No. 17

REPORT

OF THE

VISITING COMMITTEE

TO VISIT THE

HOSPITALS FOR THE INSANE,

MADE TO THE GOVERNOR OF THE STATE.

DES MOINES:
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REPORT OF THE VISITING COMMITTEE.

To His Excellency, Gov. C. C. Carpenter:

The committee appointed by you to visit the Insane Hospitals of this State, and to perform the duties designated in the act entitled, "An act to protect the Insane," approved April 23, 1872, have the honor to submit the following report:

On entering upon the duties assigned them, your committee soon discovered there was a sentiment quite prevalent over the State, that the inmates of the Hospital at Mt. Pleasant, the only institution of the kind then in operation, were not altogether kindly cared for, if indeed they were not in some instances cruelly treated.

How this unfavorable impression or rumor, touching the general management of the Institution, and more or less impairing public confidence therein, obtained such general currency with the people of the State, needs no explanation from us, as the same could not be otherwise than speculative and conjecturable.

As the committee had not the slightest agency in the making of the law nor in their own appointment, so they had no prejudices on the one hand or partialities on the other to influence their action. The first matter to be settled, in their judgment, was to determine the full extent of the duties to be performed under the law, and the best manner of executing them faithfully, with the least possible friction, or disturbance of the harmony and official relations of others. To this end they framed a set of rules, defining with some degree of precision, the range of duties, devolving upon them, under the provisions of the act in question, as well as the mode of procedure in their discharge, especially when they were to assume a judicial character.

These rules and by-laws were printed, copies handed to the medical Superintendent of each Institution. Against these no known protest has been made. The same are annexed as an appendix to this report, and special attention is invited thereto. As required by the act our visits were made monthly in alternation, except when we met as a full board, which was three times a year.

These visits were usually unheralded, and covered the field of inquiry

required by our rules. When jointly made by the committee a full minute of the state and condition of the Hospitals was made by the Secretary, in a book kept for recording a synopsis of our proceedings; when made by a single visitor, a memorandum of the general result of the inspection was made and placed on file.

As it respects the order and system that permeate both institutions, the entire neatness of their several wards, the striking cleanliness of the bed-rooms and beds, the simple truth compels us to say that *these* are all that could be desired by the most fastidious criticism, or exacting connoisseur.

It was not discovered from inquiry, or by observation, that the dietary was insufficient in quantity, quality, or variety, and it is believed that no patient has suffered for the lack of good wholesome food. The very few complaints made in this regard, on inquiry, did not prove to be well grounded.

We were unable to find any fault with the general classification of the patients, as they were found in the several wards. The ventilation in both Hospitals was good, with the exception of a few wards in the one at Mount Pleasant, and these were partially improved by some recent changes made in the ventilating flues. Still, to one unaccustomed to breathe that kind of atmosphere, it seemed very confined and impure, and when attention was called thereto, it was claimed to be inseparable from the crowded condition of the wards, and the filthy habits of some of the patients, for which the officers were not responsible. Nevertheless, your committee cannot but think that so continuously an impure atmosphere must, in the end, prove unfavorable, both to the mental and physical health of the patients, and that the same should be remedied in some way, either by reducing the number of patients therein—keeping the filthy patients entirely separate from all others—or by managing to have such a volume of pure air forced in as necessarily to expel the foul.

Soon after it became known that your committee was required by law to take cognizance of, and to correct, whatever abuses might exist in the hospitals, several complaints of maltreatment of patients were lodged with us under circumstances making it our duty to investigate the same at once, which we proceeded to do.

These complaints were made in writing, embodying specific charges. Perhaps the one of the gravest import was made by Bennet G. Walters and his wife Emily, of Mount Pleasant, highly respectable people of the Society of Friends. Their son, William P. Walters, about twenty

years of age, and a painter by trade, was placed in the hospital on the 10th of May, 1871, in a high state of maniacal excitement, and remained there about four months, when he was taken out by his parents, and after some time he recovered his natural instincts and mental integrity, and it is said he is now doing well.

In their communication to us, dated July 3, 1872, his parents complained that when they took their son out of the asylum "He was in a state of starvation; that he had been punished and tortured as a part of his treatment; that his entire body was covered with black and blue spots, and some wounds in a state of corruption; that a number of his finger and toe nails were crushed off by acts of violence received in his course of treatment; that he had chronic diarrhea in its last stage, without receiving any treatment to check it, and in this condition his food was entirely inappropriate thereto; and, finally, that there was a complicity on the part of his keepers, in reporting his condition, to make their statement correspond, regardless of facts."

A copy of these charges was furnished the Medical Superintendent, Dr. Ranney, who at once controverted the same, and a full hearing took place. The testimony on both sides was reduced to writing, and is very voluminous, too much so to have a detailed place in this report. A very brief summary, however, of the more cardinal points on both sides will be stated, with our conclusions thereon.

The testimony in support of the charges was confined to the complainants themselves, and their son, who had been a patient in the asylum.

That of Mr. Walters and his wife was substantially the same. They had visited their son in the asylum several times. At first he seemed to improve, and gave promise of a speedy recovery; afterwards he got worse as it was stated, and he was removed into a different ward. They visited him there—found him greatly changed, pale and emaciated, with marks of violence on his face and hands; when he heard a footstep, would stop talking and tell his mother to be still, that, if the attendants saw or heard him talking, they would punish him for it. They testified to the condition of his body as specified in the charges; that it was covered with black and blue spots; that the bruises and ulcers on his person did not heal for two months; that they were the result, as they supposed, of confinement in a *Crib*; that some of his nails were mashed off; that he had chronic diarrhea when taken out of the asylum that they asked Dr. Ranney for a prescription when they took him out that the same course of medicine might be continued, which they said

he declined to give for the reason it was unnecessary as they were not giving him any medicine; and that on his return home he manifested the greatest desire for food—that he ate everything laid before him and that it was a week before his hunger could be satisfied. They inferred he received punishment as a part of his treatment from the fact he was confined in a crib and had evidence of violence on his body, &c.

William P. Walters remembered when he was put in and taken out of the asylum. Said he was put in a room with a patient who struck and hurt him and mashed his fingers; told the attendants so, but they paid no attention to it; was fed three times a day but did not get as much as he wanted to eat. Thinks he suffered for the want of food the last two months, was kept six weeks in a crib, but was taken out once or twice a week and bathed, and then put back, &c.

On the part of the defense, eight witnesses were examined. Dr. Ranney; the Superintendent, his two medical assistants, Messrs. Basset and Culp; Nathaniel Pierce, the Supervisor of the east wing, and the four attendants in the wards where the patient was kept and cared for.

These last four witnesses united in testifying that young Walters much of the time was violent, and very destructive and filthy in his habits, difficult to control, and inclined to interfere with other patients, that they did not themselves treat nor did they know of others treating him unkindly, or abusing him in any way by violence, or by harshness of language, exercising only the coercion necessary to control him; that they did not permit patients to hurt each other if they could avoid it; that he was as kindly cared for as other patients in like condition; that he did not suffer for the want of food, had the same allowance thereof in quality and quantity as other patients; but that he had a most ravenous appetite, and had to be restrained lest he would injure himself; that he had at times frequent motion of the bowels; that his food when required by his physical condition was changed to a lighter diet, as porridge, toast, tea, extract of beef, etc. Two of these witnesses observed sores on his arms, hips, and legs; knew nothing of his nails being mashed off, but he was drumming with the ends of his fingers on his seat much of his time; that he was kept out on the ward in the day-time, and only kept in the crib at night to prevent him from soiling the room, and tearing up and destroying beds and bedding. One of the attendants saw him have an encounter with another patient, but he was not hurt.

The Supervisor, Pierce, confirmed much of the foregoing—if Walters had been abused or punished in any way, thinks he would have heard

of it; never knew an attendant to strike any patient; have seen the attendants bathe, dress, and put Walters in the covered bed, and it was always done kindly and in a proper manner; observed sores on his person, but no marks of violence; with him a small scratch would grow into an ulcer from constant irritation; was acquainted with the symptoms of chronic diarrhea, and felt certain that the patient did not have that complaint. The medicine prescribed by the physician was administered by him; thinks there was a change for the better a few days before he was taken out of the Asylum.

Dr. Culp saw the patient, Walters, once or twice every day; the sores on his person were very small at first, but became large and severe by his filthy habits. The increased action of his bowels was produced by his rapid eating, and failing to masticate his food; his diet would be changed and he would get better.

The testimony of Dr. Bassett, first medical assistant, was quite lengthy; and, as much of it is corroborative, we will only mention four points therein. 1st. That there was no complicity or understanding between Dr. Ranney and himself, or others that he knew of, to make their reports of young Walters' condition correspond at the expense of *facts* as charged. 2nd. That he never knew or heard of any ill-treatment of this patient, till the charges now being investigated were made. 3d. That, owing to the sensitive state of young Walters' nervous organization and emotional nature, visits to him by his father and friends were unfavorable to his recovery, of which they were advised by witness, after which on one or more occasions the father did see the son, when he was improving, and the increased excitement and disturbance of mind which closely followed the interview, brought on a relapse in his condition, due in the opinion of the witness to such visit. 4th. When he was at last taken out of the Asylum, he was regarded as convalescent.

The testimony of Dr. Ranney occupied eighteen or twenty closely written pages of legal cap, and the very short synopsis which we give of the same may not be satisfactory to the Doctor, or indeed do him the justice which the grave character of the charges against the Institution, in this case, would seem to require. And yet, we cannot but think that such portions thereof as bear directly upon some of the more material charges will sufficiently answer the purpose of this report.

Among other things he testifies there never were any grounds for these charges, that he had no reason to think that young Walters was otherwise than humanely treated by all—that no punishment was allowed

by the rules and regulations of the Asylum, and none was ever inflicted on this patient to his knowledge or belief—denies all complicity among the officers to suppress facts as alleged. His diet was suited to his condition, and abundant in quantity and variety. His appetite was strong and even ravenous—he swallowed his food partially masticated, which gave rise to intestinal derangements, even to increased activity of the bowels, caused by imperfect mastication, but he had no diarrhea, either accute or chronic, while in the Hospital or at the time he was taken home. Frequent action of the bowels often occurs in active mania, but is in no sense dangerous, and can often be controlled by a proper regulation of the diet, and is a more favorable symptom than constipation, seldom needing medication.

As to the discolorations of the skin, and sores on this patient, the doctor's explanation thereof when abridged was in substance this:

In active mania, there is often a quick pulse, with a sluggish capillary circulation, in which case slight abrasions of the skin often occur. These, from irritation and restlessness of the patient, increase in size and becomes sores. The mental condition of the patient interferes with medical and surgical treatment, as it is difficult to keep bandages and dressings of any kind properly adjusted, and the chief resort is the utmost personal cleanliness that can be attained. Again, in proportion as there is emaciation, want of due capillary circulation, filthy habits, mental excitement, there will be discoloration of the surface of the body, giving rise to surmises of ill treatment and abuse, and this is no uncommon thing. It is one of the necessary results of the maniacal conditions in men and women. It is often seen on persons when first admitted to the hospital, when there is no suspicion of mal-treatment. All the sores and discolorations on young Walters' person may be truthfully accounted for in this way, and were unavoidable.

He did tattoo much with the ends of his fingers, which considerably inflamed them, and which may have had some agency in producing the effects complained of, as to the nails thereof.

In considering this testimony, your committee were unable to hold that the charges in any of the particulars specified were sustained by a preponderance thereof, and so notified the complainants at the time of their decision.

We suppose, in determining the different issues made in this case, the ordinary rules of evidence should obtain, and that we could not overlook the means of knowledge, as the opportunities of information which

the several witnesses had of the subject about which they were testifying. Take for instance the charges of starvation, infliction of violent abuse, the alleged punishment or torture as a part of his treatment, the neglect of medical treatment for chronic diarrhea in its last stages and giving the patient food inappropriate to such a condition of intestinal derangement. All these were matters which did not fall within the personal observation or knowledge of the complainants, but were mainly inferences based upon the condition, appearance and conduct of the patient after he was removed from the asylum. He manifested a wonderfully voracious appetite and ate all before him. This was attributed to a want of a sufficient supply of food while an inmate in the Asylum. But this same abnormal desire for food marked his daily life in the Hospital, where, according to every satisfactory testimony, he received his full rations, and was obliged to be restrained lest he should injure himself, and *there* this unnatural craving for food was attributed to some actual cause arising from his mental or physical condition,

Again, to the mind of the complainants, who had not the evidence of their senses as to the cause thereof, the sores and discoloration on the person of their son were inferentially the effect of personal violence and abuse, but such cruel treatment was not only clearly disproved by some five or six witnesses, who had a full opportunity of knowing, but accounted for by the medical superintendent, as one of the incidents of the maniacal state, resulting from a certain condition of the blood, filthy habits and a diseased system. And it may be noted that whilst the son in his testimony did state that another patient had struck him and mashed his fingers, etc., he did not implicate the attendants or officers of the Institution in the commission of any violence or abuse upon him, other than confinement in the crib. And so in regard to the other charges, they were mainly inferences drawn from appearances and circumstances, but disproved or explained by the evidence.

The confinement of the patient in a "crib" or "covered bed," at nights for a considerable time, was conceded, but justified upon the ground of his destructive and filthy habits, and his general violence and restlessness. And in this connection we would here state, that this description of mechanical restraint, has in no small degree exercised the minds and engaged the attention of your committee; for it has, to say the least, the appearance of severity and harshness. It is called a "covered bed" or "crib." It consists of a wooden box about two feet wide, as many deep, and six feet, more or less, long, with a strong open lid cover, composed of arched ribs of wood, which can be raised or

fastened securely down; a bed may or may not be placed in the bottom thereof, as the condition, habits, or other circumstances of the patient shall require. Into this restraining apparatus, the more violent and uncontrollable patients are placed, and whilst they have room to turn upon their side and change their position, yet recumbency is secured, and all efforts to rescue themselves are fruitless, and finding this to be so, it is claimed that they gradually quiet down, and repose is superinduced, resulting in rest and recuperation.

Now it may be stated, as we desired information on some points, which did not meet the eye, and could not be ascertained by occasional inspection or observation, that we took the liberty to propound a series of questions to Dr. Ranney, the superintendent, before he left the Institution, touching the general care, management and treatment of his patients, which he politely, and without hesitation, answered in writing. These questions and answers are appended to this report, to which attention is respectfully directed. By a reference thereto, it will be observed that the Doctor, in answering one of these questions, undertakes the vindication of the use and importance of these covered beds, quite a number of which he had introduced and was using. His convictions on the subject are undoubtedly sincere; his reasonings, we are to suppose, were based upon his confessedly great psychological learning and large experience as an alienist, and therefore entitled to the highest consideration and respect; and yet they failed to command the entire assent of your committee, for the reason that they had carefully examined the other side of the question, presented by alienists of equal learning and experience in Great Britain and Continental Europe, some of whom used only the milder kind, while others had wholly dispensed with all mechanical restraints of every description, with the most satisfactory and beneficial results, as it was claimed. We do not feel at liberty, from the space it would occupy, to reproduce the arguments on either side. They are alike sustained by facts and reasons, which prove, at least, two well defined sides to the question; and, in this attitude of the case, it would seem presumptuous for those having only little psychological knowledge, and less practical experience in dealing with the insane, either to justify or to condemn the use of the more marked character of mechanical restraints.

Inasmuch, however, as the use of the "covered bed" is drawn in question, it is due to Dr. Ranney that his very able defense of the same should be read and carefully considered.

It is just, before passing from this subject, to state that in the Hospital at Independence, under the superintendency of Dr. Reynolds, the covered bed, as it is designated, has not been introduced, nor indeed any of the harsher kinds of restraining apparatus, and it is understood, that they will not be, unless peradventure the force of attendants should become so limited as to make it a necessity. And here the admission may as well be made that the non-restraint system will, *ex-necessitate*, increase the number of attendants, and as a consequence thereof proportionally the expense of running the establishment.

Case 2.—Mrs. Nancy Avery, an elderly lady of Mt. Pleasant, addressed a communication to the committee, to the effect that her daughter-in-law "had been placed in the Asylum for the space of two weeks; that when taken out her appearance indicated both neglect and abuse; that her shoulders down both her arms to her elbows were completely covered with black and blue spots; that her head was swollen and a piece of wood was extracted therefrom more than one inch long."

The date of this occurrence was not stated. Supposing it to be of recent date, the charges were laid before Dr. Ranney, and the time fixed for the hearing thereof. When we called upon Mrs. Avery for further information, we learned that it had occurred six or seven years prior thereto, under the superintendency of Dr. Patterson, and that the lady in question had died soon after she was taken out of the Asylum; and upon reflection Mrs. Avery said she did not want to appear before the committee and have the matter investigated; in the propriety of which we readily concurred. In the meantime, however, the charges had been forwarded to Dr. Patterson by Dr. Ranney, and from him we received a long communication, in which he stated that he well remembered the patient in question, and not only utterly denied the charges of neglect, abuse, and mal-treatment, but affirmed, on the other hand, that she had been most kindly dealt with and cared for; that the black and blue spots upon her person were more numerous when she was admitted into the Hospital than when she left; that he did not believe any splinter or stick of wood was in her head when she left, otherwise it would have been seen; and many other things disproving the charges which need not be repeated as the complaint was withdrawn.

Case 3.—This was a complaint made by W. L. Biggs, Esq., of Council Bluffs. His son, Lawrence W. Biggs, was placed in the Asylum at Mount Pleasant in April 1871, and remained therein till the middle of

May, 1872, and was then taken home by his father, and died in August following.

A few days after his death, his father addressed a communication to the committee in which he charged in substance that his son while in the Institution was required "to sleep on a wet bed of new straw ; that when he refused to do so, and laid down on the floor in preference, the attendants would come along and kick him and say you son of a bitch get up on the bed, and that this occurred frequently ; that this wet-bed treatment had brought on lung fever, which disease was afterwards neglected and mal-treated ; that Dr. Ranney had told him that after his son got his cold, he had been neglected for two weeks before any report was made to him of his condition, which neglect and mal-treatment were the cause of his death, &c."

The enormity of these charges will be conceded. They were sought to be sustained by the testimony of the complainant himself, and his wife, Mrs. Mary A. Biggs and two physicians, Messrs. McMahon and Malcolm, all residing in Council Bluffs, when their depositions were taken.

The statement that his son was made to sleep on a wet bed of new straw, and because he preferred to lie on the floor and was kicked and called a "son of a bitch" on that account, derives its support alone from representations made by the son to his parents after he was taken from the Asylum. Besides being secondary, the credulity of this testimony is more or less weakened by the long mental impairment of the party making the statement. But, aside from this, the charge itself was disproved by the direct, positive testimony of four or five witnesses, to the effect that the straw used in this patient's bed, like that of the others, had been kept in a new barn that did not leak, was perfectly dry, and moreover was overlaid by a thick heavy hair mattress, and that there was no foundation for the charge. These same witnesses being the supervisor and attendants who had the immediate charge and care of young Biggs, make the most positive denial, under oath, of ever having kicked him or abused him in any way, by harsh language or otherwise.

As to the other branch of the complaint, that lung-fever had been contracted from the wet-bed treatment, as it was termed, of which the patient ultimately died, it follows that if, as a matter of fact, the patient was not required to, and did not lie upon a wet bed of straw, as was pretty clearly shown, his disease arose from some other cause ; and the

next question to be considered is whether his lung complaint was medically neglected and mal-treated as charged.

Mr. Biggs claims, and so testifies, that Dr. Ranney told him that after his son contracted his cold, he had been neglected two weeks before any report was made to him of his condition. This statement is met with a very emphatic, positive denial on the part of Dr. Ranney who testifies that he could not have made a statement so at variance with his habitual custom of visiting all the patients some two or three times a week, and a certain class of patients much oftener, and in this respect he is corroborated by other witnesses; whilst his medical assistant, Dr. Culp, usually visited all the male patients twice a day, so that it does not seem probable that the state and condition of the patient's health could have escaped observation.

According to the evidence, there were several cases of pneumonia in the Asylum, and the same disease prevailed to a considerable extent outside of the Asylum at the same time. It was claimed that when young Biggs was assailed with the disease, a careful diagnosis of his case was made, and much inflammation was found to attend the same; that this was reduced by proper treatment, and for a time the patient seemed to improve, but that after a while the disease assumed a pulmonary character and phthisis set in; and then it was that Doctor Ranney advised his father of the fact, and that he had better be removed, as he could be much better treated for that disease at home than in a hospital.

This was done, and Doctors McMahon and Malcolm, of Council Bluffs, were called in to examine and treat the patient. Among other things they did testify that in their opinion the patient had either been neglected or mal-treated. Upon what they based this opinion was not stated. They did not claim to have any personal knowledge of any neglect of the patient while in the Hospital, nor of what kind of medication had been employed in the treatment of young Biggs, while there. Without these necessary elements upon which to form an opinion, it would be as unsafe to act upon such testimony, as it would be unjust to the party accused. In all such cases, the facts in which the negligence or mal-treatment consist, should be specified and proven before correct and intelligent conclusions can be reached with fairness to all parties. The pathological condition of the patient, before and at the time of his removal, as given by Dr. Ranney in his statement, with its varying symptoms, is in striking contrast with the diagnosis made by

the two physicians at Council Bluffs. But this difference in the pathology of the disease needs no comment, as it bears only remotely upon the particular charges embodied in the complaint. Inasmuch, however, as these charges were largely founded upon the representations of the patient after he left the Asylum, it is proper to state that it was developed in the testimony that the peculiar type of insanity in this case, on account of the causes producing it, is usually attended with delusions and hallucinations, and that these characterised the patient's Asylum life up to the time he left, on which account his statements should be received with no inconsiderable abatement. And so, after weighing carefully all the testimony, your committee was compelled to hold that the complaint in this case was not sustained.

Case 4.—The subject of this complaint was Emanuel Hughes, of Des Moines. It was alleged that he had been the unhappy recipient of blows, kicks and other violent abuse while an inmate in the Asylum. The testimony taken in this case was confined to Hughes himself, Dr. Ranney, three of the attendants, James E. Harkness, John J. Patterson and Charles Goodman, and a restored patient by the name of James B. Vaughn.

The evidence revealed this state of the case: That Hughes was man of much physical power; that he was admitted into the asylum under a very high state of maniacal excitement; in his paroxysms of fury and rage he was considered very dangerous, and inclined to pugnacious demonstrations; that in these spells of wild delirium he would suddenly spring upon any one; that he did so occasionally upon other patients; that he maimed the ear of one of them before he could be separated; that he suddenly fell upon the attendant, Mr. Harkness, and threw him to the floor; that the attendant quickly recovered himself, and blows were given and received on both sides, resulting in the subjection of the maniac. The same thing occurred with the attendant, Mr. Goodman. These attendants, both declaring under oath, that they used no more force than was necessary to protect themselves and subdue and control the patient. Upon this point, they were closely interrogated, and confirmed in the main by the witness, James B. Vaughn, a cured patient then about to leave the institution. He knew Hughes, and had noticed most of these violent exhibitions of his insanity. During his Asylum life Hughes at times was quiet, harmless and orderly, and ultimately was entirely restored to his wonted soundness of mind, and returned home, where he was when the investigation took place.

He was interviewed by one of your committee and his deposition taken, in which, among other things, he made this statement:

"During the first part of my stay in the Asylum, my recollection of what passed is indistinct and vague, and seems like a dream; yet I have a dim recollection that I was kicked and injured by some one, but what gave rise to the trouble I do not now know. My mind at that time was greatly disturbed, and it may be they were trying to control me in some way. After I got better and understood what was going on about me I was very well and kindly treated, and I do not wish now to make any complaint or to have any investigation made on my account."

Here is a case where two attendants confess that they did, at different times, inflict blows and violence upon a patient, but, as we think, under justifiable circumstances; they suddenly found themselves in the clutches of a furious maniac, who had no conception of the value of life, and no time was left to consider just how much force should be employed to repel the assailant. It was contrary to the rules of the Institution, but it may well be doubted whether the unchallengeable right of self-preservation can be repealed by the rules and regulations of any Institution. The point of inquiry with us in this case was, whether more force had been used by the attendants than was necessary to save themselves and to control the patient. We were not satisfied from the evidence that there was, and therefore ruled against the complaint.

Besides these cases specified, we had information both verbal and in writing, founded however upon rumor, of other alleged instances of cruel and inhuman treatment of the inmates at the Mount Pleasant Hospital, but, upon the closest inquiry, we were unable to trace out any reliable evidence of the same.

A few complaints were made by the patients themselves, of ill-usage from the attendants. These received a sifting examination resulting in no blame-worthy conduct of the parties implicated.

The most wonderful delusions and hallucinations mark some phases of insanity. This class of patients indulge in the wildest fancies. They feel, see, and hear things that have no existence. They speak of them to others as veritable facts. An impression is made which is afterwards carried by restored patients beyond the precincts of the Institution, and again related, it may be, in entire good faith. And this, probably, would in part account for the exaggerated stories that gain currency over the State to the detriment of the Institution. It would be well if our people understood this, and would receive statements coming from such a quarter with many abatements.

Yet it could hardly be expected that where more than five hundred maniacs have been gathered under one roof, requiring a large force of employees to control and care for them, some collisions, neglects, and departures from the rules of the Institution would not occasionally intervene. It should be said, to the praise of the Board of Trustees and the officers, that the rules referred to regarding the conduct and prescribing the duties of all concerned in the management of the Asylum, are exceedingly broad and stringent in their character, and well calculated, if observed, to secure the kindest treatment on the one hand, and to guard against every form of ill-usage on the other.

The managers of such institutions are not infallible, any more than other classes of men and women, and should not perhaps be held to any higher standard of rectitude. They should be, however, in their natural temperament kind, tender, forbearing, and self-sacrificing, fully comprehending their duty, and willing to perform the same in the utmost good faith. Now, if we cannot say that the employees in our Insane Institutions possess the highest type of these traits of character, we are equally unable to affirm, as we studied their characters, that they are deficient in that respect, unless possibly in the case of one employee, whose relations to the Institution have recently been severed.

Dr. Ranney's official connection with the Asylum terminated about the middle of July last. He had, in our opinion, the qualifications of a good superintendent, learned in all the elements that constitute a proficient alienist, philanthropic in his impulses, and untiring in his application to the requirements of his profession. His accomplished wife, Mrs. Ranney, was the Matron, a lady of great tenderness of feeling and admirably fitted for the position she occupied; and we may add, that both have left the impress of their hands and intellects on many of the surroundings of the Asylum that adorn and beautify, as well as impart an air of comfort as pleasant to contemplate as it is creditable to them.

Their successors are Dr. H. M. Bassett and Mrs. Wickersham, both well adapted, as it is believed, to the work in which they are regularly engaged. Dr. Bassett has had quite a number of years of practical experience in this specialty of his profession as First Assistant under Dr. Ranney, is a gentleman of uncommon energy, of excellent impulses, alive to the importance of his work, and he has addressed himself with great assiduity to the duties of his new position, giving promise of making an acceptable, if not a successful superintendent.

The Hospital at Independence was opened on May last, under the

auspices of Dr. Reynolds, its Chief Executive Officer. When completed, the building itself will be considerably superior in its architectural structure and interior appointments to the other, and will reflect great honor upon the State as well as much credit upon those immediately engaged in its construction. We have visited this Asylum also, monthly, as the law directs; have heard of no complaints up to date; noticed no irregularities of any kind challenging attention or censure. Indeed, we have been much pleased with the general tone and appearance of things there, as well as the handsome bearing of all the parties under whom the care and management of the same have been placed. If we have interpreted Dr. Reynolds aright, he has a special aptitude for this work, and will become a successful director and promoter of its best interests.

We only add on this branch of our subject that in the midst of all the unfavorable rumors that have been put afloat against the general conduct of our Asylums, that we have not been able to discover any sufficient grounds for the same. This statement we feel is due in common fairness, to those who have had charge of the same. Their task, though praiseworthy and noble in its purpose, is nevertheless as hard as it is ungracious, and for this reason they need the sympathy and encouragement of the people rather than the censure founded upon mere rumor. We therefore bespeak for them the "charity that thinketh no evil."

It remains to speak of one other duty imposed upon us by law, namely, that of ascertaining from time to time whether any of the inmates were improperly detained in the Hospital, or unjustly placed there.

The nature of this obligation involves something besides a knowledge of the statute defining the duties of the Commissioners in Lunacy. It takes in the whole range of the medical jurisprudence of insanity, which had to be carefully revised by us as best we could, that we might have some comprehension of the many forms of mental affections with their multifarious pathological symptoms, that afflict our unhappy disease-stricken race.

We found this branch of our hospital duties, by far the most embarrassing and difficult of performance, and in the discharge of which we take no special satisfaction to ourselves. Our method of procedure in doubtful cases of commitment and detention is set forth in the 5th section of our by-laws hereto attached. Among the large number of inmates in the Asylum at Mt. Pleasant, may be found no small per cent

of patients, whose reasoning faculties were but partially eclipsed—who still retained a sense of home and kindred—understood the difference of confinement within the walls of hospital and unrestrained liberty—capable of choosing, exercising judgment, and controlling to some extent their violations. Especially was this so in that wonderfully strange and obtruse type of insanity called *moral*, where the intellectual faculties were but slightly if any affected.

This class of patients were generally dissatisfied, restless, homesick, and longed for their domestic altars and hearth-stones, insisting that inasmuch as they had not committed any offense against the laws of the land, they should not be imprisoned, and subject to the ignomy of looking through iron bars, that if heretofore they had been mentally unwell they were now all right and capable of attending to business and taking care of themselves, &c., &c. Now, when this class of patients come to understand what were the powers and duties of your committee on this subject, they made, as we passed through their wards from time to time, the most urgent appeals for their liberation, and that they might be allowed to go back to their friends. We became satisfied upon inquiry and a more intimate acquaintance, that some of these were still proper subjects of hospital care and treatment; of others again we had grave doubts. There certainly was but little if any thing in their manner, acts or conversation beyond their confinement in the Asylum, that indicated mental aberration. We looked into the causes of their commitment, inquired into the antecedent history of their hospital life, obtained from the Medical Superintendent his professional opinion of their mental states, which in every instance as now remembered, was however, adverse to the soundness of the patient's mind. Our doubts not being entirely composed by all this, we corresponded with the relatives of the patients, and a few upon our suggestion were taken out of the Asylum by them.

The case of Mrs. Martha B. Turner was to us no less interesting than embarrassing. When we first saw her she had been in the Hospital only a few weeks, being received in about the 23d of May, 1872. Her manner was quiet and dignified, her conversation was such as to offer no evidence of mental derangement and she protested vehemently and persistently that she had been wrongfully placed in the Asylum, that she was the victim of a conspiracy, and she demanded redress and liberation. This resulted first, in a correspondence with her friends and neighbors, which showed that her domestic life had been turbulent and fault-finding to such a degree, that she was thought to be insane.

The warrant of commitment when examined was not satisfactory. Dr. Ranney's explanation of her condition was unfavorable to her. In this attitude of the case, the matter was postponed for further developments. After a few more visits and much inquiry into her case, and being unable ourselves to detect any traces of mental impairment, we felt constrained to give her a full hearing in the light of all the testimony that could be had, and accordingly served a notice upon her husband and the Institution of the time and place when such investigation would take place. But prior thereto, she was taken home by her husband and the investigation did not come off, as expected. We state the facts without drawing unfavorable impressions against any one. Her husband was said to be a good man, and incapable of unkindness to her. She had been in the Asylum once before in the Spring and Summer of 1871 about four months and was supposed to have been cured and sent home.

This was said to be a case of moral insanity, which is defined to be a morbid perversion of the affective faculties, or a change in the moral feelings, affections, desires, temper, and sentiments of the patient.

At our first meeting after her discharge, the Medical Superintendent submitted a written opinion of the nature of her disorder, giving first a statement of her antecedent life, as he had learned it, the incidents connected therewith, the change that come over her moral sentiments, character and habits as compared with her former self, the ebullitions of passion that characterized her conduct at irregular intervals produced sometimes by a trivial circumstance and then again without any apparent cause, indicating that the emotional rather than the intellectual part of her mind was chiefly affected.

He concluded his diagnosis of the case as follows:

"It seems to me that throughout the history of this case, we can plainly trace the existence of that fundamental characteristic of insanity, that in consequence of certain morbid states of the brain, certain dispositions, emotions, feelings, opinions and determinations arise and proceed from within, outward; while in health they only originate upon sufficient external motives that stand in harmonious relations with the external world. And as much depends upon the duration and intensity of the phenomena, whether we consider them morbid, we have here evidence that they did not proceed from those slighter causes that gives rise to any similar but fleeting phenomena in the healthy mind. And our observation shows that mental disease is not manifested so much by senseless discourse and continued extreme acts, as by morbid changes

of the disposition, perversion of the natural feelings, aversion and hate towards those formerly loved, a morbid clinging to ideas, or groups of ideas, and emotional states of mind. Of this I feel that I have seen enough in Mrs. Turner to lead me to consider her insane."

Now we have referred to this case more particularly to illustrate the difficulties of detecting this type of insanity. The theory is, that all insanity is a disease of the brain affecting the mind, that the brain is the organ of the mind upon which it depends for its development and action, that in its organism it is the most delicate of somatic structures, and yet that it has its anatomy and pathology as other parts of our physical constitution, and that whilst the mind is physiologically a unit, it is nevertheless composed of a union of faculties, intellectual and moral, that as the disorders of the former are always the result of cerebral affection, so must those of the latter be, and that therefore the emotions, no less than the intellect may be the seat of morbid action and disease. It follows that under the authorities we are obliged to recognize the existence of moral or emotional insanity. But the question is, how are we to know that this form of insanity, characterized by a perversion of the moral sentiments and feelings, is the result of a diseased brain, and not that of natural depravity or an unrestrained vicious temper. It is said that one mark or evidence of this abnormal or morbid state of the mind is the great change which the disposition and feelings undergo as compared with their former state. But we are reminded that the moral status of no one is stationary, that change is his normal condition, that he is ever getting better or worse, and that often very great changes in the mental or moral condition of a man, may safely be referred to an inordinate indulgence of passion and vicious habits, and not to any lesion of the cerebral organs. Still it may be said according to Dr. Ranney's superior knowledge and experience, this was a well pronounced case of emotional insanity. From our stand point we could not perceive this obliquity of the moral sentiments, as indeed we did not see any in the moral constitution of Mrs. Turner.

William Baldy was a patient from Tama county, of long standing. After three or four years of confinement, seeming to get better, he was discharged in August 1868, and was out of the Asylum for thirteen months and then re-admitted, and has remained there until September last, when he was again discharged, at our request, and entirely upon our responsibility. Originally it was a clear case of mania which had become chronic. Dr. Ranney publicly submitted a long paper to your

Committee, giving a very minute and satisfactory history of his case. From this we learned he had been a troublesome patient in many respects and that the chances of his recovery to mental health were all against him. Still during our acquaintance with him he seemed pretty well, talked very reasonably, conducted himself with propriety, insisted that he was now able to take care of himself, and was an incessant pleader for liberty. We are not insensible how artful insanity sometimes is, and how cunningly a patient will disguise his real condition to effect a given purpose, yet under all the circumstances we concluded to give him a trial, thinking if we erred, it would still be on the side of liberty, and if it did not prove to be the best, he would likely find his way back again into same Hospital.

There are one or two other cases possessing, as it is supposed, the same inexplicable type of insanity which need not now be mentioned, as they are under consideration for further information and developments.

Usually cases of intellectual insanity are sufficiently marked to leave but little doubt of their true character. But we found one that was a great puzzle to us, that of Dr. T. J. Y———. He was received into the Hospital on the 9th of April last, as a proper subject therefor, on the certificate of the Commissioners of Lunacy of Henry county.

The doctor at once and stoutly protested against the injustice of this act, and invoked the interposition of your Committee in his behalf, to the end that he might be remitted back to the rights and privileges of a free citizen.

Although in the Asylum it was adjudged to be quite a well pronounced case of mental disorder, still it could not be perceived by us at our interviews with him, or in his written communications addressed to us, that he was lacking in his mental constitution in the three essential things that are deemed by good authority as *criteria* of soundness of mind, namely: Subjected emotions, directing intellect, and free will, that is to say, it was not perceptible to us, after the closest tests we could make, that his will power was so impaired that he could not control his instincts and emotions, nor his intellect so perverted or disturbed, that he could not submit to the will, good reasons for its action. He certainly has not in our presence by his manner, his acts or conversation, given any evidence from which we could infer anything against his mental integrity, and yet it is true that we have had laid before us facts and evidence entitled to credence, that he had been and was subject to delusions and hallucinations which frequently characterize the

acts and conduct of persons confessedly insane, and these are referred to an insane condition of the mind in the Asylum; whereas we find further in the history of the doctor's life, that although an educated gentleman, he is visionary, eccentric, naturally very suspicious, often indiscreet in his social intercourse, says and does many foolish things, and inclined to get into unnecessary difficulties with his neighbors. Now to our minds it is a question of doubt whether these delusions are not the result of these peculiar elements of his character, and not that of a diseased brain. We are inclined to think that men of this description may be found everywhere, and in this doubtful complex aspect of the case we have concluded the only safe way of disposing of the case will be to give the doctor a hearing and calling in outsiders, experts and such other testimony on both sides, as will tend to show the doctor's real mental condition and then act in the premises accordingly.

We conclude our report with a few suggestions on the curative means employed to restore insane persons. As their mental disorder is the result of cerebral affection, so it is supposed to be amenable, in some degree, at least, to medical treatment. Without knowing the past, we may safely assume that the patients in our Hospitals do get the benefit of that description of medication which modern science and experience approves and demands. But in addition to this, and as an indispensable auxiliary thereto, is another remedial cure of no less importance, designated as moral, which embraces all those means that operate on the feelings and habits of the patients, and exerts a salutary influence, in withdrawing their attention from the thoughts and feelings connected with their diseased mental organism, and tending to restore them to a natural and healthy condition. The moral means so employed must of course be varied to suit the protean forms of insanity. It follows that this application to be effective should be to individuals, and not simply to classes or groups of individuals. But a medical superintendent, having charge of a large hospital, crowded with hundreds of patients, however assiduous and self sacrificing, cannot in person make such an application of moral means, and hence it is, in order to accomplish the highest results in the use of such means, that he should have a class of attendants that possess tact, skill, intelligence, some general conception of mental ailments, and a high order of that tenderness of feeling and compassion which would lead them to sympathize with and relieve person in distress. The point we make is, that the services of this class of attendants cannot be had for the

wages now being given, and that the highest results for good in our Hospitals will not be attained without them.

All which is respectfully submitted,

R. P. LOWE,
L. L. PEASE,
M. A. P. DARWIN.

APPENDIX.

QUESTIONS ASKED DR. RANNEY BY THE VISITING COMMITTEE

Touching the General Management of the Asylum.

ALSO DR. RANNEY'S REPLIES.

Question 1st. Do the supervisors of each division of the Hospital report to you verbally, or in writing? If so, how often, and what is the substance of their report, or the general or particular facts which make up the same?

Answer. Usually in the morning, soon after breakfast, the supervisors report verbally to me anything they deem it is important for me to know, which they have learned during their first morning visit to the wards. Sometimes I go to the supervisors' room before or immediately after breakfast, to obtain early information concerning some patient or patients. Writen reports have not been required, not thought necessary. They may report and have reported, to me from one to a score or more times in a day, or come for advice or instructions. The "substance" and "particular facts which make up" their reports embrace from time to time nearly every detail of hospital life and management, and every varying condition or impulse to which the Insane are subject, and the manner in which employees do their duty or their fitness for any particular duty or position. If a patient has become excited, or violent, or destructive, or dirty in his habits, since my last visit, it is reported to me. If a patient is making such a disturbance in some ward as to affect unpleasantly or injuriously other patients, they report the fact to me and ask for instructions. If they find that some attendant is not performing his duties in an acceptable manner, or has violated any of the rules furnished for his guidance, or seems less kind, or less well adapted to this kind of service than he should be, their observations are reported to me.

Question 2d. Do the attendants of the several wards in each wing make any daily or weekly report to you or to the supervisors thereof? If so, what are the matters and things upon which they are required to report?

Answer. The attendants are not required to make any written reports. It seems to me, written reports from them would consume time they can more profitably devote to other purposes. They are only expected to inform the superintendent and other medical officers, during their visits, of the general or particular condition of patients since the previous visit. They are also expected to inform the supervisors of occurrences in their respective wards, at the time of his visits, which are usually many times a day, or at his office in the interval between, and in any emergency, failing to find the supervisor readily, they are expected to come at once to the medical office. If an attendant was found delinquent in this, or in these matters, he would receive a reprimand or a discharge.

Question 3d. How do you satisfy yourself that the supervisors and the attendants under them perform their several duties in the way and manner prescribed by your rules and regulations?

Answer. I think no physician with considerable experience in hospital life can fail to see pretty quickly whether an attendant is performing his duties well or ill, and in accordance with the tenor and spirit of the by-laws. The supervisors acquire more or less the same power of discrimination, and among the attendants themselves the standard of a good attendant is pretty well defined. There is among them something of an "*esprit du corps*," which tends to secure good and faithful services, and any marked unfitness or improper or unfaithful discharge of duty on the part of any attendant would most probably be reported to me by some one of their number. They have not unfrequently reported their own individual mistakes or shortcomings or forgetfulness of a rule, knowing or believing it would be likely to reach me in some way. The visits to the different wards of the medical officers and supervisors, at uncertain times, besides the regular medical visit, must give us an opportunity to know very fully and intimately the manner in which the attendants do their duty, and in which the patients are treated. I think there is never a time, or at least very generally, when there is not some person in every ward, some patient,who would report to me any gross misconduct or ill-treatment on the part of any attendant or officer With regard to the supervisors and the manner they perform their duties, I regard the correspondence between their observations and knowledge of what transpires in the wards and my own, and that of the other medical officers as a sufficient attestation; and I have no doubt also that the attendants would inform me of any delinquencies on the part of these officers. For all these places we endeavor to obtain men

and women of such moral character, address, culture and refinement as to be some guarantee for a conscientious discharge of their duties in this sphere.

Question 4th. In the control and management of one class of patients, it is understood that a certain amount of coercion and force is required. In such cases how do you guard against an undue exercise of force and harshness in effecting the end to be accomplished?

Answer. By endeavoring to set before attendants in my own treatment of, and intercourse with, the patients the best possible example; and by the principle of kindness and the law of humanity and the observance of the letter and spirit of our rules. It is also well understood by attendants that they must not singly, except in unforeseen emergencies, attempt to manage, control, or care for, dress, wash, bathe or give food to, any refractory, violent, or maniacal patients. Two or three persons, attendants, being present will often restrain and avoid insane violence and frenzy, that might otherwise end in a little struggle and perhaps unavoidable bruises or scratches or some cutaneous discoloration.

Question 5th. If such undue force or harshness were exercised by one or more attendants, would you likely learn the fact under your present regulations?

Answer. I have no doubt of it.

Question 6th. In the worst types of mental impairment is the patient conscious of ill-treatment, if any is suffered, by word or act, such as harsh language, violence to the person, undue restraint of his or her liberty. If so, does the patient retain a sense of these wrongs, and how do they affect the chances of his or her recovery?

Answer. By the term worst types of mental impairment, I presume is meant cases of recent, acute, active, mental derangement, though these as a rule would not perhaps be considered the "worst types." The degree of consciousness of, or suffering from, ill-treatment of any kind, supposing it to exist, will of course depend a good deal upon the intensity of the patient's disorder, upon the extent in which the faculties of the mind are involved, or upon the amount of delirium and impairment of the patient's own consciousness of his situation and surroundings. The degree of delirium in mental derangement is as various and diversified as the individual cases, and it may be impossible to accurately determine the degree which obtains in any individual case.

In partial delirium only, of course, could a patient be conscious of or

suffer from ill-treatment, and in partial delirium, the impression derived from any treatment, however kind and considerate, may be of the most unexpected kind, wholly unwarranted and not to be accounted for by reference to any principle governing human conduct in a state of health. There is a rollicking, boisterous, mischievous mania, sometimes characterized or attended by an optimism that considers everything—any degree of restraint or restriction or isolation deemed necessary—as just right—the exercise of true wisdom, the highest skill, especially after recovery has taken place. In other cases of the same or a similar form of insanity, receiving similar treatment, and no more restraint or restriction than was deemed necessary for the patient's best interests and always applied with gentleness, I have seen every act misconstrued into acts of cruelty or unkindness, and with such persons the impression often remains with some degree of distinctness long after they leave the Institution, perhaps to be wholly effaced after a few months or years, as we have sometimes seen, and perhaps always to remain. But in this respect the hospital and its officers and employees do not come in for a greater share of censure or ill-feeling on account of treatment than the friends, I think my experience warrants me in saying, at least in some period of the disorder.

The case of Mrs. Turner was one in point, whose impressions about, and feelings toward her husband, were, in my opinion, the offspring of mental disease. There have been other cases in the hospital, both before and since the creation of the committee, of an equally striking character, but without an inclination like Mrs. Turner to appeal to you. The same phenomena I have witnessed elsewhere. Undoubtedly "ill-treatment, harsh language, violence to the person" under restraint of his or her liberty, would unduly affect any case of mental disease, and diminish the chances for recovery. Such treatment is totally and wholly opposed to the modern treatment of the insane, whether in its acute or chronic stage, and I believe is rarely existent now-a-days outside of poor-houses and jails. I would not be understood as saying or assuming that everything in hospital management or the treatment of patients at all times and under all circumstances is all and just what it should be. Most, if not all, institutions are restricted to a rigid economy, and little more than bare subsistence. They can pay employees, even those in important positions and with the responsibilities of attendants, but little if any more than they can obtain elsewhere, not enough to secure such intelligent service as has always seemed to me to be demanded for the accomplishment of the highest results. Consequently

we are at any time liable to lose a valuable attendant, for whom we must substitute a fresh and less valuable one. In practice it is the most valuable attendants who are most likely to go, and attendants are human, and under the trials to which they are often subjected, will sometimes lose self-control and equilibrium, and say and do things perhaps not quite in accordance with a Christian spirit. But I have a good deal of charity for them, and so must everyone, I hesitate not to say, who has much acquaintance with the insane, and I don't know who is entitled to cast the first stone. On the contrary, let any intelligent person, with a sufficient acquaintance with insanity and the duties of attendants, carefully weigh the patient, untiring, manly, and womanly, even Christian forbearance, and bearing of attendants with an occasional (I insist it is not habitual) shortcoming when tired and worn with care, and vexations and annoyances the world knows not of; and I venture to say that at least the balance will be largely in their favor. I am aware that I have gone beyond a categorical answer to the question, and wandered a little from my subject, and I beg the committee will not think that I am the special champion of the attendants, or that I would set up any improper defense in their behalf, but I believe they are sometimes unjustly subjected to severe censure while they seldom receive credit for the undoubted great good they really do. I wished to say at least this, while there is much more that justly might be said. I wish to add that, in spite of our precautions to obtain good, moral and reliable persons for attendants, we are sometimes disappointed. The highest, most unqualified recommendations we find are not always sure guarantees of character, and bad persons who prove wholly unfit for such a calling get employment. Our invariable rule is to discharge promptly such persons and fill their places with worthier ones, if possible.

Question 7th. You have cribs or covered beds, as you term them, very little larger in width than the size of a person, in which are placed violent patients for easier control and management, but which have the resemblance of harshness. Will you state your reasons for the use of this class of mechanical restraint, and whether there is not a strong tendency to an abuse thereof by the attendants in order to lessen their care and trouble?

Answer. In this country, I believe, alienist physicians are unanimous in the opinion that mechanical or instrumental restraint is sometimes necessary, and it is resorted to more or less in every Institution in which the insane are treated; in every public institution, and I think in some

or all of the private ones. In some, it is used more than in others. In the latter, seclusion to a room for varying periods of time taking the place of mechanical restraint, and both these modes are resorted to in accordance with the varying judgment of the individual superintendents. The late Dr. Bell, of Mass., perhaps, the most distinguished alienist physician this country has produced, in his last report, closing twenty years' service in the McLean Asylum, says: "The trial was made here for several years of the entire disuse of all forms of muscular restraint. Much was said and vaunted of this experiment elsewhere, and it was thought well to give it a full trial. The result was the conviction that no such exclusive system was here, at least, compatible with the true interests of all patients." I well remember an attempt on the part of an enthusiastic young Physician, who had attained the position of Medical Director of a large Eastern Institution for the Insane, to abolish mechanical restraint, which had been in use by his predecessor in office. He entered upon his work with no little flourish of trumpets, and I believe had in view the abolition of seclusion also, and thus eclipse European as well as American superintendents. It was not long before rumors of struggles, collisions, and fights between patients and attendants, and between patients, got afloat, which not long after ripened into certainty that a homicide or two had been committed, which led to the speedy abolishment of the untimely experiment. Other attempts to get along without mechanical restraint have been made in this country, and have proved equally abortive, though happily not attended with serious results. The impression is pretty general that they do things better in England. It is certain that the principle of managing, it is sometimes perhaps oftener called treating, the insane without mechanical restraint has been carried further in some hospitals in England than elsewhere; but it is by no means so universal there as has been supposed. I have the testimony of a half dozen or more American physicians, engaged in this specialty, who have visited English Hospitals and Asylums, that they have seen the camisole, universally used in this country and on the continent, in use in the British Hospitals and Asylums; boots and shoes securely locked to the ankles of those who would not wear them; coats, jackets, and trousers fastened to the person in the same secure manner. This clothing is made of heavy canvas, so strong and heavy as to scarcely yield to the utmost fury of the maniac. If this is not mechanical restraint it certainly is something very like it; and it seems to me I would rather wear a camisole, or a pair of mittens softly lined, or lie in a crib

on a good mattress or a pallet of clean straw, if it must be one or the other, rather than be encased in canvas after the English style. There is much reason to believe that the English, who dispense with mechanical restraint, resort to a good deal of seclusion—more than is the custom in this country, but just to what extent I have no means of knowing. This, I believe, in common with many American Hospital Directors, may be as injurious and as liable to abuse as may be any form of restraint. Everywhere in England mechanical restraint is used, and its use justified in surgical cases upon the sane and insane; and if it is justifiable in surgery, why not to prevent suicides, or the exhaustion so liable to follow protracted mania, if unrestrained, or the violence of the homicidal insane or any form of insane fury which may be detrimental to themselves or to others, or why not to prevent females from disrobing themselves? The non-restraint system, as it exists in England, is the result of an extreme re-action from what has been called the barbarous treatment or usage of half a century ago. There can be no doubt that it was about as bad as anything could be, and ever since this re-action took place a strong public sentiment has been crying non-restraint, and has held medical men firmly in its grasp, never once considering that there is possibly a happy medium between extremes. It is now obvious that a modification of this extreme public sentiment is taking place, and a few hospital physicians have become bold enough to express their conviction that mechanical restraint in the treatment of the insane is necessary for their best welfare. In the *Medical Times and Gazette*, for August, 1872, as I remember, I read a forcible advocacy of the value of the use of restraint in some cases of mental disease, and the declaration that it was time a false sentimentality should cease to deprive hospital directors of a powerful auxiliary in the treatment of insanity. This is substantially the utterance of the Medical Director of a large English Hospital. The next article in the same publication was an account of a homicide committed by one of the patients at Hamoall, the cradle and nursery of non-restraint and still its unyielding advocate.

And here it seems proper to state that one cannot turn over the pages of a report of the English Commissioner in Lunacy without finding cases of homicides, fractured ribs, arms, and severe assaults ending in death after a few days, chiefly the acts of such patients as we keep more or less under restraint, and still allow to them a good deal of freedom. The well-known infrequency of accidents from the frenzy of the insane,

in this country, is in my opinion due to the mild application of mechanical restraint to a certain dangerous class. In those institutions where non-restraint is adhered to, cases of high excitement, often so difficult to manage, are allowed great freedom in an airing court where the excitement may expend or exhaust itself. Upon this, Dr. Rogers, of England, writing about seclusion and restraint, remarks: Those who advocate strenuous bodily exercise in acute mania must surely act on the principle of *similia similibus curantor;* but to me it appears more like what is popularly known as burning the candle at both ends. I do not under value the influence of exercise in the treatment of insane patients, which like employment has been found to be of the greatest service in the experience of all who have had the care of the insane, in cases in which it has been judiciously employed, that it, on the subsidence of the more acute symptoms; but, the more I see of acute mental disease, the more I am convinced of the value of simple rest in bed in the earlier stages, and have made it a rule in my own practice that every patient on admission shall be kept in bed for the first day, at all events.

Dr. Rogers says he is "strongly opposed to the coercion of an attendant or attendants employed to constrain their patients' movements, believing that the physical efforts of patients to oppose this species of restraint, and the mental irritation caused by the constant opposition to their actions are far more detrimental to their well-being, both physical and mental, than the passive state of seclusion," and he might have added with truth, or the application of mechanical restraint. He closes by saying: "The liability to *abuse* of any agent or system forms no adequate ground for its rejection if its use can be proved to be really beneficial; and if a man has satisfied himself, on sufficient evidence, that restraint or seclusion, blood-letting or alcohol, purgatives, tonics, or any other mode of treatment is really beneficial to his patients, I hold that he ought to act according to his own judgment without regard to the fashion of treatment prevailing in his days."

And other English alienists have spoken no less decidedly within the last two or three years. The means of mechanical restraint in use in this hospital are: 1. Wristlets and belt, the latter going around the waist, both of leather, and the former lined with a soft pad. They allow a good deal of motion, so that a person wearing them can feed himself without much difficulty, or hold a book or paper to read. This aparatus is chiefly used on the epileptic and those cases of chronic delusional character, with impulsive tendencies, who are more or less dangerous. 2. Leather mittens, with the same belt, for those disposed

to tear their clothes. 3. The camisole, or long-sleeve waist, more often used for women, for the same purposes as the two preceding articles. The leather mittens are the least often used with us. 4. The "crib," as it is most often called. This piece of furniture was devised, I believe, by the late Dr. Brigham, of Utica, who called it the "protective bed," on account of its great usefulness in protecting patients inclined to suicide from designs upon their own lives, attendants and officers from the fury of the excited and delirious, and these latter from tendency to exhaustion that not unfrequently proves fatal, and to guard against which requires constant watchfulness. Imported into England, the "protective bed" took the anglo-saxon name, "crib," which comes back to this country as a term of reproach. It is in use in a majority of hospitals and asylums in this country. I understand our English friends consider its use as a seclusion, while we are willing to admit it is restraint. Of all forms of seclusion or restraint, this seems to me the least objectionable, and the most indispensable for at least a certain class of patients. It secures recumbency, rest and conservation of the bodily powers in the highly excited and delirious, recumbency at night in the considerable number of cases in every hospital who are stirring about at night, and promotes sleep, that could not be otherwise so well secured, and enables the physician to come in contact with his patient that he otherwise could not do. I know of no way that relieves the medical director of that wearing anxiety attendant upon the care of the suicidal as this does, nor any other safeguard so efficient. It seems to me quite humane. Not one of these beds is so small as to prevent a middle sized man, over a comfortable bedding, from turning end for end, and there is ample room to turn from side to side for a new position. They are of three different sizes, the smaller size being found in practice best for the most excited and furious. There is one class of insane persons more largely represented here than is usual in hospitals of this class, for they are more usually met within jails, or the cages of poor-houses; for them a good deal of restraint or absolute seclusion is necessary, and for this class the bed is especially desirable. They are those in whom disease has destroyed almost every trace of humanity, and who are no less furious or dangerous than wild beasts. In this way they can more easily be kept clean, and be fed and cared for generally than in any other way. If the rules are observed, the covered bed will not become an instrument of abuse or a means of shirking duty on the part of subordinate officers or employees.

Question 8th. Are the supervisors and attendants allowed to judge

when patients shall be put into these covered beds? or can it only be done upon your special order?

Answer. To the 8th question I answer:

The rules applying to the use of restraining apparatus apply to the use of the covered bed in this institution.

These rules I subjoin:

SEC. 54. As the use of restraining apparatus may be productive of many and serious evils, and as it is desirable to dispense with its use as far as possible, it must not be applied in this hospital in any case except by the express direction of the superintendent, or, in his absence, by that of the assistant physicians.

SEC. 55. Personal care, and, that failing, seclusion to a private room, must be relied on till the directions of the superintendent or assistant physicians can be obtained. Personal attention, it is well known, may in a great degree take the place of mechanical restraint, though the latter may ultimately be necessary, and even beneficial.

SEC. 56. Whenever patients are confined to the bed by restraining apparatus used for that purpose, attendants must remember that thus situated they may require even more attention than when able to assist themselves, and in the discharge of their duties under such circumstances, they may be required to sit with such patients when not engaged in other imperative duties.

There is allowed to the supervisors a qualified or limited discretion in the use of restraining apparatus. For instance, in the cases where we think its use is necessary from time to time year after year, the cases of chronic, impulsive maniacal excitement, and those whose fury is more or less continuous, three or four of whom you doubtless remember, if most convenient to do so, they may place a patient in a covered bed, apply wristlets or the camisole without first hunting me up; but they are expected to report what they have done, which I think they are faithful to do. Now and then, rarely, it has happened that under extreme pressure of circumstances an attendant, or two or more attendants, have felt it not unwarrantable to apply restraint to those to whom it is applied from time to time, and so far as I have known, and I believe in every instance, they have promptly reported their action and the reason for it. Never for the first time have I known restraining apparatus to be resorted to or applied except under my direction or the direction of one of the assistant physicians in my absence. While upon this subject of restraint it may not be uninteresting to the committee to know these patients not unfrequently ask to have it applied to them, giving, as a reason, "It seems to me I shall destroy myself," or "I shall hurt somebody" or "I shall break that window," or some kindred feeling that they may feel utterly unable to control by their own unaided efforts.

Question 9th. Touching the dietary of your hospital, what rule have you established to secure to each patient his proper amount of rations?

Answer. To the 9th question I answer: No special rule has been established beyond that which ordains the diet for each day, which is different each day of the week. The intention is to secure to each patient a proper allowance of food, and prevent or restrain the tendency to gormandizing quite common with the chronic insane. A majority can be allowed to eat for the satisfaction of their appetites, while a minority must be allowanced and restricted to an amount of food that shall not be less than an average amount for adults. Some persons naturally eat, and probably require, more food than others, and no absolute standard can be set up which must apply to all indiscriminately. The whole official family, individually, and especially the supervisors and myself, make a special point to visit and see the patients in different parts of the house at their meals from time to time and observe the quantity and quality thereof. I have more often had occasion to instruct the kitchen manager to diminish the quantity, of certain articles at least, than to increase the quantity so that there might be no waste. Whenever the supervisors or any of the officers have observed any deficiency in quantity or quality, the proper remedy has been applied at once. Of one article there has never been a deficiency so far as I can remember. I mean bread, of what seems to me a very excellent quality. And bread and butter and molasses are always kept in the ward dining rooms, so those patients who might not have their usual appetite at the hour for meals may have a lunch if they desire. The attendants inform me if they have reason to think a patient is eating more than for his good, and then I inquire into the matter and give such directions as I deem proper; as I would in any matter pertaining to the hygiene of the hospital. So far as I have found any fault with the attendants and supervisors, it has been, every instance I can remember in any matter pertaining to food, that they allowed patients to overeat, or helped them from the waiter so bountifully as not to be within the bounds of strict economy. Of course this is often represented as far otherwise by some patients who cannot see, or will not admit any thing proper or good in and abont the hospital. There are several patients who habitually sneer at and decry both the quantity and quality of the food supplied. They will persist in calling the tea and coffee "slop," and the bread "sour" because it is made with yeast instead of salt or other compound they have been accustomed to elsewhere, and the meat

tough though it is and has been of a better quality than I have been able to find in any other part of the state; or like Miss Crow, an extreme case to be sure but by no means unparalleled, they will swear they have had nothing fit to eat for weeks, though having just eaten a dish of strawberries and cream. So when anything is said touching the quantity or quality of the food, or the manner in which it is served, a proper inquiry is at once made and a remedy, if one is needed, applied.

Question 10th. How do you become informed day by day that your patients are properly cared for in this respect, and that none suffer for the want of food suitable for their condition?

Answer. Besides such observations as are spoken of above, the medical officers inquire, if it is not reported, about the appetite, as well as into the other symptoms, of recent cases, and in those longer resident from time to time; and if patients do not take food enough for their proper sustenance and nourishment, and cannot be persuaded to do so, they are sometimes fed by means of the stomach pump. Whenever it appears to me that a different, or some special diet is needed, or will be beneficial to a patient, it is provided. Many who eat a partial home diet have it supplemented with sundry messes of eggs and toast, or milk toast, or tapioca, or cake, &c., especially prepared, and carried to them by the supervisors. I hesitate not to say that it is utterly impossible for any one under our system to suffer for want of food suitable for his condition, nor do I believe any one has so suffered under my administration.

Question 11th. It is observed that the ventilation of some of your wards is defective. Will you suggest how this can be remedied?

Answer. I do not regard the ventilation in the east wing especially defective, nor will it be more so in the west wing when the improvements now going on there are completed. If the hospital contained no more than the proper number of patients, I think the ventilation would not seem defective to the committee. It is true, in no room or ward will the air be as pure when it contains twice the number it was designed to accommodate as when it has only its proper number. But, as it is, in the east wing, the air, while tainted with the odors inseparable from the classing of the demented and dirty, is not, in my opinion, loaded with matter deleterious to breathe as it would be were there a less active interchange of air by means of the fan, and the exhaustive power of the chimneys. The ventilation might be improved at great cost, but all the ventilating power in the world will not wholly divest a ward containing a dozen or more patients, with dirty habits, and a total disregard

of cleanliness, if not of decency, of odors that are never perceived elsewhere. If the dirty and demented patients were all removed, the ventilation would be doubtless very much improved.

Question 12th. When a new patient is brought to your hospital upon the warrant of the commissioners in lunacy, do you treat such warrant or certificate of insanity, if regular in form under the statute, as conclusive evidence of the patient's mental derangement, upon which you are bound to receive the same as a fit subject for hospital custody and treatment?

Answer. Yes. I suppose the warrant of the commissioners of insanity is an instrument I cannot disobey, and that I have no other course but to receive a patient under it.

Question 13th. Suppose the answer to the statutory questions, as reported, do not justify the opinion expressed in the certificate that the party is insane; or suppose, upon a close pathological examination of the patient, you should become satisfied that the commissioners were mistaken in their inferences that the patient was insane; what, under such circumstances, has been or would have been your course of procedure?

Answer. If the answers to the statutory questions are not very conclusive, or not at all conclusive, as is often the case, and mental disorder is not obvious or well-marked, I would, as I have done, make the most scrutinizing examinations and inquiries to satisfy myself as soon as possible of the patient's actual mental condition. Cases are sometimes sent to the hospital by the courts, or from the penitentiary, for observation or treatment, with whom no history is sent. This, in two or three cases of obscure mental disease, has made it impossible for me to arrive at a satisfactory conclusion and opinion within such time as I might have done under other circumstances.

Question 14th. Have you ever had occasion to differ with the County Commissioners of insanity as to the question whether a given patient was a fit subject for mental treatment in your asylum; if so, will you specify one or more instances of the kind?

Answer. In one instance, an epileptic man was sent to the hospital with the warrant in clear form, but with the physician's certificate, which reads, as printed for distribution, "is insane and a fit subject for," etc., altered to read, "is not insane and not a fit subject for," etc. In another case the same alteration has been made, and I took the responsibility of declining to receive the patient, which brought such a storm over my head that I have not cared to repeat the experiment, nor do I remember any subsequent instance of the kind.

In the first case, the person being undoubtedly epileptic, I requested the commissioners to give me a certificate in due form, which they did. In the second, the patient was not long after sent to the hospital from another county, to which he had wandered, the papers being all in due form, and his mental condition since his admission has fully justified the proceedings. In a third case, where the history of the case, as contained in the physician's answers to the statutory questions, did not seem to show sufficient cause for the opinion expressed, the disorder—if there was disorder—was not very well pronounced. Failing through correspondence to get anything more satisfactory from the commissioners or the patient's friends, I advised his removal, to which his friends and the commissioners consented, by directing me to let him go and furnish him with means to go home.

Question 15th. Have you received into the asylum over which you now have charge, patients whose type of insanity was moral rather than intellectual? Whether you have or not, you are asked, if in your judgment that class of patients are proper subjects for treatment in an insane hospital.

Answer. There have been cases admitted to the hospital during my connection with it, which partook strongly of the characteristics or the group of symptoms considered by a majority of the most distinguished alienists as marking the variety of insanity called moral insanity, a disorder of the moral or affective faculties, as distinguished from the intellectual faculties. I do not at this moment call to mind one that is clearly of that kind, wholly unconnected with any intellectual alienation, though there are two or three whose disorder, so far as I can learn, was pretty clearly of that character in its earlier stages, but has now passed into moderate dementia. I am quite unable to see why that variety or species of insanity is not as properly admissible into the hospital for treatment or custody as any other asmemonia or any partial insanity.

Question 16th. Are the symptoms of moral insanity usually as well defined as those of mental disturbances, and can this species of insanity be safely judged of by the county commissioners so as to make their action binding on you and quite just to the patient?

Answer. I presume that group of symptoms called moral insanity is not difficult to be discerned even by the inexpert, but is far more likely to be called anything—sinfulness, depravity, etc., rather than that which it really is—disorder of the affective faculties with little or no disturbance of the intellectual faculties. It is not a very common form

of mental disease, and, after a few months or years, symptoms of intellectual disease almost always appear, as mild dementia has set in, and then the derangement is obvious to the simple as well as to the wise. During the earlier stages of almost all forms of mental derangement, the disturbance of the emotional or affective faculties is as prominent as, if not more prominent, than other symptoms; at least this is the case in many instances, but if the insanity becomes more general these earlier symptoms are overshadowed, or become merged in the general disorder. I suppose it is possible for the commissioners of insanity to make a mistake in a case of this variety of mental disease, for there is really very little accurate knowledge of mental disease abroad in the world, the medical profession at large coming in for a full share of the prevailing ignorance, and yet they with the other professions, as well as the general public, seem as ready to pronounce a positive opinion *pro* and *con* as if they really had some knowledge of the matter in question. Experience here seems to show that the commissioners are not hasty in sending patients to the hospital, while on the contrary they have delayed, through caution, sending a patient longer than was for the patient's good, in several instances that I can recall; and if perchance a mistake should be made, and a person sent to the hospital who was not insane, the mistake would in all probability be speedily rectified. A district court, supposed to be the embodiment of a good deal of wisdom, sent a person here a few weeks ago adjudged to be insane after a three days' trial of the question. The conclusion was probably an error, and the patient will probably be discharged in a few days, on the ground that he is not insane. At the worst it does not seem to me likely that any great injustice will be done any one at the hand of the commissioners. Whatever their action may be, I suppose the hospital superintendents must be bound by it, and it is reasonably certain that if they err the hospital officials will be just to the patient.

Question 17th. Do you recognize a perversion of the affective faculties without an impairment at the same time to some extent of the intellectual faculties? If so, would a patient of that description be a proper subject for the asylum?

Answer. I certainly think I have seen cases where a perversion of the affections, feelings, propensities, temper, and general conduct, which had at some previous time undergone a marked change, a complete revolution perhaps existing without obvious or discovered delusion, illusion, or hallucination, and to be accounted for on no other basis than cerebral disease. This is undoubtedly moral or affective insanity,

as distinguished from ideational or intellectual insanity. But, while there may be no delusions or hallucinations present, there is often, if not always, a change in the manner of thinking and reasoning, in the mode of thought or mental action, which some contend is intellectual derangement, and hence deny a moral or affective insanity unconnected with alienation of the intellect. It does not seem to me the points contended, *pro* and *con*, are of sufficient importance to call for the shedding of much ink. All that is really necessary or desirable is to understand that a certain assemblage or group of symptoms or facts, as well as certain other groups of symptoms, arise from, and have their origin in and dependence upon, certain organic conditions that are departures from what we call a state of health; and, that being made out, what reason can there be why this group of symptoms should not have the advantages of hospital treatment or hospital care as well as any other? In its earlier stages, what is called moral insanity is probably as curable as any other insanity.

Question 18th. It is understood that the causes of insanity are various and its phases are very diversified demanding as a matter of course a somewhat different mode of treatment. But if you have no objection, the committee would like to be informed of your general mode of treatment, both medical and moral, of the ordinary cases of mania, and also of moral insanity.

Answer. To give even a sketch of the medical and moral treatment of insanity, would take more time than I have to spare. The modern treatment is fully set forth in the pages—at least the general principles in the pages of *Drs. Bucknell and Luke Manuel of Psycological medicine*, and *Dr. Blendford's treatise on insanity*, and in the *American Journal of Insanity* and the *Journal of Medical Science*, to which I respectfully refer the committee.

Question 19th. Will you state the highest number of patients which a superintendent and two assistants can control most advantageously medically, and in the use of the most approved moral means and appliancies.

Answer. The number that could be properly looked after, treated in the most approved modern manner by three medical officers, must vary with circumstances. Here, with the deficient means for classification, and architectural imperfections that can never be remedied, the number should not rise above three hundred. With suitable architectural arrangements and means for classification, such as would be recommended by any hospital director of experience, from four to five hundred can be well and most *economically treated and cared for.*

Question 20th. Do you not resort to the use of medicine of any kind or moral appliancies, with a view to restore to mental health a class of patients called incurable?

Answer. So far as treatment of so-called cases of incurable insanity is adopted either in the administration of medicine, or what are called moral means and measures, it is with the view of rendering the patient more comfortable, to palliate the cerebral disorder. Whatever is done may also be done with a wise view to render the patient less annoying or uncomfortable to those who may be associated with him.

Question 21st. At what period does an ordinary case of mania become chronic ? and how long after that may a patient be treated with a hope of restoration?

Answer. The period that may elapse after the commencement of insanity before those symptoms appear which are regarded as characteristic of chronic insanity is of very different length. It may not be longer than one year, and it may perhaps extend to two or three years, or longer. After the symptoms of chronic insanity appear well marked, restoration is not much looked for save by those sanguine persons who can still hope against hope, or have more faith in what can be done than I have.

BY-LAWS AND RULES

REGULATING THE ACTION AND MORE PARTICULARLY SPECIFYING THE DUTIES OF THE VISITING COMMITTEE OF THE INSANE HOSPITAL OF THE STATE OF IOWA.

SECTION 1. The range of duties under the law as understood by them, is,

I. To ascertain from time to time whether any of the inmates are improperly detained in the hospital, or unjustly placed there.

These are more or less connected, and involve an inquiry, 1st, into the regularity of the admission of patients to the asylum, in the manner and according to the prescribed forms of the statute; and 2d, if regular in this respect, then whether the admission was justifiable as a matter of fact agreeably to the pathology and symptoms of insanity as made known to us by the standard works of medical jurisprudence and the opinion of professional experts, particularly in cases when the insanity is denied and the symptoms thereof are not patent or well defined; 3d, whether the patient is improperly detained in the asylum when he is not a fit subject for the custody thereof, for any sufficient reason whatever; as, for example, such a lack of impairment of the intellectual and moral faculties as not to render the patients dangerous or incompetent to manage their own affairs, or after sufficient restoration of soundness of mind, to entitle the party to his or her liberty, or after the custody of the patient has been demanded by relations or friends, to whom the statutes confer the right to remove; and lastly, whether the patients fall within the class of insane entitled to the benefits of the institution.

II. Whether the inmates are humanely and kindly treated.

It is believed that this comprehends an inquiry into the following subjects: Have the patients suffered from neglect and a want of due care and attention; from wanton severity, harshness, or cruelty; from abuse in language and general unkindness of bearing towards them by the attendants; from a lack of quantity or variety of wholesome food, comfortable bedding and night accommodations, proper ventilation and warming, out-door exercise, suitable amusements, unnatural mechanical restraints, injudicious seclusion, neglect of medical treatment for physical diseases, suitable clothing, due classification of patients, and possibly the general sanitary arrangements of the institution.

III. To correct existing abuses, discharge employees and attendants for causes specified in the statute; to see that the patients are supplied with ink and stationery for letter-writing, and that their inter-communication with the outside world by letter, shall not be interfered with; and keeping printed posters of the names and postoffice address of the visiting committee in each ward; and to make annual reports to the Governor, &c.

SEC. 2. The foregoing range of duties form the basis of the following rules for the general guidance and action of the visiting committee.

SEC. 3. There shall be three regular annual meetings of the visiting committee, and such special meetings as the exigency of particular cases may demand, three or four months apart, at the hospital buildings. The time of holding each, shall be fixed upon by the preceding meeting, and limited, if thought expedient, to a knowledge of the Board alone.

SEC. 4. At these meetings two shall constitute a quorum. The chairman shall preside; in his absence Dr. L. L. Pease. A secretary shall be appointed, who shall record in a book provided for that purpose, a fair synopsis of the proceedings of the Board, which shall be approved at the succeeding meeting, and signed by the chairman and secretary.

SEC. 5. At each regular meeting the Board shall carefully inspect the condition of the several wards of the asylum, with a view of noting the various points of inquiry falling within the scope and purview of their duties as above designated. If doubtful cases of commitment or detention present themselves to their observation, they shall call the attention of the superintendent, or his chief assistant, or both, to the condition of such patient or patients. Should the explanations and information afforded by them in the premises, remove the doubts of the committee, and satisfy them all is right, then the matter shall pass for the present; but if such information should fail to compose the doubts of the committee, they may either pass the case for future development and observation, or at once subject the patient to a formal examination, by a resort to those tests and criteria which usually determine the mental or moral derangement of an individual. In addition to this they may avail themselves of the opinion of outside professional experts, and the testimony of the supervisor, the attendants, and others, touching the recent acts, conversation, and the general conduct of the patients, never losing sight of the testimony and opinion of the officers of the institution, whose superior opportunity and experience from daily contact with and medical treatment of such patient, entitle their observations and opinions to the greatest weight and consideration. From all

these combined sources of information will the committee make up their final decision.

SEC. 6. When a case has escaped the observation of the committee, and the same is brought to their attention by the patient, or his or her friends, to the effect that said patient has been wrongfully placed in the asylum, or improperly detained there after the right to his or her liberty has accrued, it shall receive attention at once, and, if upon investigation it is found to possess, *prima facie*, any merit or foundation, then the same general course shall be pursued in ascertaining the truth thereof, which is pointed out in the last section.

SEC. 7. In a large institution containing five hundred, more or less, of insane patients, with a great number of attendants and employees to share in the ministrations of their necessities and general control, some friction, irregularities, mistakes, omissions and neglects will unavoidably intervene, which it may be proper to overlook, unless perhaps simply to call attention thereto. But when the committee have good reasons to believe from information imparted, or from personal appearance, that unjustifiable harshness or cruelty or any other inhumane treatment has been practiced upon or towards any patient, it shall become their duty to thoroughly sift and investigate the same; first, however, notifying the superintendent, and also the guilty party, if known, in writing, specifying the injured party, the nature of the complaint, the time and place of hearing, that they may have the fullest opportunity to controvert the charge, or explain or justify the same; and in all such trials and investigations, it shall be the duty of the secretary of the visiting committee, to reduce to writing all the evidence which may be taken and received, *pro* and *con* and preserve the same.

SEC. 8. It shall likewise be the duty of the secretary aforesaid, to reduce to writing the testimony taken and the official explanations and opinions of the superintendent, and that of other professional experts, which may be given in the investigations contemplated by sections 5 and 6 of these rules.

SEC. 9. In respect to the other subjects of inquiry set forth in the second class or division of duties above specified, they can only be ascertained by personal examination and inspection, coupled with information from others, and should engage the attention of the committee at each successive visitation.

SEC. 10. The asylum shall be visited each month intervening the regular meetings of the board by the members thereof, in regular alternation, and a brief summary of the results of such visit shall be reduced to writing and presented to the secretary for filing.

SEC. 11. If at such monthly visits any fact or facts should come to light demanding the united action of the whole Board, prior to its regular meeting, the same shall be communicated, and if two concur therein, a special meeting shall be called by the chairman, for the due consideration of the same.

R. P. LOWE, *Chairman.*

M. A. P. DARWIN, *Secretary.*

The foregoing by-laws and rules were adopted on the 11th day of September, 1872, at Mt. Pleasant, by a full meeting of the visiting committee, comprised of R. P. Lowe, Dr. L. L. Pease, and Mrs. M. A. P. Darwin.

M. A. P. DARWIN, *Secretary.*