

THE CARE OF THE INSANE IN NEW YORK.

It is difficult to obtain material relating to the care of the insane in the New Netherlands, a difficulty occasioned chiefly by the loss of certain documents belonging to the Dutch West India Company, which, it is believed, contained information bearing upon this point as well as many others relating to the colony. These documents were sold at auction in Holland in 1831, and in 1841-43, when John Romeyn Broadhead made an investigation into the archives of the Hague in search of material relating to the history of the New Netherlands, no trace of them could be found.

The "Laws and Ordinances of the New Netherlands," written by O'Callaghan, deals to a considerable extent with questions relating to the poor, but does not mention the care or treatment of the insane in those days.

In October, 1665, an amendment to the Duke of York's laws, confirmed by Governor Richard Nicholls, provided that "in regard to conditions of distracted persons, they may be both very chargeable and troublesome and so will prove too great a burden for one town to bear, and each town, in the rideing where such person or persons shall happen to be, is to contribute towards the charge which may arise upon such occasion."

In the year 1736 a building known as the "Publick Workhouse and House of Corrections of the City of New York" was built on the site where the City Hall now stands, and under its roof the insane were confined, together with the unruly, the destitute, the aged and the infirm. In the description of its interior allusion is made to a strong room or cage for the refractory on the west side of the cellar. A newspaper of the year 1776 contains mention of an order from some one in authority whereby five or six English soldiers were sent to convey a crazy woman to the workhouse.

As is well known, during the Colonial period the English common law, as well as the statute law, was to a very large extent the basis for government, and according to Ordranax there was no special legislation relating to the insane in New York during this period. The first provision concerning this class to be found in the statutes of New York occurs in Chapter 47 of the laws of 1787, which merely had reference to the devising of lands and other property. In 1788 an act was passed for apprehending and punishing disorderly persons, which provided as follows:

WHEREAS, There are sometimes persons who, by lunacy or otherwise, are furiously mad or are so far disordered in their senses that they may be dangerous to be permitted to go abroad; therefore,

Be it enacted, That it shall and may be lawful for any two or more justices of the peace to cause such person to be apprehended and kept safely locked up in some secure place, and, if such justices shall find it necessary, to be there chained, if the last place of legal settlement be in such city, or in any town within such county.

In 1790 the census of the state was 340,120 and during the next 20 years it increased to 959,049.

The New York Hospital was the first to provide for the care and treatment of insane persons. This institution was incorporated by royal charter June 13, 1771, and a building was commenced in 1773, which was destroyed by fire before its completion. The Revolutionary War delayed the work of construction and the hospital was not opened until January, 1791. It was for the purposes of a general hospital, and cases of insanity were also received, but it cannot be ascertained when the first insane patient was admitted, although two are reported as admitted in May, 1797. The Board of Governors applied to the Legislature for assistance to enable them to build a separate structure for this class of patients, and in 1806 a law was passed appropriating the sum of \$12,500 to be paid annually for a period of 50 years, which annual sum was made chargeable upon the duties on sales at public auction in the City of New York. This separate department was opened in July, 1808. The act also made it obligatory on the governors of said hospital to make an annual report of the state of that institution to the Legislature. The appropriation was made on the ground that the hospital was an institution of great public utility and humanity, and that the general interests of the state required that fit and adequate provision be made for the support of an infirmary for sick and insane persons. No requirements were stipulated at this time as to the admission of insane patients, but in 1809 a law was passed empowering overseers of the poor of any city or town, by and with the consent of the Common Council of such city, or of two justices of the peace of the county in which such town was situated, to contract with the governors of the New York Hospital for the maintenance and care of insane persons, and the cost of maintenance was paid by the city or town from which the patient came. This is the first instance of any state provision for the poor and indigent insane in a special hospital. In the case of a dangerous insane person having sufficient property to maintain himself, it was the duty of the committee of his person or property to confine and maintain him in such manner as should be approved by the overseer of the poor of the city or town.

At this period there was no institution to which the criminal insane could be sent, and two cases arose requiring action on the part of the Legislature. In 1799 one John Pastano was convicted of murder and sentenced to be executed. It transpired that the man was insane, and the Governor not having at that time the power to grant pardons in such cases, the Legislature passed a law whereby he was fully pardoned and discharged from the conviction, provided "that the said John Pastano should continue confined in prison until the assurance which

had been made of security being given that he would be immediately sent to Madeira, where his relatives reside.” A similar case arose again in 1816 and was disposed of in the same way, except that arrangements were to be made by the relatives or friends for care in a “lunatic hospital.”

The Society of the New York Hospital was again given authority by the law in 1816 to erect a new building (This was the **Bloomingtondale Asylum**, opened in 1821), for the accommodation of insane patients, and received a further annuity of \$10,000 to be continued like the other until 1866. The total amount received from the state was \$1,279,229.

There appears to have been no further legislation bearing upon the commitment and care of the insane until 1827, when a law was passed entitled “An Act Concerning Lunatics,” which made the following provisions:

No lunatic shall be confined in any prison, goal or house of correction, or confined in the same room with any person charged with or convicted of any criminal offence. But he shall be sent to the asylum in New York, or to the county poorhouse or almsbouse, or other place provided for the reception of lunatics by the county superintendent (of the poor). If such person is not possessed of sufficient property to maintain himself it shall be the duty of the father and mother, and the children of such person, being of sufficient ability, to provide a suitable place for his confinement and to confine and maintain him in such manner as shall be approved by the overseers of the poor of the city or town.

In 1830 the population of the state had grown to almost 2,000,000, and there were as yet no special facilities provided by the state or county authorities for the care of the insane, other than what has been alluded to in regard to the New York Hospital. The need had become so great that Governor Throop, in his message to the Legislature of January, 1830, called attention to the uncared-for condition of the poor and indigent insane. He referred to the privations and neglect to which this class was subjected under poorhouse regulations, and remarked that “no restoration can be hoped for under such circumstances.” The assembly adopted a resolution “That the Standing Committee on Charitable Institutions do inquire into the propriety of making further provision for ameliorating the condition of the insane poor.” Upon the recommendation of this committee, a special committee was appointed for the purpose of investigating the manner in which the New York Hospital and the asylum connected with it had disbursed the funds received from the state; also as to the necessity of erecting a new establishment. The report of this committee was made March 10, 1831, and dealt with the causation of insanity, its status in this and other countries, the needs of the insane in the state, and the duty of the state toward them. According to this report there were at the time (1830) a total of 2695 insane persons, with but one incorporated asylum at Bloomingtondale, which provided for 200 patients, and one private asylum at

Hudson, which was opened the previous year by Dr. Samuel White, containing accommodations for 50 patients. During the session of 1831 Dr. White applied for a subsidy in aid of his institution. A Special Committee on Lunacy Legislation for that year spoke in high terms of the Hudson Asylum and recommended that county authorities make contracts for the care of the insane with Dr. White, but did not advise any subsidy on the part of the state.

Despite the reports and recommendations of various committees and of Governors Throop and Marcy, no action was taken by the Legislature to mitigate the existing evils until 1836, when an act was passed authorizing the establishment of the **state lunatic asylum at Utica**. The State Medical Society presented a memorial in support of this bill. This asylum was opened in 1843 and was to provide for the transfer of the most curable cases from county poorhouses. In 1850 the law governing admission to the State Asylum was amended so as to restrict the selection of all cases to those whose insanity was of not more than one year's duration preceding the date of admission, and the county judge was required to take proofs of the same. County judges had the power to send indigent insane persons brought before them to either the county poorhouse or the State Asylum, as in their judgment might be for the best interests of all concerned. The county superintendents of the poor committed the pauper class.

There was, as yet, no provision in the state for insane criminals and in 1848 (Chapter 294) an act to amend the law relative to state and county prisons provided that whenever a convict became insane the prison inspector was to inquire into the same, and, if satisfied of the fact, such convict was to be transferred to the **Utica Asylum**. If at the expiration of his sentence he was still insane, the superintendent of the asylum might return him to the superintendent of the poor of the county whence he came.

At this juncture reference should be made to the fact that the number of insane in the custody of the poor authorities in the counties of New York and Kings - the metropolitan district - had increased to such an extent that measures were taken to construct separate buildings for their accommodation, and authority was also given to these counties to care for all classes of insane, both acute and chronic. In New York the almshouse was situated on the grounds of the present Bellevue Hospital, and in 1839 the commissioners opened a new asylum on **Blackwell's Island**, the first county asylum to be erected in the state. On the 10th of June of that year 197 patients were removed from the almshouse and hospital at Bellevue to the new asylum. Additions to this institution were made from time to time until 1869, when the authorities sought permission from the Legislature to issue bonds for the purpose of raising funds to construct a new asylum on **Ward's Island**, which was opened in 1871 and occupied by male patients removed from **Blackwell's Island**, the latter being retained for women.

The Kings County (Brooklyn) authorities obtained permission in 1844 to raise funds for the erection of an **asylum at Flatbush** adjacent to the almshouse, which was opened in 1852, and enlarged from time to time at a total cost of \$326,000. There were accommodations for about 600 patients.

Like New York and Kings, Monroe County was authorized in 1863 to provide for all its dependent insane and construct a separate and distinct institution from that of the county poorhouse, to be known as the **Monroe County Asylum at Rochester**. As will be seen, all of these county asylums eventually became state hospitals.

In 1858 a law was passed to establish and organize a state lunatic asylum on the prison grounds at **Auburn** for the care of insane convicts, and accommodations for all the criminal insane of the state were provided there until 1892, when the **Matteawan** institution was opened at Fishkill-on-the-Hudson.

During all this time the general population of the state was increasing rapidly, having reached in 1860 nearly four millions, and the number of insane had increased proportionately. Their number in almshouses had steadily increased, notwithstanding the establishment of the State Asylum. In 1855 the county superintendents of the poor held a convention at the **Utica State Asylum** to consider what action they should take to remedy the difficulties they were having in providing for their insane, and a series of resolutions were penned by Dr. John B. Chapin, then an assistant physician at the State Asylum, in which the construction of two additional state asylums was urged. At the following session of the Legislature a bill was introduced creating two more asylums; it was favorably reported and ordered to a third reading, when the premature adjournment of the Legislature arrested its further progress. At last, mainly through the efforts of Miss Dorothea L. Dix and Dr. Sylvester D. Willard, of Albany, secretary of the State Medical Society and Surgeon-General of the state, the Legislature in 1864 passed an act by which Dr. Willard was authorized to investigate the condition of the insane throughout the state and report to the Legislature. The report was submitted at the annual session in 1865 and embodied the following statement:

The facts elicited by this investigation are too appalling to be forgotten and too important to be thrown aside. In order to make room for recent cases, and such as afford promise of relief or cure by treatment, and those are constantly urging for admission, and humanity demands that they shall not be turned away, it becomes necessary for the State Asylum to return to the counties by which they have been supported at the asylum many chronic and incurable cases. In many instances the counties have little or no disposition to send cases there, prompted by the idea that they can be supported at a less expense in a county poorhouse. The state has grown immensely in population, and in due ratio the number of its insane has increased, until its state asylum is filled to its utmost capacity, and the

tide of its overflow has set back upon the county poorhouses; and they too have become filled to an excess of human misery, degradation and wretchedness that wrings a cry of distress from the heart of every philanthropist.

At this time there were about 1400 insane persons confined in poorhouses, outside of the counties of New York and Kings, who were being treated as paupers, without medical care, and dependent largely upon their brother paupers for such attention as they received. The State Asylum had accommodations for only 600 patients. The result was the creation of the **Willard Asylum for the insane poor of the chronic class**, by an act passed in April, 1865. The death of Dr. Willard at this time suggested the naming of the institution as a tribute to his memory.

The law establishing **Willard** provided “that all cases of insanity of less than one year’s duration shall be sent to the **Utica Asylum**; that after the completion of the **Willard Asylum** no more chronic insane shall be sent from the **State Asylum** to the county poorhouses, but shall be transferred to the **Willard Asylum**; that when the **Willard Asylum** shall be ready for the reception of patients, the Board of Trustees and the Governor of the state shall designate the counties from which the chronic insane now in the county houses shall first be sent to said asylum.” At the time there was much adverse criticism of the principle which this act created, viz., separate institutions for the acute and chronic classes, but in reality that principle had been followed for years under the very worst conditions, when the chronic cases were returned from **Utica** to the county houses. This distinction between the state asylums lasted for about 20 years and was finally abolished by the State Care Act of 1890.

Willard was opened in October, 1869, and was designed from the beginning to have capacity for the care of 2000 patients, which was also a controversial feature, as the prevailing opinion among the majority of asylum physicians was that no institution for the insane should exceed 600 in capacity. The general plan included a main building for 600, four groups of cottages for 250 each, and two infirmary buildings for 200 each. An important consideration was the acquisition of a large farm and garden, and the development of various industries for the occupation of patients, which it was believed would result in a material decrease in the cost of maintenance, and at the same time redound to the benefit of the patients. The trustees were given authority to fix the rate per week, not exceeding \$2, for the maintenance of patients to be charged to the counties whence they came. It was soon found that this represented only about two-thirds of the actual cost, and subsequently the rate was increased to \$3. It was found also that the institution filled as rapidly as additional buildings were opened, and there was not sufficient room for all applicants. In consequence of this a law was passed in 1871 giving certain counties the right to resume the care of their chronic insane, on satisfying the State Commissioners of Public Charities of their ability to maintain them properly.

In the meantime steps were taken for the establishment of other slate asylums. The **Hudson River State Asylum** at Poughkeepsie was opened for the so-called acute class in 1871, and the **State Homeopathic Asylum at Middletown** in 1874. The law establishing the latter was passed in 1870 and it was the first institution to be organized in the United States on the basis of the homeopathic system of medicine. It was established by the aid of private contributions, the state appropriating \$150,000 conditional upon the raising of a similar sum from private sources. In April, 1870, an act was passed to establish the **Buffalo State Asylum**. The City of Buffalo donated the land and guaranteed the free and perpetual right to use the water from the city water works for all the purposes of the asylum without compensation. The site contained 303 acres of land, at a distance of about two miles north of the business center of the city. The asylum was officially opened in November, 1880.

A notable event in the history of lunacy affairs in New York was the creation of the office of State Commissioner in Lunacy in 1873 - Chapter 571, Laws of 1873, entitled "An Act Further to Define the Powers and Duties of the Board of State Commissioners of Public Charities." It was the duty of the Lunacy Commissioner to examine into and report to the said board the condition of the insane and idiots, and the management and conduct of the asylums and other institutions for their custody. It was also his duty, under the direction of the State Board of Charities, to inquire and report, from time to time, as far as he might be able, the results of the treatment of the insane of other states and counties, and to perform such other duties as the board might prescribe. Section 9 of this act required private asylums to obtain licenses from the State Board of Charities. John Ordronaux, LL. D., professor of medical jurisprudence in the law school of Columbia College, was appointed to the office. In his first report the commissioner recommended a codification of and certain changes in the laws pertaining to lunacy matters, which covered a period of nearly a century, and were scattered through the session laws in such a way as to give rise to much confusion and difficulty in their administration. At the next session the Senate requested the Attorney General and State Commissioner in Lunacy to report to the Legislature a codification of the laws and such suggestions for their amendment as to them seemed proper, the report to be presented as early as practicable. The result was the passage of Chapter 446, Laws of 1874, entitled "An Act to Revise and Consolidate the Statutes of the State Relating to the Care and Custody of the Insane; the Management of the Asylums for their Treatment and Safekeeping, and the Duties of the Commissioner in Lunacy."

Section 1 of this law provided that no person should be committed to or confined as a patient in any asylum, public or private, or in any institution, home or retreat for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person should be held in confinement in any such asylum for more than five days, unless within that time such certificate be approved

by a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificate, and said judge or justice may, in his discretion, call a jury in each case to determine the question of lunacy. Section 2 required that the examining physicians be of reputable character, graduates of some incorporated medical college, permanent residents of the state and engaged in the actual practice of their profession for at least three years, and such qualifications had to be certified by a judge of a court of record. Section 3 prohibited any physician from certifying to the insanity of any person for the purpose of committing him to an asylum of which the said physician was either superintendent, proprietor, an officer, or a regular professional attendant therein.

Previously county judges or superintendents of the poor committed patients without the certificates of physicians, and up to this time legislation had been considered chiefly with a view to protecting the public against dangerous persons. Commenting on this Ordronaux says:

*An insane person is like every person under guardianship, deemed incapable of self-guidance, and if it be necessary for his better treatment and recovery that he should be sent to an asylum, the question of its expediency is one purely of fact and not of law. It is to be decided, therefore, by those to whom the law of the land has intrusted that duty, and without reference to any arbitrary rules, based upon the outward demeanor of the party alone. * * * * As to how dangerous a man should be to justify his confinement is a question which should not be put in that form. It is too vague in itself, has no proper limits, and expresses little or much, according to the ideas of the individual judge who decides it. The only proper way in which to put it is to ask how dangerous to the present and future mental welfare of the individual his insanity is; ... (Pages 110 - 119, Pages 120 & 121 Missing).*

...of such institutions to be visited at least twice in each calendar year by a majority of the commission, besides visits by individual commissioners. The power of inspection required the commission to examine into the methods of management, the condition of buildings and grounds, the books and records, stores and food supplies, and the general and special dietaries; also to grant private interviews to patients, to inquire into complaints and to determine the fitness of officers and employees for their respective duties. The commission was further authorized to make such recommendations respecting the management or improvement of the institutions as it might, after such inspections, find necessary and desirable.

The commission had somewhat larger powers over all books of record and blank forms for official use in the hospitals, which were to be uniform for all hospitals, and to be approved by it. The commission was also required to make regulations in regard to the correspondence of the insane in custody, but could not place restrictions on the correspondence of patients with the county judge and district attorney of the county from which they were committed.

Additional duties imposed were the establishment of a roster of the insane in every institution of the state, the listing of discharged employees, regulating the correspondence of the insane, and reporting annually to the Legislature not only as to the number of the insane, but also as to idiots and epileptics under institutional care. By far the most important duty imposed upon the commission (in 1893-1894) was that of revising the requisitions or estimates of the state hospitals for all items of proposed disbursement for any purpose whatsoever; the language of the statute requiring each hospital superintendent to submit to the commission “monthly estimates in minute detail of the expenditures required for the hospital for the ensuing month.”

The first appointees under the new law were Dr. Carlos F. MacDonald, of New York, Goodwin Brown, of Albany, and Henry A. Reeves, of Greenport.

The salaries paid these officials were respectively \$5000 and \$3000 annually, and \$10 per diem. In addition, actual traveling expenses were provided.

The commissioners chose as their secretary T. E. McGarr, who had been connected in a secretarial and financial capacity with the **Utica State Hospital** for 11 years.

The commissioners formally organized in June, 1889, and set about the performance of their important duties with zeal and courage. Their first inspection of all county asylums and poorhouses of the state convinced them that exclusive state care was absolutely necessary and the eloquent presentation in their report to the Legislature of existing conditions did much to hasten its full establishment.

It is not easy at this distance to appreciate the manifold difficulties encountered by the commission in the administration of its arduous task; the enmity of local politicians who saw the county system assailed and eventually discontinued altogether with the considerable loss of patronage entailed thereby; the sneers of officials who foresaw impending encroachments on ancient privileges and most important the opposition to their plans by prominent members of the Legislature.

Although an appropriation of \$454,850 had been made by the state for inexpensive additions to existing hospitals to accommodate the 2200 patients remaining in the county receptacles, the commission found it necessary also to provide for the annual increase of the insane by ordering the immediate discontinuance of a plan followed by certain of the hospitals of accepting wealthy private patients and providing special accommodations for them.

Thus in one institution a private patient paying \$25 a week occupied a room on one floor, the counterpart of which on the floor above accommodated five patients without crowding, while in another, a patient paying \$50 a week was given a parlor and two additional rooms for the accommodation of two private attendants. The commission at once issued an order restricting private patients to the use of one room, thus automatically increasing the capacity of these institutions. At the time of a subsequent revision of the insanity law this wise regulation was made part of the statute. Interior changes were also made at slight cost which added materially to the available space required for the constant increase in numbers. It greatly redounds to the credit of the commission that in the first six years of its operation it was able, at a cost of \$400 per capita, to increase the capacity of the six up-state hospitals by 120 per cent.

Perhaps the most immediate and striking effect of the commission's activities was an extraordinary reduction in the annual per capita cost of maintenance in the six state hospitals taken as a whole. Thus in 1892, the year preceding the establishment of the new system, the cost was \$208, while that of 1893, due in large part to close scrutiny of the estimates by the commission, was \$184, equivalent to a gross saving of \$408,000 in one year. This reduction was accomplished without any perceptible lowering of the high standard of care which has always been maintained in these hospitals.

A review of the work done by the commission shows these important achievements:

The adoption, July 1, 1890, of a new and improved form of medical certificate in lunacy, designed, on the one hand, to facilitate the commitment of insane persons to institutions, and, on the other, to surround the liberty of the individual with better safeguards against carelessness and wrongful intent than had heretofore existed, while at the same time permitting of efficiency and celerity of operation, and also insuring a much greater amount of information for the medical officers of the hospital than was possible under the old form. Certified copies of all commitments are required to be filed in the office of the commission within 10 days after the patient's admission to the hospital, where they are carefully scrutinized with reference to correctness of form, sufficiency as to facts indicating insanity, and also as to the qualifications of the certifying physicians.

A registration in the office of the commission of all qualified medical examiners in lunacy in the state, whereby the commission is enabled to determine at once on receipt of a lunacy certificate if the examiners signing the same are legally qualified to perform these services.

A complete registration in the office of the commission of all persons held in custody as insane, whether in public or private institutions, with minute data as to the name, age, sex, nativity, occupation, civil condition, date of commitment, names of the signers of the medical certificate and of the judge approving the certificate, date of admission, whether brought from home or an institution, by whom brought, and the insane person's physical condition.

The records also show the date of discharge of each patient, and whether recovered, improved, or unimproved, and to whose care discharged; if transferred, for what cause and to what institution, and, if dead, the date and cause of death.

The adoption for all the hospitals and asylums, public and private, of a uniform system of statistical returns, thus enabling any one who may desire to do so to make intelligent comparisons as to the results in the various institutions in the state.

The establishment of a uniform system of medical records, including case books, prescription records, records of admissions and discharges, daily reports, etc., and the requirement that entries showing the condition and progress of each case shall be made in the case-book records at least once in each month during the first year and at least once in every three months thereafter.

The establishment of a uniform system of receipts and expenditures in all the state hospitals.

A provision for the transfer of patients from one institution to another, on the order of the commission, whenever, for any sufficient reason, it may be deemed desirable to do so.

A regulation providing for the admission of private patients to state hospitals from any part of the state without restriction as to district, at a maximum rate not to exceed \$10 per week, at the same time protecting the rights of public patients and of such as can pay only small sums per week, by requiring that no private patient in any state hospital shall be permitted to occupy more than one room for his or her personal use, or to command, except for medical reasons, the exclusive services of an attendant, and that there shall be no distinction between public and private patients as regards the scale of care and accommodations furnished them.

The adoption of regulations governing the transfer of patients from their homes or from poorhouses to state hospitals, requiring that such patients before being sent to the asylum shall be in a state of bodily cleanliness and

suitably and comfortably clad; and providing that the hospitals shall send a trained attendant to bring patients thereto, and that in all cases of female patients there shall be provided a female attendant.

Provision for the paroling of patients who are not regarded as homicidal, suicidal, or otherwise dangerous for a period of not more than 30 days, during any portion of which they may be returned to the hospital without new process of commitment, or they may be permanently discharged, thus affording patients whose condition is such as to warrant it an opportunity to visit their homes or to go out on trial before final discharge. The law has recently been amended extending the parole period to six months.

A regulation requiring that all patients on admission to a hospital or asylum for the insane, whether public or private, shall be immediately informed of the nature of the institution and the fact that they are detained there under legal commitment. The adoption of this regulation was suggested by the fact that patients frequently complained that they had been decoyed into the institution and only accidentally discovered that they were detained in a lunatic asylum.

A division of the state into hospital districts with reference to the number of insane in each district and the extent of accommodations in the hospital located therein.

A change in the legal title of the state institutions from "asylums" to "hospitals," and a reorganization of those state institutions (**Willard and Binghamton**) which were formerly asylums for the chronic pauper insane upon a hospital basis.

An order for the regulation of the correspondence of the insane, providing that each patient be permitted to write to some relative or friend once in two weeks and oftener if necessary, in the discretion of the medical superintendent, and, if patients themselves are unable for any cause to write, the medical superintendent must delegate some proper person to write for them at suitable intervals if they so desire; all letters to be forwarded at once to destination unless they are profane, obscene, or too illegible or incoherent to be understood, and the postage must be furnished by the institution if the relatives or friends are unable to provide the same. All letters detained because of obscenity, profanity, or for any other reason must be forwarded at once to the office of the commission with the reasons for detention indorsed thereon. All letters addressed to the Governor, Attorney General, judges of courts of record, district attorneys, or to the State Commissioners in Lunacy must be forwarded at once without examination.

A provision requiring relatives of patients who are legally liable to reimburse the hospitals for maintenance and treatment, when they are able to do so. The rate for many years was \$3.50 per week, but this has recently been increased to \$5 per week, and amounts to over \$500,000 annually.

The adoption of an order requiring the superintendent or physician in charge of each institution for the care and treatment of the insane not to permit the service of any legal process upon an insane patient, other than citations for probate of wills, letters of administration, or in final accountings in surrogate's courts, except upon the order of a judge of a court of record, which shall show that the judge had knowledge of the fact that the person upon whom the process is sought to be served was at the date of the order an inmate of such institution; that no insane person be permitted to sign any bill, check, draft or other evidence of indebtedness, or to execute any deed or mortgage, or other legal conveyance, except upon the order of a judge of a court of record which shows that the judge had notice of the fact that the person whose signature is sought to be obtained was at the date of the order an inmate of an institution for the insane; also that the substance of the order, and the proceedings had thereunder, must be entered in the history of the patient in the asylum case book, and a copy of the same forwarded to the committee of the person and property of the patient, if there be one, or if there be no committee, then to the nearest known relative or next friend of the patient.

A regulation for the admission of voluntary patients to such of the private institutions for the insane as are conducted on the so-called "family plan." In 1908 the law was amended so as to permit the state hospitals to receive voluntary patients without any formal commitment. Under this provision the superintendent may receive and retain as a patient any person suitable for care and treatment who voluntarily makes written application therefor, and whose mental condition is such as to render the applicant competent to make such application. A patient thus received must not be detained more than five days after having given notice in writing of his or her desire to leave the hospital.

The abolition of the spoils system in the selection of medical officers of state hospitals through the adoption by the State Civil Service Commission, upon the recommendation of the Commission in Lunacy, of a regulation requiring appointments of all medical officers in state hospitals to be made only after competitive civil service examination, and raising the standard of requirements for eligibility to such examinations.

The establishment of a training school for nurses at each state hospital. An amendment to the law in 1895 makes the maintenance of a training school obligatory.

The creation of a psychiatric institute at **Ward's Island**, New York City, where, in addition to the work done in pathology and clinical psychiatry, special courses of instruction are arranged for the benefit of the medical officers at the various hospitals.

The appointment of a medical inspector to visit and inspect the several state hospitals and other institutions for the insane which are subject to the supervision and inspection of the commission, and examine all patients admitted.

Other reforms may be briefly summarized as follows:

The immediate revocation of all licenses permitting the reception by county asylums of patients discharged unrecovered from the state hospitals.

The prohibition by statute of disbursements from the public funds for maintenance or for extraordinary purposes by the state hospitals except upon minutely detailed estimates first submitted for the commission's approval.

Establishing uniform grades of physicians and employees with appropriate schedules of salaries.

The abolition of mechanical restraint and the substitution of prolonged baths and occasional seclusion for brief periods in the treatment of violent and disturbed patients.

Providing for the segregation and special treatment of the tuberculous insane in either large pavilions or in tents or inexpensive one-story frame buildings.

The development of industries and a plan of concentration and distribution from a few central points of the finished products, e.g., all coffee required at the hospitals is roasted at the **Utica State Hospital** and distributed among other institutions at small cost, and the printing and binding of books and blanks is done at the same institution, while at the **Rochester State Hospital** soaps of every description are manufactured and distributed.

The establishment in collaboration with the State Charities Aid Association of a system of after-care of the insane by which the welfare of patients discharged from hospitals is safeguarded and relapses prevented through the activities of paid agents of these hospitals.

The establishment of a bureau of deportation to relieve the state from the burden of supporting alien and non-resident patients.

The appointment of a trained statistician to prepare for publication in annual reports and monographs the significant features of the statistics of the hospitals.

The establishment of the *State Hospitals Bulletin* devoted to the literature of the hospital system.

The establishment of a retirement fund for all state hospital employees.

The promotion of the important work of the State Charities Aid Association in opening dispensaries for nervous and mental diseases in the large centers, co-operating with the medical staffs of the nearest hospitals.

Restricting the issuance of licenses for maintaining private asylums to physicians who have had at least five years' experience in the care and treatment of the insane.

The admission to hospital wards of medical students desiring to pursue clinical studies.

Increasing markedly the ratio of nurses and attendants to patients and improving the night supervision of wards.

The appointment of consulting physicians and surgeons for each hospital, and the occasional employment of oculists and dentists for cases requiring special attention.

The establishment of the position of *chef* in each hospital to supervise the preparation and distribution of food.

The establishment of a ration allowance for all institutions, based upon scientific study of actual requirements.

The inauguration of a system of joint purchase by all hospitals through a purchasing agency named by the hospitals themselves.

At the session of the Legislature in 1912, the insanity law *as amended, and the name of the Lunacy Commission changed to State Hospital Commission. The office of president was also abolished, a chairman being selected by the commission. The medical member holds office during good behavior, and the others for a term of six years.

During the last 20 years the number of insane in the state has increased 100 per cent, while the general population increased only 50 per cent. Immigration appears to be one of the important causes of this rapid increase. New York State receives about 26 per cent of all immigrants. In 1904 a Board of Alienists, consisting of three examiners, was organized under the lunacy department. The chief work of this board is to inspect and examine (in conjunction with the federal authorities) all immigrants arriving at the port of New York, and to arrange for the deportation of aliens and non-residents committed to the state hospitals. Since 1905 over 1800 aliens have been deported under federal warrant, *et cetera*, from the New York state hospitals.

There were on April 1, 1912, 14 state hospitals, exclusive of **Matteawan** and **Dannemora** hospitals for insane criminals. They are as follows:

Name.	Established.	Location.	Patients.	Employees.
Utica State Hospital	1836	Utica	1,582	303
Willard State Hospital	1865	Willard	2,400	506
Hudson River State Hospital	1866	Poughkeepsie	3,083	594
Middletown State Homeopathic Hospital	1870	Middletown	2,060	420
Buffalo State Hospital	1870	Buffalo	1,943	373
Binghamton State Hospital	1879	Binghamton	2,381	471
St. Lawrence State Hospital	1887	Ogdensburg	1,989	413
Rochester State Hospital	1890	Rochester	1,476	269
Manhattan State Hospital	1896	Ward's Island, NYC	4,688	795
Kings Park State Hospital	1900	Kings Park	3,589	695
Long Island State Hospital	1900	Brooklyn	685	162
Central Islip State Hospital	1900	Central Islip	4,444	765
Gowanda State Homeopathic Hospital	1904	Collins	1,115	218
Mohansic State Hospital *	1907	Yorktown	51	23
(* in course of construction)				
Total			31,486	6,007

The two criminal hospitals are administered under the prisons department and contain 1,236 patients.

In addition to the above mentioned hospitals for the insane the State of New York supports other institutions for the care and treatment of its mental defectives. They are:

The **Syracuse State Institution for Feeble-minded Children**, located at Syracuse, and which was established in 1851.

The **New York State Custodial Asylum for Feeble-minded Women**, first opened in 1878 as a branch of the Syracuse State Institution for Feeble-minded Children, but made an independent institution and located at Newark in 1885.

The **Colony for Epileptics**, located at Sonyea, which was established in 1892.

The **Rome State Custodial Asylum**, established and located at Rome in 1894.

Letchworth Village, for the care of feeble-minded and epileptic persons, located at Thiells, in Rockland County, and now in course of construction.

Classes Committed. - All insane persons not idiots, residents of the state and citizens are entitled to admission to the state hospitals. Epileptics and feeble-minded persons becoming insane may be committed to a state hospital. The commission may authorize the superintendent of the state hospital to admit insane persons who are residents of the state, other than poor and indigent, when there is room for them.

Legal Procedure. - A person alleged to be insane may be committed to an institution by order made by a judge of a court of record of the city or county, or a justice of the Supreme Court of the judicial district, upon a certificate by two qualified medical examiners in lunacy, accompanied by a verified petition. An inane person may be committed to a state hospital, a duly licensed institution for the insane or the hospitals for the criminal insane, or to the care and custody of relatives or a committee.

Any person with whom an alleged insane person lives, or his near relatives, or the next of kin or committee of his person, or officer of any well-recognized charitable institution, and any overseer of the poor of the town and the superintendent of the poor of the county may apply for an order of commitment by presenting a verified petition, accompanied by certificate of lunacy by medical examiners. Notice of the application must be served personally upon the person at least one day before it is made, and if made by an overseer or superintendent of the poor, notice must be served upon the relatives, or, if relatives are not known, upon the person with whom he resides.

If no demand is made for a hearing the judge may proceed to determine the question of insanity and may immediately issue an order for his commitment.

Upon demand, the judge may direct a hearing to be held on application within five days, at which he must hear the testimony and examine the alleged insane person, in or out of court. If the person is found insane, the judge must forthwith order him committed to an institution for the insane or make other provision.

If an insane person needs immediate care and treatment, or is dangerously insane, he must at once be received by a state or licensed institution on a certificate of lunacy executed by two medical examiners in lunacy after examination, but may not be detained for a period exceeding 10 days. Prior to the expiration of this time, an order for commitment must be obtained as provided by law. The superintendent of any institution may refuse to receive an insane person upon certificate and petition if, in his judgment, the reasons are not sufficient, or if the condition of the patient does not make it necessary that he should receive immediate treatment.

Voluntary Patients. - The superintendent of any state hospital or licensed private institution may receive and retain as a patient any suitable person who voluntarily makes written application for admission, but he may not be detained for more than 10 days after having given notice of his intention or desire to leave the hospital.

Appeal from Commitment. - If a person ordered to be committed is dissatisfied with the order of the judge, he may, within 30 days, obtain a rehearing and review of the proceeding on petition to a justice of the Supreme Court other than the justice making the order. The justice must summon a jury and try the question. If a person is found to be sane, he must be discharged, but if insane, the justice must certify the fact and order recommitment.

Any one held as insane is entitled to a writ of *habeas corpus*.

Cost of Commitment. - The cost of determining the insanity of an indigent person is a charge upon the town, city or county securing the commitment. (Pages 122 – 132).

Reprinted from *The Institutional Care of the Insane in the United States and Canada*, By Henry Mills Hurd, William Francis Drewry, Richard Dewey, Charles Winfield Pilgrim, George Adler Blumer, American Medico-Psychological Association. Committee on a History of the Institutional Care of the Insane, Thomas Joseph Workmann Burgess, Volume 3, The John Hopkins Press, Baltimore, Maryland, 1916, Pages 110 – 119, 122 - 132. <<http://books.google.com/>>