

less stragglers; they don't quite keep up with the procession. For that reason they commit offenses perhaps that lead them into the criminal courts or they become detectives from their habits, or, perhaps, classed as we class them, delinquents, and come to us for attention.

Mr. Davenport: May I give you one fact that may be of interest? It is taken from the report of the probation officer of Hennepin county for the year 1909.

"I call your attention to the fact that of 597 on probation during the year, 232 are still on probation, 337 were dismissed from probation, and in only 28 cases was the stay revoked; or, in other words, 92 per cent made good."

Mr. Merrill: Does the Court which you represent, Mr. Davenport, deal with parents on the ground that they contribute to the delinquency or dependency of their children?

Mr. Davenport: Yes, but not as fully as might be possible under the law if the Court were not crowded with other work.

A. L. Graves, Probation Officer, St. Paul: In connection with the Juvenile Court in Ramsey county, on several occasions Judge Orr has sent men to the workhouse ninety days for contributing to the neglect of their children.

Mr. Davenport: Any man brought to court, even on a charge of contributing to delinquency or dependency, has a right to a jury trial, and the time of our judges is so taken up that they cannot give the time to jury trials that might be demanded under the law.

TO WHAT EXTENT COULD THE PUBLIC BURDEN FOR THE CARE OF  
THE INSANE AND THE FEEBLEMINDED BE LESSENED  
BY PROPER HOME CARE?

By A. C. Dorr, State Parole Agent.

The public expense of caring for the insane and the feeble-minded could be lessened considerably by caring for the chronic, harmless cases in their homes. About 10 per cent of those in our hospitals, I believe, come under this class, and most of them could be cared for outside of the institution if the relatives would show any interest in them. A law requiring relatives to pay the total or partial cost of their maintenance in the hospitals after one year's stay, or when the patient's condition is such that he could be cared for outside, would pave a way to having these cases cared for in their homes. In no other way do I believe we can ever get the people on the outside to show proper interest in their relatives who have been sent to the state institutions. With few exceptions, after the first few months of a patient's life in the hospital the relatives and friends seem to lose all interest in him; seldom visit him or make inquiries about his condition. They seem to want to forget that he is living. As soon as they are called upon to support him in the institution, then they will make an effort to care

for him at home. A great many who are now returned to the institutions from parole would never need to be returned if given a little attention, but it is easier to return the patient to the hospital, where he will be cared for at the state's expense, than to bother with him at home.

Many who are committed to the state hospitals have incomes more than sufficient to support them and those dependent upon them, but, so long as they live in the hospitals, the state cares for them, while their estates are being dissipated by undeserving heirs, or are increasing for them.

I believe that such a law would cause a great many patients to be removed from the hospitals, and that they would be properly cared for at home, thereby providing more room and better attention for the recent and recoverable cases. Crowded wards and sleeping rooms, the sleeping of patients on the floor, and the inadequate supply of attendants, are certainly not conducive to an early recovery.

The average stay of the recoverable cases would doubtless be considerably lessened, being a considerable saving to the state; the cause for the occasional instances of neglect and even abuse, which do so much to discredit the state hospitals and prejudice people against them, would be eliminated; relatives would feel more disposed to send their afflicted ones to the hospital at the first sign of mental trouble; the physician would have opportunity to treat the case in its early stages; and we should have a larger percent of recoveries.

The family care of the insane, or boarding-out system, practiced in Massachusetts, has little to commend it unless it be the means of educating the people in the care of the insane, or the fact that it would, for a time at least, relieve the crowded condition of the hospitals. Whenever we have spoken to any one caring for a friend or relative on parole about boarding another patient or two at the expense of the state, soon after would come the demand that the state pay for the relative already being cared for by them.

Since 1885, when this system was first inaugurated in Massachusetts, 192 patients have passed from public support; 85 have been discharged self-supporting; 35 discharged to the care of friends; 39 have become self-supporting in families; 16 boarded with friends without public expense; 17 have become private patients; 46 have reappeared under public support. For the last nineteen years the average weekly per capita cost of those boarded out was \$2.62. For the year 1908 the weekly per capita cost was \$3.06, which is about the same as the cost of caring for the insane in the institutions of Minnesota. By its system Massachusetts has succeeded in having cared for but six patients a year from the chronic class that is, those who would otherwise have probably remained in the institution the balance of their lives.

Of this same class, in the last eight years there have been discharged from the Hastings Asylum 19 patients who had long been inmates of one or the other of the larger hospitals. One had been an inmate for 13 years: 1 for 11 years; 1 for 10 years; 2 for 9 years; 3 for 8 years; 2 for 6 years; .1 for 5 years; 1 for 4 years; 2 for 3 years; 4 for 2 years; and 1 for a little more than 1 year. None of these, so far as known, has since needed institution care. Nearly all of them were kept on parole for many months before being discharged and were known to be doing well. Five of these

were escapes, who would no doubt have remained at the institution indefinitely had they not escaped and succeeded in doing well on the outside. The remainder were taken out by relatives; four of the later ones after the agents visited their relatives and insisted that the patients should at least be given a trial on the outside. In each of these cases the relatives have since stated that they were very glad we had insisted on their taking these patients home.

A re-enactment of the Peterson Law, omitted from the Revised Laws of 1905, would relieve the hospitals of the care of a great many cases which cannot be benefited by treatment although not dangerous to themselves or to others.

If the superintendents of the hospitals, either by correspondence or by personal visits of the agents, would take up with relatives the care of patients in their homes, and insist on their being given a trial on the outside, I believe the results would be well worth the effort. This would, of course, apply to those patients only who are proper subjects for such care.

C. E. Vasaly, State Board of Control:

Mr. Chairman and Gentlemen: I would say that it was at the request of the Board, or rather, at the suggestion of the Board in a letter to Dr. Rogers, that Mr. Dorr prepared his paper. We believed that perhaps, in his travels among the paroled insane, he had gained some experiences which would be of value. I think he has prepared a valuable paper.

I have undertaken, ever since I was informed that at least one-third of the patients could be cared for on the outside, to study this matter; that is, rather, to read something of the experience of the other states, what has been going on in that direction.

I have looked into the records of quite a number of states and find that few are achieving anything in this line, and that statistics are meagre. I shall only speak about what two of them are doing, because I think they are to some extent typical. I shall take Massachusetts and Maryland.

In Massachusetts they have the triple system of support, with which our medical men are familiar and about which they know more than the rest of us—the triple system of support, private, reimbursing, public.

If a patient's relatives or friends—if they can be appealed to—are willing to pay the cost of his support in the hospitals, it is done. If the patient has property which can be reached, he must support himself; or his relatives, those who have the legal responsibility of support, must support him. This is called the private method of support.

If there are those who cannot be supported wholly by their estates or by their relatives or friends, if the relatives or friends will reimburse the State partly, that is done; and the patients are called reimbursing.

The public patients are those wholly dependent upon the State for care.

The numbers of the private, reimbursing, and public patients, are these; From October 1, 1907, to October 1, 1908, those whose expenses were wholly paid from their own estates or by relatives numbered 821; those whose support was partially paid for numbered 560; and the State cared for 9,845. It seems that the proportion of dependents is very large.

Now, in Maryland, on the contrary, the State figures out the cost as near as it can, and volunteers to pay fifty dollars toward the cost of the support

of the patient; the estate, or the relatives, or the friends, pay the rest. I have been unable to find in reports—I have read quite a number of them—any specific figures as to the number of friends that have come forward to help out the unfortunate. I suppose they are so small that they hardly thought it wise to give the figures.

The title of this paper—"To What Extent Could the Public Burden for the Care of the Insane and the Feeble-minded be Lessened by Proper Home Care?"—would indicate home care after they had once been confined in the hospital. It seems to me that if there were some system whereby in the beginning we could prevent from going to the hospital persons who could be cared for at home, senile dementia cases, dotards, etc., a great deal would be saved, and the only way to do it, in my judgment, is to make the counties responsible for the patients that they send to the hospitals; that is, make them responsible for their support. At the same time, I think the State itself should care for those who are dependent, but in all other cases, where a county can recover the cost from the estate or relatives, it should be done. I think that, when the counties have once figured out that it is going to be of considerable expense to them to send a patient, a direct and continuing expense as long as that patient lives, they will be more careful than they are now. I know some cases in my own county where there was not the slightest question that the unfortunate was sent to a hospital simply because he was a nuisance around the home. It seems to me that if liability of relatives is enforced, they would have a different opinion of what goes on in the hospitals for the insane. It all gets back to the economic proposition of cost, and it seems to me that anything that can be done to put the cost in so definite and concrete a form that counties shall bear it directly instead of indirectly as now, it would help out this proposition considerably. The economists tell us that the value of the man, on a general average is, in this country, five hundred dollars a year. If the hospitals can put a man in such condition that when he goes out he is a producer to that extent, they have partially solved this problem, from the economic point of view.

It seems to me, further, while on this subject, that the work of the parole agents Mr. Dorr and Mrs. Gray, and such others as may be added in time, could be greatly extended. I must confess that I don't exactly see how our friends, the heads of the institutions, can accurately judge of conditions existing in a family to whom they are going to send a patient when what information they have is based only on letters from the relatives or from some public officer. That information is likely to be colored. It seems to me that if the superintendents of the hospitals had the same knowledge of conditions existing before they send out a man that Superintendent Randall of the Reformatory and Warden Wolfer of the State Prison secure before sending out prisoners, they would be saved a great deal of trouble and sometimes unfortunate complications. I mean by that that it seems to me the work of the parole agent should be extended as far as possible in every direction and that they should be made assistants to the superintendents in these ways. I think, furthermore, that perhaps if it were possible to arrange matters so that the two parole agents could spend more time at the hospitals so as to familiarize themselves, under the direction of the superintendents, with the ways, the customs, and the feelings of

these patients, they would be greatly aided in their work; they would become more valuable; and they would be a great help to the superintendent.

I am sure of course, that any proposition toward putting the burden on the county of paying for many of their patients is going to meet with very determined opposition. The indirect tax is such a pleasant thing because we don't see when the money gets away from us. If each county could be made to understand that while a changed system might mean that they are responsible for support but that they may reimburse themselves in any way they see fit from those legally liable, a great deal of the opposition would disappear.

Dr. A. F. Kilbourne, Rochester State Hospital: We all realize that the appointment of the parole agents was a step in the right direction, and will undoubtedly prove of great benefit to those paroled and to the institutions.

The fact is that from time to time an effort has been made to get a law through the Legislature charging back to the counties a portion of the expense of keeping the patients in the state hospitals, but the representatives of those counties in the Legislature have always refused to pass such a law, feeling, as Mr. Vasaly says, that it is direct taxation, and they dare not go home and face their people with a record of that kind. The only thing that would ever induce a county to undertake the care of its own insane would be a law permitting them to build a county asylum, and then only when it could be shown that they could make money by being paid by the State; reversing the proposition, having the state pay them a portion of the expense and also for the keeping of any insane from other counties, in that way making them—as I saw the other day in a report of one of the Wisconsin asylums—self supporting. The statement went on to say that they had raised so much from the farm, so much from other resources, and the State had contributed eighteen thousand dollars toward the total expense of twenty-five thousand dollars.

When it comes to the question of cruelty and inconsiderateness in sending friends to the State Hospital, I really think it is more a question of inability to care for them at home. Take senile cases. People think, "There is a poor old man who ought to be kept at home," but the fact is there isn't a harder case to handle than a senile case. It is a question whether a family with children ought to have an insane person at home. I think they ought not. I think that a home is no place for an insane person, particularly if they have children. It upsets the entire household. I had a gentleman take his mother-in-law home on trial, and some months afterwards he wrote that he would willingly pay her funeral expenses. He felt kindly toward her; he was willing to pay her funeral expenses. The fact of the matter is, she is a old senile case. I would defy anyone to live with her. The only place for such people is a hospital.

While we all agree that the counties ought to pay a portion of the expense, it seems to me impossible to get such a bill through. The counties think that a bird in the hand is worth two in the bush. The chance of getting back anything from relatives is a pretty hard proposition. The fact that a patient is sent, to a state hospital is prima facie evidence that he is insane and ought to be cared for. I don't believe I would want to have an in-

sane person in my family. I would rather pay the State to take care of them. They would get along better in a state institution.

Dr. Tomlinson: This whole discussion hinges upon the provision for a certain class of cases. I believe it may be considered as proven, that there is no place where this particular class of cases may be better cared for than in our public institutions. The difficulty is, however, that these institutions are steadily growing larger, the amount of money needed for their maintenance is steadily increasing also; so that the state is beginning to consider these institutions an undue burden; while at the same time there is being sent to them an increasingly large number of people for whom nothing can be done in a curative way, and who require personal care only. It is true that the tax is not direct, but the maintenance of these institutions takes a great deal of money that those not interested want to spend in other ways: Consequently there is the disposition to criticise the institutions for expending the money; instead of recognizing the conditions created by the present method of maintenance, that make this expenditure necessary. There has developed, during the past few years, the tendency on the part of the legislature to resent the necessity for the appropriation of money for the proper maintenance of the institutions for the insane, and to provide room for the steadily increasing population of these institutions. It has become a question of expenditure only; with the growing tendency to look upon the care of all patients from the standpoint of the requirements of the class of people referred to by Mr. Dorr and Mr. Vasaly, and to consider the provision of clothing, housing and feeding all that is necessary.

We have in our institutions three classes of chronic patients. Those in the first class, after a few months' institution care, with particular attention to their personal and physical welfare, become quiet and harmless, and who might live anywhere under proper supervision. Then there is the class whose condition is not understood, because these people are not different, apparently, from those in the first class, so long as they are subject to the institution regime. They are quiet and well behaved, neat, orderly, and usually occupied in some way. However, these people hear voices, are suspicious, and in constant dread of harm. They get along in the institution because no one interferes with them, and they have no responsibility concerning their own welfare. If these people are sent back to their own homes, where they are looked upon as normal mentally, and are therefore held responsible for their maintenance; are required to manage their own business, and come into competition with their fellows in the stress and strain of industrial life; the mental disturbance recurs in a short time and they are sent back to the hospital. The majority of people do appreciate these facts; and they commonly make the statement that a large number of the people in the institution are sane, and ought to be sent home. I do not recall, however, that those who make this assertion ever display any eagerness to assume the responsibility of taking one of this class of patients from the hospital. These patients appear to be rational, and are so long as they live under institution conditions; but contact with the world outside soon upsets them again.

**There is, I believe, in each institution, a considerable number of people who might be cared for at home, if the relatives knew how to let them alone; but people generally are not trained in the care of those who have**

been insane, and some of them do not have sufficient intelligence. We have found that people having been once relieved from the expense and responsibility for the care of an insane relative, are naturally loth to take up the burden again, even after the active mental disturbance has subsided, and the person required supervision only.

Ever since 1893, at each session of the legislature, an effort has been made to have the different counties assume directly a part of the financial responsibility for the care of the insane sent to the hospitals, but nothing has ever come of these efforts. According to the experience of other states, however, this is the only practicable solution of the problem of the care or the steadily increasing number of chronic insane in our state institutions. I believe that if the responsibility rested on the county; and the county was authorized to reimburse itself from the estate of the patient, or collect its share of the cost of maintenance from the relatives, the class of patients referred to by Mr. Dorr, and Mr. Vasaly would be more commonly cared for at home.

From my personal observation. I should say that there can be no greater hardship, particularly among people where there is little or no margin between income and expenditure, than to have to turn the home into a place of custody for the victim of senile mental degeneration, who is filthy in his habits, mischievous, noisy at night, often destructive, and always liable to wander away when opportunity offers.

Our public hospitals are, however, becoming filled with this class of patients; who, with the third class of chronic cases, next, to be described, occupy so much room, and take up so much of the time and attention of the medical staff and nurses, that should be given to the recent and possibly recoverable cases. This third class is composed of the chronically disturbed, noisy, destructive, and violent patients, and those who, on account of the nature of their beliefs concerning their relatives or others, are dangerous to be at large. These people require supervision only, or constant personal care, according to the degree of their disturbance, but they have this in common; they must be watched constantly to prevent them from running away, or harming themselves or others. These patients are, however, able-bodied, and, as a rule, willing to work; but no work can be provided for them on the ward, they have no shop to work in, and we do not have help enough to provide the necessary supervision to enable them to work out of doors. The idleness of this class of patients is one of the causes of their disturbance, and destructive habits; thus adding to the cost and difficulty of caring for them.

The report of the Charities Aid Association in New York, for the year 1909 shows the tendency to reduce appropriations for maintenance, in spite of the enormous increase in the cost of everything used in the public institutions; with the result that there is a steady deterioration in the personal appearance of the patients, the appearance and comfort of the wards, the sanitary condition of the institutions, the quality of the food; and worst of all, the character of the personal care of the patients, because competent employes can not be obtained and retained. In Minnesota our per capita estimates of cost of maintenance are the same as they were in 1893; when the actual cost of maintenance was less than two-thirds of what it is now. Besides, since then there has been a steadily raising stan-

dard of care, and a constantly increasing demand on the part of the general public for better facilities, more personal attention, and individual care of the patient. However, these statements of facts, while usually frankly admitted in private conversation, do influence the action of the legislature, and it will take a great deal of education of public opinion before there is a full appreciation of the real economy of institutional management and support.

J. N. Tate, School for the Deaf: Mr. Vasaly and Dr. Tomlinson have each mentioned the policy adopted by several states in handling this proposition. In Missouri a state charge of two dollars and a half a week is made by patients. If the relatives are able to pay that, it is done by them. If not, the county whence the patient comes pays it. That two and a half has borne the expense incident to the care of those people in the various insane hospitals in that state, and it has seemed to be very satisfactory. Of course, it is one thing to have a good law and another to enact, a good law. I imagine that an effort to enact such a law in this state would be difficult, but I believe that the policy is right; that the judge commuting the patient has a better knowledge of the condition of the finances of the individual and the family from which he comes than anybody else can. If the judge does not permit the patient to draw from the county this two and a half, the estate of the individual must be taxed to that extent. The whole question would be solved in that way. It has operated well in Missouri for these many years. But little appropriation is needed for the support of hospitals for the insane in that case, and I have heard of no serious complications arising from any counties refusing to lend that support which was not afforded by the family of the patient. It seems to me that that is the solution of the problem.

Dr. Tomlinson: There is one phase of this question of support which is becoming a serious one. The states around us all have county responsibility, and the result is we are taking care of a considerable share of the insane population of Wisconsin, Iowa, and the two Dakotas. In other words, it is very common in those states, if an insane person has neither relatives nor friends and sometimes where he has—to buy a ticket over into Minnesota, and when he comes before the probate court he is committed to the hospital instead of being returned to his own state, because, apparently, that is the cheapest way out of it. Previous to the year 1897, when the statute was enacted known as the "Deportation Law," I have known people to move from Wisconsin into Minnesota, remain a period of from six - weeks to two months, have an insane person committed to a hospital for The insane, and then move back again; and I have known them to do the same thing from Iowa and Dakota. Previous to that time I have known people to be brought directly from shipboard to Minneapolis or St. Paul and sent directly to our institution. I have known of three cases, within my personal knowledge, where insane persons had been taken from institutions in foreign countries, transportation furnished them to Minnesota, and when they arrived in Minnesota they were committed to our institutions. The point of all this is that these things would never happen if the counties had to pay the expense directly. They would get rid of them. As it is now, we are simply a door mat for the states surrounding us, and

chat is one of the greatest hardships resulting from state care as it exists in Minnesota, when the condition in the states around us are so different.

Dr. Kilbourne: I think it is a difficult matter to get an alien in the institutions now because the judges of probate know that they must state whether they are residents or non-residents. I think we are keeping them out now, but there is no question but that we have taken care of enough aliens in our institutions to pay for a year's support for every patient in the institutions today. But two dollars and a half would look like thirty cents when it comes to supporting patients in our state today.

Mr. Merrill: Would this county responsibility have an effect upon the immediate treatment of insane cases? Would the county authorities act upon those cases, knowing that they had to bear the expense, so as to give them the benefit of the treatment they ought to have immediately?

Dr. Tomlinson: In those states that have it, it is a penal offense to keep an insane person at home who should be in an institution. They are obliged to commit them.

Mr. Randall: If the necessary treatment of a patient, as you would diagnose it, involve labor on the part of this man, could you compel him to do labor?

Dr. Tomlinson: The law doesn't allow it. "You can lead a horse to water, but you can't make him drink." No one is idle who can be persuaded to work. There is one difficulty, though, that confronts us. These people would either run away, or harm themselves, or harm somebody else. They all could be taken out each day and made to do something, provided there was sufficient help to watch them. We have to rely upon those who do not have to be watched to do our outdoor work and manual labor. We have to depend on reliable cases, and that leaves one-third of the population in the institution idle, not because we don't want them to work, but because conditions are such that we haven't sufficient help to keep proper supervision over them.

People are willing to admit the fact of a person's insanity, but they act as though he were sane. They want to know why a certain man cannot work, because they can see no bodily reason for his not doing so. If you put him out to work, he would run away, or hurt himself, or hurt someone else. With a limited number of people to care for them, you can see how utterly impossible it is to provide work for these people. We know how bad it is for them, as well as for us, that they should be idle. As I said here once before, that is one of the misfortunes in our institutions, that we have so many idle people. In an old institution like St. Peter, we have a considerable residuum of people too old and feeble to work, but there are very few whom we could not get to do something if we could keep track of them while they were at it. The kind of people to whom you refer would simply clear out. We are not like you who are in the penal institutions. These people are not sentenced for a crime; they are supposed to go to the institution for treatment; while, as they are mentally incompetent, disciplinary measures, so-called, would be unwarranted and of no avail.

MINUTES OF QUARTERLY CONFERENCE OF BOARD OF CONTROL  
AND EXECUTIVE OFFICERS OF MINNESOTA STATE INSTITU-  
TIONS, OFFICE OF THE BOARD, ST. PAUL, MINN.

February 2, 1910.

FORENOON.

Present: Members of the Board—Chas. Halvorson, chairman; P. M. Ringdal, C. E. Vasaly. Superintendents—Coleman, Yanz, Welch, Kilbourne, Tomlinson, Tate, Merrill, Whittier, Randall, Marcley.

Present by Invitation: Judge Grier M. Orr, St. Paul; E. J. Davenport, Probation Officer, Minneapolis; A. L. Graves, Probation Officer, St. Paul; A. W. Gutridge, Secretary Associated Charities, St. Paul; T. G. Kenney, Assistant Superintendent Minnesota State Training School.

Meeting opened with address by Judge Grier M. Orr. Subject, "Juvenile Court Work."

Discussion, opened by Mr. E. J. Davenport, followed until hour of adjournment.

AFTERNOON.

Present: Members of the Board—Chas. Halvorson, Chairman; P. M. Ringdal, C. E. Vasaly. Superintendents—Coleman, Yanz, Welch, Kilbourne, Tomlinson, Tate, Merrill, Whittier, Randall, Marcley.

Present by Invitation: T. G. Kenney, Assistant Superintendent Minnesota State Training School; A. C. Dorr, State Agent for After-care of the Insane.

Meeting opened with paper by Mr. A. C. Dorr. Subject, "To what Extent Could the Public Burden for the Care of the Insane and the Feeble-minded be Lessened by Proper Home Care?"

Discussion, opened by Mr. Chas. E. Vasaly, followed until hour of adjournment.