THE PSYCHIATRIC NEEDS OF A LARGE COMMUNITY.

By OWEN COPP, M.D.,
Superintendent of the Pennsylvania Hospital for the Insane.

Reprinted from
AMERICAN JOURNAL OF INSANITY
THE PSYCHIATRIC NEEDS OF A LARGE COMMUNITY.*

By OWEN COPP, M.D.,
Superintendent of the Pennsylvania Hospital for the Insane.

Out of many misconceptions has come agreement that insanity is a result of disease, acquired disorder, affecting the brain and nervous system; that mental defect is the absence congenitally, or arrest of development, of elements necessary to the normal constitution of the brain. Primarily, then, they come within the domain of health and medical interests. The first intimation of their presence may be manifest in the school, in the court, or in the home of the dependent, but this is not the natural association. Their origin can be traced and their significance interpreted only by the psychiatrist and physician. Their management can never safely pass from medical direction or supervision. Any system of provision for the mentally affected which ignores, or allows evasion of, this primal requirement, is defective. For this reason the trend is away from the care of the insane and mental defective in municipal and county almshouses and receptacles because they do not, and cannot reasonably be expected to, provide adequate medical and scientific equipment for their study and treatment.

There is increasing recognition of the fact that a sharp line of distinction cannot be permanently drawn between the acute and curable mental patient and the chronic and incurable one. Such distinction may be made in a particular case at a given time, and is helpful in classification within an institution, but there is constant interchange of individuals between such groupings and subdivisions, which requires keen medical insight and direction to maintain their characteristics. Recurrence of acute symptoms in chronic patients is frequent and necessitates the same treatment as in the acutely ill. Recovery may supervene after long years of mental disorder.

*Read at the seventy-second annual meeting of the American Medico-Psychological Association, New Orleans, La., April 4-7, 1916.
Furthermore, in the life of the chronic mental patient arises the great problem of adjustment of environment, in order that living conditions may approximate the normal as nearly as mental infirmity permits, and adaptation of occupation and diversion may be so appropriate to individual need that life becomes happy and useful within its limitations. This is not the fit task of the lay overseer, almshouse keeper, or county commissioner. They have not been trained to it. The problem is complex and bristles with difficulties which tax to the utmost the resourcefulness of the psychologist, the physician and the teacher. Its solution is a goal of bright promise, but of the distant future, which means happiness and usefulness to the patient and highest economy to the taxpayer. Meantime, it demands trained and unceasing endeavor.

A further reason, which should accelerate the already strong drift away from a former tendency to remove the chronic insane from the state hospital with its hope of cure to the state or county asylum, is the crushing effect upon patient and friends of the open declaration by such removal that expectation of cure and release has been dissipated. They see constantly before them Dante's inscription above the gate of the "City Dolent," "All hope abandon, ye who enter in." Such is not the inevitable outcome, but such is the expectation expressed by the act of separation, and the fulness of its meaning is realized with despair by every sensitive patient and relative. The effect is harmful. The attitude toward the patient is wrong, because there is never a time in the life of the mental patient when it is just or expedient to cease hoping and striving for cure or amelioration of condition.

Although the true alignment of mental disease and mental defect brings them within the sphere of health and medical interests, their magnitude is so great, and their requirements so specialized, as to necessitate separate organization and autonomy of action. Close cooperative relations must exist with boards of health, organized charity, reformatory and penal agencies, educational commissions and societies for protection of child life, social uplift and betterment of living and working conditions of the masses, but initiative and independence should be maintained.

The distinctive activities arising out of the needs created by mental disease and mental defect are best correlated in the comprehensive term, Mental Hygiene. Boards of Insanity should become Boards of Mental Hygiene, expressive of constructive purpose instead of degenerative sequence of disease.

The field of mental hygiene is so broad and extensive as to suggest the probability that development of its manifold problems and the growth of its activities in their solution may require subdivision into main bureaus of mental disease and mental deficiency.

Within the scope of its purposes are:

(A) Acquisition of knowledge of the nature, causes, results, methods of prevention and treatment of mental disease and mental defect.

(B) Interpretation and diffusion of such knowledge for information of the public and the medical profession itself, as to the magnitude and import of the problems of the mentally affected, in order that they may be aroused to consciousness of their obligation and self-interest in promoting, with energy, the aims of mental hygiene.

(C) Prevention of mental abnormality:

(1) By removal of its causes, especially its great and preventable causes, alcohol and drug inebriety, syphilitic infection and sources of bad heredity through education as to their causative relation, and discriminating application of preventive and remedial measures in accord with enlightened medical and public opinion. Segregation and sterilization of defectives and degenerates, supervision of marriage, etc., would come under consideration in this connection.

(2) By early education in acquiring correct mental habits, in facility of adjustment to difficult situations in life, in fitness of occupation and adaptation to the right levels in social and industrial relations.

(3) By bringing within reach of the indigent, through the family physician and general practitioner of medicine, sufficient knowledge of mental disease for its detection at the earliest manifestation, in order that the best chance of cure may be afforded.

(D) Community care and treatment of the mentally affected:

(1) Registration and supervision of such in the community.

(2) Their temporary care and treatment, pending formal commitment to institutions.
(3) After-care of such patients restored by institutional treatment.

(4) Family care, as an organized system of provision for harmless mental patients.

(E) Institutional provision, whose aims are:

(1) Preliminary observation and treatment, under the voluntary relation, of incipient and borderline mental disease during the period of absence of manifest symptoms of mental disorder and unwillingness of patient and friends to accept hospital treatment, although recognizing illness and need of removal from home environment for rest and recuperation. Such are the functions of the Preventorium.

(2) Cure of mental disease, or its amelioration, by intensive clinical study and treatment through an adequate staff of psychiatrists, internists and nurses, with ample facilities and complete equipment for the purpose.

(3) Scientific research into the nature, causes and results of mental abnormality in the hope that greater knowledge may discover more effective methods of prevention and treatment.

(4) The adequate teaching of psychiatry in medical schools associated with mental hospitals where, as students in medicine, the future family physician and general practitioner, who have almost exclusive opportunity in the recognition and treatment of incipient mental disease and mental defect, might learn to foresee and detect the earliest mental symptoms and institute at once preventive and remedial measures.

(5) Establishment of mental clinics, available

(a) To mental patients who might seek advice and treatment while able to live at home and, perhaps, continue their work.

(b) To their families and friends who need instruction as to the nature and probable outcome of mental affection and guidance to proper agencies of relief of situations which might involve harm to the patient and danger to the public.

(c) To educators, juvenile courts, and charitable agencies whose first effort should attempt to exclude or confirm existence of mental defect or mental disease as
causative of backwardness in school, of delinquency and crime, of inefficiency and dependency.

Such service could best be rendered through the outpatient department of a mental hospital whose social service arm could reach the community, its facilities for exhaustive study and treatment be accessible to special patients, and its Preventorium receive borderline mental patients for preliminary observation, prevention and treatment.

The foregoing are the paramount aims of institutional provision as expressed in the Psychiatric Hospital idea, which may be epitomized thus: the prevention of mental abnormality; its cure or amelioration; scientific research into its nature, causes and results; diffusion of such knowledge through adequate teaching of psychiatry in medical schools to facilitate early treatment, and, through mental clinics, to serve the mentally affected within the community, in the schools, before the courts, or in need of charity.

Other aims of institutional provision are:

(6) Adjustment of conditions of living, occupation and diversion to individual need, particularly of long residence patients, so that they may be as nearly normal as mental infirmity permits, and render such unhappines happy and useful within their limitations.

This would be the realization of the Colony idea, whose main purpose is home life with natural interests and duties, in family groups with separate environment of varying character and extent, appropriate to social, occupational and diversional requirements and personal peculiarities, on country estates under the medical supervision of an associated psychiatric hospital in the city.

(7) Humane care and ministration to the infirm and other patients with dangerous and degenerate tendencies who require medical and nursing attention and insight into their mental states, in order that they may be properly tended, safeguarded, and relieved of asperities in their situation as much as possible by kindliness and occupational diversion.

Such duties are best discharged in Infirmaries, which may be at some distance in the country, but equipped with a com-
petent medical staff and the best facilities for treatment, under supervision of the psychiatric hospital management. (8) Segregation as a protection of the mentally affected who are weak and neglected and as a defense of the public against present dangers in the community and future menace by reproduction of their kind.

DISCUSSION.

Dr. G. H. Hill, of Iowa.—I will begin by saying that from my standpoint this is the very best paper I ever heard in my life and I am old enough to have heard a good many. Second, there are suggestions made in it which can be used in the state of Iowa in perfecting our system of caring for the insane in state institutions and in making suitable provision for the insane otherwise in the future. I won't take up much time to discuss it in detail; it was a very condensed paper, although treating of various phases of the care of the insane in a very comprehensive manner. I am wondering whether we could not get the doctor to come to Iowa just before the next meeting of our legislature, which begins in January, and give us a start in perfecting this work in Iowa.

Dr. Frank Woodbury, of Pennsylvania.—I have listened with a great deal of pleasure to this paper of Dr. Copp's. Personally, I feel that if we had had no other communication before us at this meeting, we would have been fully repaid for coming to hear this excellent review of the needs of a community from a psychiatric standpoint.

Pennsylvania has been fortunate, and is under obligation to Massachusetts for more than one great favor. About 200 years ago there came from Boston to Philadelphia a man, who need not be named, whose name is sufficiently prominent to be well known to us all, and who among other great public services was instrumental in founding the Pennsylvania Hospital. It is of interest to us to recall that the first patient admitted to that institution was an insane woman. Pennsylvania Hospital is now the oldest hospital in the country, and it still has a psychopathic department, which is not unknown to us. I think we have been fortunate, not only in having Benjamin Franklin come to us from Massachusetts, but also Dr. Copp. All who are interested in the supervision and care of the insane value him very highly, and while we don't wish any harm to Massachusetts, we are very glad he came to us.

I will not attempt to discuss this very able paper. I will say, however, that this great question of the care of the indigent insane, like the coin, has two sides, the obverse and reverse. The legislature and the taxpayer look upon it as a financial problem and as a burden upon the community, and this must continue to be their point of view in the very nature of things; while we look upon it from a medical standpoint, and our solicitude is all in the direction of the promotion of the welfare of the patient as the principal object, to which all other considerations are secondary. It is very hard to get the legislator to see things from the point of view of the alienist, and we in turn cannot sympathize with the legislator in his efforts to reduce the per capita cost to the lowest possible amount. Economy is good, but efficiency and humanity are better in dealing with the indigent insane.

Dr. T. W. Salmon.—I think that Dr. Copp's paper has so much food for thought and has so much value for those engaged in the care of the insane, in either medical or official capacities that it would be of enormous benefit if it could be placed before every legislature in the country. There is hardly anyone that would not approve of such a constructive plan as this.

On two points I would like to say a word; one was the broad conception of mental hygiene as including not only those elements that make for prevention but the whole matter of the care of the insane. It may be of interest to members of the association to know that within a few months a plan has been presented to the governor and legislature of New Jersey for the creation of a State Department of Mental Hygiene to include the care of the insane, the mentally defective and epileptic. This was presented by a special Commission on Mental Defectives of which Dr. Stewart Paton, with Dr. Henry A. Cotton, superintendent of the State Hospital at Trenton, were members. The plan met with the approval of a number of prominent citizens and men familiar with the subject to whom it has been submitted. It was rejected by the Commissioners of Public Charities, as a visionary and impracticable plan. He was a man who had no previous connection with any phase of the subject and he had been appointed to this position only a few months before. I hope that the defeat of this proposition in New Jersey is not prophetic.

Another feature of importance is Dr. Copp's conception of the colony plan for the care of the insane. A colony plan of caring for the insane in direct connection with a psychopathic hospital is a different one from that which the state adopts a colony plan only to keep patients more cheaply. I think it is enormously important that every attempt to colonize the insane should proceed from the parent institution, and should carry with it medical supervision at all times. That is the new plan of colony care of the insane of which we can find samples now in three states compared with the Wisconsin system in which economical features are primary.

Dr. S. E. Smith, of Indiana.—I am sorry that duties pertaining to the association prevented me from hearing all of Dr. Copp's paper. However, from the remarks I have heard and from the synopsis, I gather the substance of it. I rise simply to thank him for it and to add a word.

I am sure the sooner that we hospital men free ourselves from the idea that our activities should be limited to the management of the institutions themselves the better. We must realize fully that the subject of the treatment of mental diseases is one not only of hospital care and treatment, but of community care and treatment, also; and, therefore, we must make our
institutions psychiatric centers which reach out into the community and by advice and treatment prevent many mental upsets and the necessity of many commitments to the institutions. At the same time we should improve and extend the after care and social systems. By such methods we may be able to get along with fewer new institutions and accomplish as good, if not better, results. I am satisfied that our duty leads in that direction.

Dr. W. M. Hotchkiss, of North Dakota.—I rise to suggest that because of the valuable contents of the doctor's paper, it is worthy of the approval of the association and of its endorsement; and there is no better way in which this can be shown than by having reprints made of it and distributed and this should be done as soon as possible. It will be altogether too long if we are obliged to wait for it until the appearance of the volume of Transactions.

The President.—Dr. Copp's paper will appear in the Journal and copies will be available for distribution.

Dr. E. E. Southard, of Massachusetts.—It is merely to place a rose leaf on an already full glass that I rise to say a word here. I do this because I happen to be one of Dr. Copp's spiritual children. I hope that he will give his attention to Massachusetts before he goes to Iowa for I can assure you, gentlemen, he is a well-recognized power in his appearances before our legislature.

On account of what is going on across the water, I think we should take special pains to get a good start in doing intelligent work on the whole matter of public and private care of the insane. After the war there will be either an enormous collapse of all moral operations or else a tremendous uplift. The latter is probable in my opinion. This is the American opportunity to spring upon the world our ideas concerning these things. The matter of mental hygiene seems to me a rather distinctly American affair; it is not made in Germany, it is not made in England, it is not made in France; it is made in America. In this century. Not very much attention is paid to us naturally; but if it is not the case, I ask that question with humility, and here let me say that most psychopathic hospitals or wards tend to become merely madhouses with all their objectionable connotations. The proper method to teach students a psychiatry which will be of use in enabling them as practitioners to recognize and sometimes to treat psychiatric cases, is to have a neurological dispensary and a receiving and treatment ward in a general hospital, to which mentally disturbed persons are encouraged to come, and where the study can be carried on in collaboration with the general medical work, not pretending to such psychiatric experience as the members here have, but merely from what is suggested in my own experience with such cases.

Dr. Tom Williams.—I regret that I cannot call myself one of the spiritual children of the writer of the paper; and that is why I have to ask a few questions, which perhaps his spiritual children would not find it necessary to ask. The paper did not reach one certain point I looked for. Granted that the splendid plans outlined in the paper can all be carried into effect, shall we have the millennium some one spoke of? I am afraid that even if we had the psychopathic hospitals with their colonies we should begin too late, that is, too late regarding the individual patient. Is it not the case, I ask the psychiatrists here, that large numbers who come to the clearing house (whether these are called psychopathic hospitals or receiving insane asylums), have they not spent many weeks, sometimes months without a proper study in private houses or general hospitals without the least recognition that they are psychopathic problems; without any attempt on the part of their physicians to even recognize this aspect of the case in order to prevent an impending insanity. My experience as consultant in neurology shows this to be so, and if that is the case in a great many other instances is it not the keystone of the arch to point out the necessity of a better training of the general practitioner in psychiatric values, and is it not the case that that cannot be accomplished until his training is taken from the hands of those who are content merely to present to the student in college pictures of completely alienated types from asylums and placed in the hands of individuals whose training and tests are more in the direction of studying the mechanisms of the patients whether physical or psychological or both, in dispensaries and general hospitals? I ask that question with humility, and here let me say that most psychopathic hospitals or wards tend to become merely madhouses with all their objectionable connotations. The proper method to teach students a psychiatry which will be of use in enabling them as practitioners to recognize and sometimes to treat psychiatric cases, is to have a neurological dispensary and a receiving and treatment ward in a general hospital, to which mentally disturbed persons are encouraged to come, and where the study can be carried on in collaboration with the general medical work, not pretending to such psychiatric experience as the members here have, but merely from what is suggested in my own experience with such cases.

Dr. A. W. Goss, of Massachusetts.—At Taunton we have had a little interesting experience along two lines, mentioned in Dr. Copp's paper, namely: "boarding out" and "colonization." Some three years ago we built a colony group of buildings to accommodate 100 women. We filled this colony with patients from the chronic wards, most of whom we had not considered fit for parole at the main plant. This colony is situated in the outskirts of the city, about 3/4 miles from the main plant, on a small farm of about 30 acres. The patients, having the opportunity, naturally spent much time out of doors, assisted about the gardening, and several cultivated small gardens of their own. All showed marked physical improvement, and many mental improvement as well.

Thus we found this an excellent group from which to select patients to go home, and to board out in families. We have now four times as many
boarded-out patients as we had before the colony was opened, and at times, we find it a little difficult to keep the colony full in consequence.

The President.—As to Dr. Woodbury's remarks, I think if we can show the legislators and taxpayers that we are trying something in the way of prevention and after-care work, rather than simply building buildings to house a certain number of people; that we are working out these problems for the good of the community they will not be so loath to give us the money. We have been asking for buildings, buildings, buildings without apparently being able to show very much that we were really doing in those buildings beyond making the patients comfortable, seeing that they are properly housed and all that instead of working along the lines of Dr. Copp's program. I repeat if we can present the subject to the taxpayers and legislators in a proper light, the necessary means will be forthcoming.

Dr. Williams brought up a point which was referred to by Dr. Copp in his paper that we all feel is essential; that the profession in general must be taught psychiatry in some definite way and with some definite plan, not as Dr. Williams has properly inveighed against by presenting clinical pictures or by cases; but by presenting a general broad view of the whole subject together with clinical instruction. I do not think however that his conception of a real psychopathic hospital is founded on sound observation. However, it is better to start in a small way than not to start at all.

Dr. Southard in his reference to the American idea of the interest in the community and the community problems, the matters which affect the individual, has touched upon a topic upon which one might speak at length with justifiable pride.

Dr. Copp.—As to the remarks of Dr. Williams, I think the suggestion made by him of very great importance. The intimation of the millennium is rather encouraging, because it means that we are striving after an ideal, even though we may never reach it. You will notice that I have simply formulated ideas and activities which, somewhere, are in operation or aspirations. I conceive that the important thing for us to do is to encourage the man who has an idea and is working it out in his own way. The laboratory man, the purely scientific man, or clinician, is really doing the essential work, and out of that work may come some simple general principle that is of value to us, general men. We can pick up and associate these ideas under a working formula—that is all I have tried to do—and I feel like apologizing for presenting so diagrammatic a paper. I wanted to sketch in the mere outlines of the picture and leave it for the men engaged in the different fields of activity to fill in the details.
The American Journal of Insanity

The American Journal of Insanity, the official organ of the American Medico-Psychological Association, is now in its seventy-third volume. Its editorial control is in the hands of a committee of the American Medico-Psychological Association, consisting of Henry M. Hurd, M.D., and E. N. Brush, M.D., of Baltimore; G. Alder Blumer, M.D., of Providence, R.I.; J. Montgomery Mosher, M.D., of Albany, N.Y., and Charles K. Clarke, M.D., of Toronto, Ontario, with the collaboration of other alienist physicians at home and abroad.

Communications for the Journal, books for review and exchanges, should be addressed to Dr. Edward N. Brush, Sheppard and Enoch Pratt Hospital, Station A, Baltimore, Md.

The Journal is published quarterly and the volumes begin with the July number. The subscription price is five dollars for the volume, except to members of the Association, who receive the Journal for three dollars. Canadian subscriptions, five dollars and twenty-five cents; foreign subscriptions, five dollars and fifty cents. This includes postage.

Subscriptions, remittances and business communications should be sent to

The Johns Hopkins Press
Baltimore, Maryland