of sending patients home and it becomes necessary to return them to the hospital, the county officials where the patients have a residence complain of the expense incurred and denounce the superintendents for incurring it. I believe that in this particular the proper care of the chronic insane is of sufficient importance to warrant each county in providing a fund sufficient to defray the expense of sending home, on a visit or a trial, cases which, in the opinion of the superintendent, might possibly be benefitted thereby. In many instances, where no permanent benefits are derived, it would make the patients more contented on their return to the hospital; indeed, some, most urgent to go home, return voluntarily. Having been permitted to try the experiment, they realize their condition, and prefer hospital life to home life. The difficulty, however, in carrying out these suggestions is that so few of the chronic insane have homes to go to or friends to care for them, but there is a sufficient number who have to warrant making the provisions suggested.

But aside from the experiment of caring for the chronic insane at home, as indicated, under favorable conditions, there is no proper way to do so outside of hospitals designed especially for their care. I would not advocate separate and distinct institutions for the care of this class, under the direction and supervision of county authorities, but that every hospital for the insane be under the supervision of the State, conducted by physicians who make the care and treatment of the insane a specialty, and under the strict surveillance of regularly constituted authorities outside the institutions. There are many advocates of the county place of caring for the class of insane under consideration, of the erection of hospitals separate from the poor houses, or in connection with them. But this experiment has been thoroughly tested, notably in New York and proved such a miserable failure that a return to the State hospital plan was imperatively demanded by the people and acceded to by the assembly, the State hospital plan seems to be the plan best adapted to securing the best results, in fact, the only practicable plan. How these should be constructed and arranged,

there is a wide and honest difference of opinion among men who have made this subject a study. Some favor the ward plan; others the cottage or home system; some, large hospitals, and others small. Were I asked for my individual opinion, I would say that when a main building has reached a capacity of five or six hundred, enlarging should cease, and that future accommodations should be made on the cottage plan, or new hospitals be erected in some other portions of the State. Classification is an all important factor in the care and treatment of the insane, and to this end a hospital with a capacity of one thousand patients should not have a population at any time of over eight hundred. Should the demand exceed this and the building become crowded, cottages for the chronic insane should be added, or a new hospital built elsewhere.

But there is another plan for caring for the chronic insane, which has its advocates, and which is too often adopted. I refer to caring for them in the county poor house. And I regret to say this plan has received a seeming sanction in Iowa from the crowded conditions of our hospitals, making it absolutely necessary to send many of the chronic cases back to the counties from which they came, in order to make room for more hopeful and unmanageable cases. The poor house plan is one which cannot and will not receive the endorsement of any humane person who has had experience in caring for the insane, or opportunities for learning their peculiarities, their wants and their conditions of mind and body. The plan is unwise, impracticable and, in too many instances, inhuman. The only thing which can be urged in its favor is its cheapness. But if the charities of a Christian people are to be based upon the cheapest plans for their practice, and if county authorities, men who have no knowledge of or experience with insane persons, or in caring for them, are to be the judges, and if, after persons have been in hospitals for a number of months or years without improvement, they are to pronounce them incurable, and for that reason order them out of the hospital and into the poor house, or refuse to send them to a hospital on the ground that they are harmless, and the supposition that they are incurable, I say, when the caring for the chronic insane comes to this, when their care is a mere question of economy, I would recommend a cheaper plan than that of a poor house; that of killing them by some humane method. Do you say extravagantly and barbarously put? I reply that I could give you examples of caring for the chronic insane in poor houses, and the horrible results of this care,

which would occupy the full time allotted to this paper, but one or two instances must suffice.

I once saw an old lady, not less than seventy-five years of age, brought to one of our hospitals for the insane, ragged, filthy and maniacal. She had been subject to the tender mercies of a county poor-house for years; confined in a small room, with straw on the floor for a bed. Her attendants were afraid to approach her, and her food was pushed to her through a hole in the partition of her room. When she reached the hospital she was more like a raving wild beast than a human being. She was taken in charge by a female attendant, led to her room, thoroughly bathed, clad in clean clothes and placed in a clean, comfortable bed. She slept peacefully during the night, and the next morning was quiet and orderly. I saw her at intervals for two years after she was brought to the hospital, and she was cleanly in her habits, kindly in her disposition, with no inclination to injure any one, although badly demented up to the time of her death.

I have seen insane persons brought in irons from the poor-houses to the hospitals, who, upon being released from restraint surrounded by home like influences of the hospitals and controlled by kindness, soon become quiet, and proved to be patients who gave no trouble. I have seen the trunks and bundles and boxes, containing the belongings of patients sent from poor-houses to hospitals, opened and found the clothing so filthy, so full of vermin, and so disgustingly offensive that everything had to be burned.

Now I do not affirm that all poor-house keepers thus care for the insane placed in their charge, but I do know there are enough who do thus care for them to make it the rule. Nor do I say this condition is the result of invariable inhumanity on the part of the hirelings of these institutions and prefer to believe that, in the majority of such cases, they do not know better. They have had no experience in the care of the insane, have had no tact or judgment in their treatment of these unfortunates, and persons without these requirements are, as a rule, afraid of insane people however slight may be the insanity, and are controlled in their treatment of them by fear.

Many, too, think when persons are insane it does not matter how they are treated, that they have no appreciation or realization of good or bad treatment, can make no distinction between kindness and cruelty. The result of this is, the patients in their care are neglected, their most ordinary wants are not fully supplied, and in

too many instances they are cruelly punished for insane acts or kept in restraint continually through fear they might do some one bodily injury.

Another consideration strongly adverse to placing the chronic insane in poor-houses is their manhood is degraded and their finer feelings and sensibilities outraged. It must be remembered that the army of insane persons is not largely recruited from the pauper classes, but on the contrary, from the laboring grades, industrious ranks of our population. They are for the most part men and women who have been taxing body and mind to secure homes and provide for their families and whose minds and bodies have been broken down under the continuous strain. Is it then right, is it justice, is it humane in the sight of God or man, to pauperize any insane person?

Is it not a pure christianity to advocate and to secure equal justice and equal care to all? Is not man or woman who has lost God's greatest gift, reason, though they be without a dollar, as much entitled to the best care and treatment the State can give as the millionaire, in the same condition? It is an insult to our accredited christianity to make any distinctions in the care of persons bereft of reason on account of pecuniary conditions or social relations. It is a burning shame, a living disgrace to the State of Iowa, or any other State, to have a single insane person in the county poor house. The physicians of the State have opportunities for doing valiant service in the cause of humanity and especially in enlightening the public on the proper care of the chronic insane. The general public is, I fear woefully ignorant on this subject and it is the physician's duty to enlighten them upon it. They should use their influence to prevent the chronic insane of their localities being sent to the poor-houses, to see that those who are there are humanely treated; to aid in every possible way the increasing of the accommodations in our State institutions for this class of unfortunates and when this is secured, see that not a single insane person remains in the poor-houses of their respective counties. Let there be a united and continuous effort on the part of the physicians of Iowa to hold up the hands of those in charge of our own State institutions for the insane, to aid and encourage them in their work, and to influence legislation in behalf of the institutions provided for the care of the insane, the most helpless and deserving wards of the State; to secure all necessary room and accommodations for the proper care of all the insane of the State be they

recent or chronic; and to contribute in every possible way to ameliorate their conditions, and to add to their comfort, for doing which the physician has the means and opportunities possessed by no other profession, and let us all remember that the noblest charity is that which gives help, and that charity bestowed in helping the helpless insane is the noblest of all."

NUMBER OF INSANE IN THE STATE.

On the thirtieth of June, 1891, there were in the three hospitals for the insane, one thousand nine hundred and fifty-eight patients, of which number one thousand one hundred and sixteen were males and eight hundred and forty-two females. It is estimated from the best data obtainable, that there are outside of the hospitals, in the care of counties, in private institutions, and at their homes, two thousand, five hundred insane, a total of four thousand, four hundred and fifty-eight. In all probability this estimate is below the actual number. Comparing these figures with former reports it will be readily observed that there is a gradual increase of the insane population of the State. With the completion of the hospital at Clarinda the State will be able to take care of about half of the insane in the State, and if the legislature shall conclude to extend the cottage system by erecting one or two cottages for the use of female patients at the Independence hospital, it is possible the number to receive care and treatment by the State may reach fully three thousand. But then, to accomplish this result will require two to four years and perhaps six years before the State shall be in a condition to give care and treatment to three thousand insane.

STATE SUPERVISION.

In view of the fact that the State has invested largely in buildings and the necessary appliances for the care and treatment of the insane, and at each biennial session of the General Assembly additional appropriations are made for the extension and repair of its hospitals, and for improvement and beautifying of the surroundings, it would seem that the time had arrived for a more determined and settled policy, with a view to the State ultimately assuming charge of all the insane within her borders. Many grave problems confront the State to-day, but probably none that rivals in either social or economical importance the question of proper care and

treatment of the large number who are suffering from the most serious, the most dangerous and far-reaching in effect of all diseases known to medical science, a disease involving a loss of that which alone can distinguish men from the lower animals, namely, his intellectual faculties. This being true, it follows as a logical sequence that the State should promptly adopt and persistently follow some definite policy in dealing with the question. Indeed such a course is urgently demanded in the interest, not only of humanity and justice, but in the interest of true economy. And here we extract from the report of the New York State Commission in Lunacy:

Insanity is a physical disease requiring, in most cases, hospital care and treatment.

Large numbers of people believe that a person may be insane and yet in possession of perfect bodily health. In other words, that insanity may involve only the mental faculties. This theory is no longer accepted by students of insanity, whose knowledge of the subject is based on the study of the physiology and pathology of the brain, and competent observation of the phenomena of this disease, but is a relic of an earlier age, when insanity was regarded by even the medical profession itself as a moral, rather than a physical disorder, and it is only within the past century that it has come to be regarded as a purely physical disease, requiring medical care and treatment for its alleviation and cure.

Much of the misapprehension in regard to insanity is attributable to the fact that persons suffering from disease do not, as a rule, require treatment in bed. Hence inexperienced persons frequently maintain that such persons need nothing more than seclusion and restraint. To the skilled observer, however, and more especially to those who have had practical experience in the care and treatment of the insane, the physical symptoms of the disease, such as sleeplessness, alterations of the secretions, disturbances of the bodily sensations, roughened skin, sluggish circulation, constipation, prevented appetite and other evidence of impairment of the bodily functions, which are present in greater or lesser degree. All seem to indicate the necessity of the intelligent application of prompt and continuous medical care and treatment.

Laying aside all questions of morality, of humanity, of sympathy, or of pity, the true economy of the State demands that the utmost effort be put forth to secure to the insane that method of care and treatment which promises the best results. To cure the curable and to improve the incurable, statistics show that the average duration of the life of an insane person is about twelve years, and according to Horace Mann and Dr. Alexander H. Stephens, in the development of the wealth of a State, the life of each individual has a financial value of \$150.00 per year, which value has materially increased since their day. It may also be fairly assumed that the average cost of the proper maintenance of insane persons amounts to the sum of \$200.00 per annum. It, therefore, appears that the State, in the one instance, loses not only the cost of maintaining such persons under peculiar circumstances, but also

his earnings for a period of twelve years, while in the other it would gain his earnings for a like period of time. An insane person, therefore, represents a loss for this period of time of \$4,200.00, while a sane person for a like period of time represents a gain of \$1,800.00. It only requires a presentation of such figures to clearly show the pecuniary importance as regards taxation, of making every possible effort to relieve the State from the serious burden laid upon it by this disease, by placing the insane amid such surroundings and under such treatment as will enable the State to take advantage of the slightest evidence of return to reason, to grasp the smallest opportunity presented to rescue the unfortunate sufferer from a malady which is worse than death. In a word, none should be abandoned as hopeless lunatics.

That the State should possess exclusive supervision of the insane is made manifest by the care and treatment which the State is able to give at a comparatively trifling cost per capita. For many reasons, good and sufficient, county control is undesirable. Generally the county insane building are attached to or comprise one of a cluster of buildings on the county poor farm. And with a few exceptions, perhaps, the buildings are totally inadequate and unfit for the uses to which they are appropriated. In many counties, these so-called asylums are but frame buildings, resembling the old time mad houses, where great plank doors swing upon huge hinges with bolts and pad-locks, three in number, give entrance to narrow, unventilated cells, dark and prison-like, with a bunk and scanty clothing for a bed.

Medical treatment is furnished on contract price to the lowest bidder, which includes treatment for paupers as well as the insane, and in some counties where these systems are in vogue, the physician generally resides miles from the institution, and his presence is only had when the overseer deems it his imperative duty to call him. The care, treatment and condition of the county insane may be more fully understood were it possible to secure an inspection of these institutions, and a report made to the governor, and through him to the legislature; possibly the result of such an inspection would prove a valuable aid in-determining the legislation necessary for the State's complete control of the insane.

EMPLOYMENT OF INMATES.

It is estimated that at least fifty per cent of the inmates of the hospitals for the insane are capable of employment. In no case are they obliged to work, yet fully thirty per cent of the inmates choose to do so, and readily volunteer whenever the opportunity is afforded. The beneficiary effect of the employment of patients

has been apparent. A very considerable number date their improvement, and even recovery, from the day of their first employment. There is no point of view from which this employment of patients can be regarded with anything but satisfaction. At the present a large number of patients in each of the three hospitals are employed upon the farms, in the gardens, and in the various domestic departments, all seemingly gratified with the opportunity afforded them of having something to do that will engage their minds, and make hospital life more agreeable and satisfactory.

INDUSTRIAL DEPARTMENTS.

In view of these facts the committee favors the establishment of industrial apartments at each of the hospitals for the insane. There is no reason why a large percentage of the articles to be used in the hospitals cannot be manufactured by the inmates. Among the articles always in demand that may be manufactured, are: Brooms, whisk brooms, stable brooms, clothes baskets, market baskets, repairing and caning of chairs, corn husk mats, rag carpets, harness, and repairing tinware; and repairing hair mattresses, hair pillows, foot stools, leather settees, shoe boxes, pants, vests, coats, slippers, shoes, boots, wool rugs, mattresses cleaned and made over, mats, shoes and boots repaired, stockings and numerous other articles not necessary to mention.

These apartments can be established at a small cost, and in good time prove to be profitable investments, an advance in the direction of economy. The advantages may be summarized as follows:

The manufacture of brooms: Will furnish all the brooms used in the three asylums, and a surplus to furnish to other State institutions. A considerable saving.

The same may be said of baskets, large laundry baskets made of willow, and the ordinary clothes basket, and the market basket made of splints at much less than the present cost.

Chairs and repairing: Many of the chairs to be used in the asylums can be made or purchased from factories, can be put together and finished at a great saving; cane chairs can be supplied with new seats and all repairing at little or no expense; upholstering can be done; in fact the furniture of the institutions can be kept in good repair and a large saving had the year round.

Carpets, rugs and mats: Rugs which are necessary can be made and the three institutions supplied at half the cost of the articles if purchased. Specimens of the handiwork of patients in the making of rugs may be seen in the asylums, of a neat design and of a

showy character. Nothing looks so home-like to many patients as a strip of rag carpet. A large number of patients may be employed at the simple work of sewing the rags who would not be able to do anything very complicated, while there are plenty who can manage the looms, and who would take pride in turning out the unique patterns of the real home woven carpet which becomes so acceptable in every ward of our asylums.

Husk mats are a handy thing to have about, they lend a cheerfulness to apartments and are economical useful appendages in every household, manufactured at a trifling cost and doing away with all purchase in this line.

Harness making and repairing: There is always more or less wants of this kind at our State institutions, and with proper facilities the expense attached to this item alone may be considerably lessened.

Thus we might go on and enumerate but the above is sufficient, and what is capable of being accomplished in the production of the articles named is also applicable to other things required in and about the hospital. So far, in the hospital, men and women have been found willing workers, who are capable of filling most any position to which they might be called, and we are quite sure there is no branch of industry that would be likely to be established that will not be filled from among the patients.

There are basement rooms, and long corridors in each of our hospitals that could be utilized to this work and with the erection of an additional cottage at Independence and the completion of the Clarinda hospital, the large attic rooms in the Independence hospital could be used solely for this purpose. Industrial buildings at each of the hospitals in close proximity to the power-house are necessary to the completeness of a plant giving employment in the various branches necessary to establish.

To show how the industrial departments have flourished and prospered beyond expectation we append the following from last year's report of the Illinois Eastern hospital for the insane at Kankakee. The report says: "A vast amount of ingenuity and interest in this work has been shown by a large number of patients and it has been a source of gratification and surprise to see the number of kinds of work that have grown up almost spontaneously under encouragement and supervision supplied. All of the work was done under the supervision of one hired superintendent and an assistant during a portion of the time at a saving to the institution of \$2,381.20. The following table further explains:

ARTICLES MANUFACTURED, ILLINOIS EASTERN HOSPITAL FOR THE INSANE, WORKSHOPS, 1888-90.

ARTICLES.	Number.	COST.	MARKET VALUE.	Profit to Hospital.		
Brooms.....	6,504	\$ 0.06½	\$ 406.50	0.12½	\$ 813.00	\$ 406.54
Brooms, whisk.....	518	.03½	18.06	.08½	43.00	24.90
Brooms, stable.....	36	.15	5.40	.25	9.00	3.60
Baskets, clothes.....	174	.04	6.96	1.00	174.00	167.04
Baskets, market.....	48	.....	.....	.25	12.00	12.00
Chairs, recaned.....	300	.22	66.00	.50	150.00	84.00
Chairs, rocking.....	15	1.45	21.75	3.00	45.00	23.25
Corn-husk mats.....	298	.01	2.98	.15	44.70	41.72
Rag carpet, yards.....	681	.10	68.10	.30	204.30	136.20
Harness, sets.....	10	16.50	165.00	25.00	127.50	68.00
Harness, parts.....	170	.35	59.50	.75	250.00	115.80
Mattresses, pieces.....	386	.35	135.10	.65	880.00	48.00
Mattresses, hair.....	80	10.40	832.00	11.00	70.00	12.00
Pillows, hair.....	40	1.45	58.00	1.75	8.75	3.50
Foot-stools.....	7	.75	5.25	1.25	80.00	24.00
Settees, leather.....	2	28.00	56.00	40.00	80.00	15.00
Shoe boxes.....	10	4.50	45.00	5.00	333.75	112.50
Pants.....	225	1.25	281.25	1.75	105.00	21.00
Vests.....	175	.48	84.00	.60	45.00	10.00
Coats.....	20	1.75	35.00	2.25	164.00	65.00
Slippers, pairs.....	104	.60	62.40	1.00	4.50	1.50
Shoes.....	3	1.00	3.00	1.50	15.00	4.50
Boots.....	3	3.50	10.50	5.00	553.00	100.34
Rugs, wool.....	340	1.31	445.20	1.60	886.95	512.46
Shoes, repaired, pairs.....	1,971	.19	374.49	.45	176.50	141.20
Mattresses, cleaned and made over.....	353	.10	35.30	.50	26.00	13.00
Settees, plush and others.....	32	.25	8.00	.50	1.50	1.80
Pillows, hair.....	12	.....	.....	.15	75.00	56.25
Tinware, repair, pieces.....	750	.02½	18.75	.10	60.00	60.00
Clocks, cleaned and repaired.....	60	.....	.....	1.00	21.00	10.50
Harness, repairs.....	210	.05	10.50	.10	.....	.....
Total cost.....			\$ 3,369.05		\$ 5,737.95	\$ 2,381.20

The committee specially urges this matter to the attention of the General Assembly, satisfied that the results will, in the main, not only prove of a satisfactory character, but at the end of each biennial period will show a satisfactory balance to the credit of the State. "From small acorns great oaks do grow;" from a small beginning a great industry may be established that will considerably lighten the burdens which the State is now forced to bear.

COMMITMENTS.

There is a lack of judicious care on the part of county commissioners, for the insane, in the making out of papers committing patients to the asylums. It is a frequent occurrence that patients are received at the asylum with little or no knowledge of their cases. This is not as it should be; commissioners examining a patient should obtain a full and complete history of the case, all that can possibly be learned. They are in position to learn the history of the patient, and that history is essential to the authorities of the asylum to which the patient is committed. It would be well if a code of rules and regulations concerning

the examination of patients by county commissioners for the insane could be formulated and made binding upon these officers. There is room for an improvement that would be alike valuable to the patients and authorities who have their care and treatment. From conversations with patients we are impressed with the importance of a more thorough investigation than is usually given. The patients are the interested parties, and no act toward their commitment to the asylum should be taken without at least an attempt to have them understand the meaning and intent of the examination in progress. To deceive an insane person is a wrong that merits the severest condemnation.

RECOMMENDATIONS.

For Independence Asylum. The erection of a cottage for females, with a capacity for one hundred patients, the erection of a permanent slaughter house, the enlarging of the cow barn, an independent electric light system, a sufficient contingent fund to meet the necessity of constant repairs, the continued improvement of the grounds and the drainage of the farm land, all necessary to the welfare of the institution and the maintainance, in good order, of a valuable property enhanced by an enlarged capacity and a better service to the unfortunate inmates.

For Mt. Pleasant Asylum. A full equipment for the protection from fire, the repairing of the old reservoir and the building of an additional one, necessary repairs and improvements, renewing sewer and improvement of grounds, extending conservatory, work-shops, and the erection of an infirmary building with a capacity of fifty patients. The necessity for these appropriations will be apparent to any who may investigate. This valuable plant deserves all that is asked for it, meriting as it does the hearty support and encouragement of the State.

For Clarinda Asylum. The completion of the new wing at the earliest day possible, the erection of a barn large enough for all purposes, and other outbuildings, a new slaughter house and stock-yard and stock sheds, the adoption of plans to be carried into effect by which a greater supply of water may be had, the necessary funds for repairs and the rapid completion of the furnishing of the institution throughout. This asylum should be in a condition to receive patients and be in operation by January 1, 1892. The necessity for the additional room it will give to patients is a pressing want. We urge strenuous efforts toward the early completion of this plant, and bespeak for it a liberal legislation.

ADDITIONAL HOSPITAL.

From what has been said in this report it will be apparent to the authorities of the State that an additional hospital is necessary to care for the insane. This hospital should be located in the north-west portion of the State, and the incoming legislature should be urged to make provision for its erection and the commencement of the buildings in the year 1892. That it is a necessity no one will question.

THE MANAGEMENT OF THE HOSPITALS.

In concluding this report we reiterate that which was said in the eighth biennial report from the committee:

The management of the Iowa Hospitals for the Insane is progressive. Each year finds important additions and improvements in the means for the care, comfort and physical and mental benefit of the patients, and new and better methods introduced in the management inside and outside the buildings. Restraint, except in extreme and unavoidable cases, is not now the rule, but the exception. Physical exercise and mental diversions, indoors and out, are leading features in the management. Manual labor, in the fields, garden, kitchen, laundry, etc., is provided for all who are able, and who desire to thus improve their time. The management of the institutions is being constantly improved, new and better means and methods being adopted for improving the conditions of the patients and making the institutions more home-like and attractive; and, consequently, better adapted for the uses for which they are designed. * * *

After careful observation and critical inspection during the period, your committee feels warranted in saying that the system now in operation in the management of everything in and about our hospitals, is a great improvement on the past. In saying this we do not mean to say that there is never any friction, nor that your committee has not found any irregularities, and nothing which they would not have otherwise; but these irregularities have been the exception, and not the rule. And while we do not claim perfection for the institutions and their managers, when we look upon the magnitude and complexity of these hospitals the wonder is that they go along so successfully, with so little friction, and that there are so few unpleasant occurrences.

That there will be no relaxation on the part of the proper authorities to provide liberally, year by year, for the better care and comfort of these unfortunates; that the institutions will continue to grow better and better; and that the day will be hastened when ample provision will be made within hospital walls for the cure and care of every insane person in the State, rich and poor, is the earnest hope of your committee.

F. M. McCLELLAND.
HARRIET M. ALLEN.
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