State Hospital for the Insane,
Norristown, Pa.

Rowell C. McGehee, '97
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Of all of the diseases which have afflicted the human race, perhaps none has been more lamentable in its tendencies, and of more deplorable consequence to its victims, than that which deprives man of his reason. Sufficiently terrible is the scourge, which separates the leper from his fellows; but infinitely more to be dreaded is that affliction which consigns an individual to both social and intellectual ostracism. It is not to be wondered, therefore, that insanity and its treatment has
become one of the most important problems of modern altruistic activity.

In the first place, all experience in dealing with the insane would tend to show that a very large proportion of all so afflicted may be treated more effectively and far more economically amongst strangers and in well regulated institutions provided for the purpose, than in their own homes, surrounded by the familiar scenes and associations of their own family. Much has been said and written in commendation of "home treatment," but it must be remembered that this method has often been tried
and has failed, before the afflicted person has been removed to some place for treatment. The greatest danger often results from the undue protraction of this home treatment, so that the early beneficial effect of hospital treatment is often lost, and what was but temporary in the character of the insanity becomes chronic, with all the diminished chances of recovery connected with this latter condition. Moreover, many dangers have arisen, not only to the insane, but also to sane individuals, from the fact that the insane have been improperly provided for, and have been
allowed to wander about at large, with little or no supervision. It is less than two decades ago since a prominent specialist upon insanity, by a careful comparison of a list of lives lost and of persons injured by this class of irresponsible people, reported in the newspapers during a twelve-month, found that these cases actually exceeded in number all of the deaths and injuries from railroad accidents occurring in the United States during the same period. Thus it may be seen that it is most important that the insane should be treated where there can be exercised the greatest care and supervision.
At the same time, in the exercise of this treatment, we should never lose sight of the true character of the afflicted person. The insane person is one whose mental vision has been completely distorted; he is one who acts as if he alone were in the world; "one who interprets to us the true meaning of the impulses of luxury, self-indulgence and vice, and who teaches us, the precipice which we approach, whenever we exchange the 'we' for the 'I'."

The history of the treatment of the insane in Pennsylvania begins with the year 1676, when in Upland, Delaware County, Pennsylvania,
A tax was levied for the building of a block house for the confinement and subsequent maintenance of a mad man. No further public provision is to be found until the establishing of the Pennsylvania Hospital in Philadelphia. In the petition for this hospital, which was presented to the Provincial Assembly in 1754, matters are first referred to, as requiring the kind care of the legislators. Not only is the Pennsylvania Hospital the first institution where the insane were provided with proper treatment, but it is also proper to note that it was the first hospital in America.
In 1817, the Friends established at Frankford, Philadelphia, an "Asylum for the Relief of Persons Deprived of the Use of Their Reason." The first State provision for the accommodation of the indigent insane was the State Lunatic Hospital at Harrisburg, opened in 1837. The Western Pennsylvania Hospital at Pittsburgh, provided for the insane in 1853, and in 1862 the Blijmont branch of the same hospital was opened. In 1872, the State Hospital at Darville began to operate; in 1880, the Norristown Hospital, and later in the year, the Hospital at Warren, making in all five State Hospitals for the indigent.
insane in Pennsylvania. Then followed a long interval of fourteen years, during which, these hospitals became so overpopulated that the opening of the Mennonite Asylum in 1897, and the subsequent removal to it, of eight hundred chronic insane from the State Hospitals, afforded a very welcome, though inadequate relief.

At this point, it may be fitting to correct a very general belief, that insanity is now rapidly increasing in Pennsylvania. Facts, on the other hand, point in the opposite direction. In 1840, the insane of the State included less than one-tenth of one per
cent. of the population, or one
insane person to every one thousand
and fifty-three persons. From 1840
to 1880, the increase of insanity
was one-sixteenth of one per cent.; but
from 1880 to 1890, the decrease was
one-four-hundredths of one per cent.
This statement shows that a slight
decrease of insanity has taken
place in the State within the past
decade; and, while population
has greatly increased, insanity
has remained almost stationary.
This decrease has been largely
due to the increased care which
has been afforded the insane,
under the effective working of
the Lunacy Law of 1873.
In the insanity legislation up to 1883, was generally recognized as inadequate; the Law of 1869 represented a popular protest against the possibility of fraudulent commitment of persons to insane asylums, but was not at all thorough in its operation. The Act of 1883 has proved to be about as good legislation as it has been possible to devise for the protection of the insane, their relatives and the officers of the various institutions. This law forms the foundation upon which the whole administrative structure of the insane-hospital system rests, and as such, it will be necessary before proceeding to the discussion.
of any particular institution, to present a rather thorough synopsis of the principal sections of this Act. In the first place, this law gives to the Board of Public Charities and the Committee on Lunacy, control, supervision and inspection over all houses or places where more than one lunatic is detained or confined, both public and private institutions, municipal or county almshouses, penitentiaries, jails or elsewhere. It confers the power to regulate the admission, treatment, and discharge of patients from all institutions, and to investigate charges of ill-treatment, illegal or unnecessary detention.
and of actual or alleged abuse. It secures to all insane, wherever committed, the right of appeal and correspondence, and provides for effectual visitation and inspection, without notice, at any hour of the day or night, of all houses in which they may be detained. Under this system, any person so detained has the opportunity of conferring personally or by letter with the Committee on Lunacy. Any insane person committed to any place under the supervision of the Committee on Lunacy can demand copies of all papers relating to his commitment, and may have
opportunity of pleading personally, with or without counsel, for discharge.

The form of commitment of an insane person under the Act of 1843, is stringent and conservative, and requires the certificate of two reputable physicians who are certified to be such by a magistrate or judge, to the effect that they have been in regular medical practice for at least five years, that they have each separately examined the patient, and that they are not related to the patient by blood or marriage, and are not in any way connected with the institution in which it is proposed to
commit the patient. The physician must also certify that the patient is insane; moral depravity, evil habits, inebriety, or any other weakness of character, without actual insanity, are not recognized as subjects for an insane commitment. Moreover, it is not alone sufficient to certify that insanity exists, but it must be of such a nature as to require the patient's detention in an institution for the insane. Before admission, the relative or legal guardian must make formal, written request for admission and detention, stating his belief that it is necessary for the
patients' relief. The official commitment requires full answers to questions which establish beyond doubt the identity of a patient. After a patient has been received at a hospital, it becomes the duty of the superintendent to make mental and physical diagnosis of the case within twenty-four hours, and to enter all facts into a book kept for that purpose. Copies of all papers relating to the commitment must be transmitted to the office of the Lunacy Committee without delay. By the supplementary Act of 1892, persons may voluntarily consent themselves
to a hospital for treatment for a period of from seven days to one month.

By the Act of 1883, also, the insane are required to be discharged as soon as, in the judgment of the hospital's physicians, they have been restored to reason and are competent to act for themselves.

Early in its history, the Committed on Lunacy discovered and relieved by petition to Court a number of cases where persons were imprisoned and treated without the slightest semblance to humanity. Some were confined in outbuildings, cellars and garrets, and others in stables and barns,
existing in a condition of filth, starvation, and nakedness. The instruments of torture which afflicted these poor wretches have been preserved as an object lesson, illustrating the so-called benefits of 'home care' or ancient almshouse treatment of the insane, and no such appliance can now be found in use in any public or private institution in Pennsylvania.

Upon reviewing the work of the last decade, the Act of 1883 has been found to fulfill the largest anticipations of its authors. It has fully met the various requirements arising...
out of the treatment of the insane, and has received the 
earnest approbation and commendation of learned jurists
both at home and abroad; "its adoption has inaugurated a
new era of progress in the care and treatment of the insane."

... "The Committee on Lunacy may be compared to a mirror, in which
all that goes on, in the houses or placed in which the insane
are detained, is reflected; it is, in fact, the central station, or trunk,
and the various institutions are branches, and to the central
station, everything which transpires in the several institutions, is
HOSPITAL DISTRICTS FOR INSANE
IN PENNSYLVANIA.
promptly reported.

For purposes of convenience in the distribution of the insane, and of economy in administration, the various counties of the state have been grouped into five separate districts. Each district contains, at an easily accessible point, a hospital to which are sent the insane of that district. The hospital at Morristown supplies the Southeastern District consisting of the counties of Bucks, Chester, Delaware, Lehigh, Montgomery, and Philadelphia and Northampton. These seven counties have an aggregate area of two thousand, nine hundred
SOUTH-EASTERN HOSPITAL DISTRICT,
 PENNSYLVANIA.

STATE HOSPITAL AT NORRISTOWN, MONTGOMERY COUNTY.

Population of District by Census of 1880. Number of square miles, 2,912. Acreage, 1,503,723
and thirteen square miles, and a population of two million, two-hundred and eighty-eight thousand one-hundred and eighty-three inhabitants (census 1890). Within the district are ten almshouses, none of which contains any insane.

This Hospital at Horristown, as the largest institution for the insane in Pennsylvania, will the subject of the further discussion, in the hope of showing more fully the system of treatment of the insane in Pennsylvania, of which the institution at Horristown forms a fitting type. This Hospital for the Insane is situated within the limits
STATE HOSPITAL FOR THE INSANE, NORRISTOWN, PA.
of the borough of hornstown, one and one-quarter miles from the centre of the town, and is rendered easily accessible by the Pennsylvania or Philadelphia and Reading Railroads to hornstown, thence by private conveyance or trolley car to the institution.

Ground was broken for the erection of the buildings on March 21, 1878, and the hospital was formally opened on February 18, 1880. These buildings, which are constructed upon architectural lines combining structural beauty with great utility, are situated upon a hill, which has been so graded and adorned with
shrubs, and trees, as to afford a very gratifying spectacle to one who is about to enter the grounds through the passage-way in the high iron enclosure. The location is a very healthful one, naturally, and has been rendered even more so by artificial means. In 1885, the Waring system of sewage was introduced, and has since operated very successfully. This system has recently been extended to new grounds, thus turning to temporary disease, the old grounds, which have become saturated with organic matter, and at the same time, avoiding any danger which might arise from
an overcharged condition of
the soil immediately adjoining
the hospital buildings.
The water supply of the
hospital is at present the
same as that of the borough
of Horsham; and yearly forme
d very considerable items in
the expenses of the institution.
A change, however, in the early
future is contemplated, for there
is upon the grounds, a reservoir,
constructed by the patients some
years ago, which is now nearly
completed so far as excavations
and embankments are concerned.
There are also five artesian
wells, sunk in the vicinity.
POWER ROOM—DYNAMOS NOS. 1 AND 3.
the reservoir, fully adequate to supply all of the water required for the hospital. All that is needed for their completion and operation is an appropriation by the State Legislature. This is likely to occur in the near future.

Furthermore, the buildings are all well lighted by electricity. By this means, not only has the expense become smaller than under the old system of gas-lighting, but the danger of fire and contamination of the atmosphere from escaping gases, has also been avoided.

The domestic economy of the institution is, upon a larger scale, that of a well regulated
VIEW IN BAKERY—OVEN NO. 1.
household. There is a large and commodious kitchen, and an excellent bakery department; the sleeping apartments, so far as they suffice, are well ventilated, and conveniently fitted; the corridors are large and airy, and are for the most part tastefully decorated, through the kindness of benevolent citizens. The entire hospital property has been fitted up and adorned with a view to the highest degree of comfort and beauty attainable under the circumstances.

The official management of the institution is vested in a board of thirteen trustees, five
of whom are appointed by the Governor from the State at large, two by the Council of the city of Philadelphia, and one by the county commissioners from each of the other counties within the hospital district. These trustees have charge of all executive matters connected with the affairs of the hospital, such as, the receipt of the appropriations from the State, the disbursement of all funds, and the determining of the method in which such funds shall be employed. Their agent in the performance of these functions is the steward, who is aided in his work by an assistant.
and numerous inferior officers. The medical staff is divided between the two departments of the hospital, the male and female sections. In the male department are the chief resident physician and two assistants; in the female division are the chief physician and two assistants, all of whom are women. Besides these, there are an ophthalmologist, a pathologist, and an apothecary for each of the departments. This medical staff is composed of individuals of rare experience in dealing with cases of insanity, and in such an institution as that at Norsviston, they find abundance
of opportunity for the exercise of their abilities, owing to the large population of the Hospital.

The original capacity of the hospital buildings was for seven hundred and sixty patients, but by subsequent fitting up of dining accommodations in the basement, and the conversion of ward dining-rooms into dormitories, the capacity was increased to one thousand and forty patients; and by the erection of two infirmaries it has been still further increased, so that the present maximum capacity of the hospital, carefully and properly estimated with a view
to healthfulness and ordinary comfort does not exceed one-thousand, four-hundred and twenty-six individual patients. The patients at the hospital now number nine-hundred and forty-four male, and one-thousand and nine females, thus making an excess over comfortable capacity of five-hundred and twenty-seven inmates. To present more clearly the embarrassing situation, there are in the male department, two-hundred and five single rooms for two-hundred and five patients; eleven large dormitories for two-hundred and twenty patients; eleven small dormitories
DAY ROOM—INFIRMARY, SECTION 10.
for eighty-eight patients, barracks for one hundred patients, and the infirmary building for one hundred, making a total capacity for seven hundred and thirteen male patients. The female department is a duplicate of the male, so far as accommodations are concerned. The two departments, therefore, have a capacity adequate, as above stated, for one thousand four hundred and twenty-six patients.

Thus there is a vast excess over accommodations, which is, in a measure, provided for in the corridors. In the day-time, says Steward West, when many of the inmates are about their work,
The overcrowded condition is not noticeable, but at night, when all have gone to bed, it is an instructive spectacle to witness the means which have to be resorted to, to provide shelter and space to lie down. And yet, despite the fact that the hospital has long since reached its healthful limits, no patients are refused admission; the orders of Court, sending them to the hospital, are promptly and implicitly obeyed, and the trustees are striving to do all that can be done to solve the perplexing problem. The discomfort and trouble incident to the administration of an over-populated
State Hospital, can scarcely be realized. Strict order and rigid discipline are almost impossible. At night, each single room is fully occupied; in the dormitories, the beds almost touch each other, making ventilation and proper classification very difficult; while outside, in the corridor, the available space is crowded with patients, who sleep upon wire-woven mattresses upon the floor. When a new patient is admitted, it becomes a perplexing question where to place him, in view of his peculiar form of aberration, and possibly a dozen other patients have to be shifted about in consequence. Under such
conditions, efficient medical work is rendered very difficult; and the number of cases cured is thus very considerably diminished.

In the treatment of the insane, one very important matter is the subject of attendants and nurses. At the Norwich Hospital there is an average of one attendant for eleven patients. Owing to the small salary which can be paid, it is impossible to obtain the most skilled nurses, and in the past, considerable inspection and supervision has been necessary. In furthering the plan of inspection, Dr. A. H. Chase, a number of years ago,
established an interesting and practical innovation in the male department. A corps of six inspectors, of the same general character as the hospital supervisor, have been engaged to watch the attendants, to see that each attendant upon entering the service of the hospital is instructed in the rules and regulations of the institution and in his specific duties. These monitors accompany the attendants with their patients to the refectories, and in their exercise of sports and occupations; and when these inspectors are not upon duty in the wards, they
have a raised office or place of observation, fitted with mirrors which face in different directions, so that the ward and its occupant may be under their scrutiny at all times. Then, too, all of the attendants and nurses in both departments are compelled to wear uniforms while upon duty to distinguish them from the inmates with whom they may be engaged.

Beyond the matter of inspection, however, special efforts have been made during the past decade to improve the efficiency of the individual attendant, by means of lecture-courses and special
instruction, in addition to the experience which they derive from ordinary ward-work, much depends upon the character and training of the attendants, upon the faithfulness with which the physicians' plan of care and directions are carried out in the wards, and upon the friendly regard and kindly feeling of the attendant, whether the patient recovers or becomes a chronic case. The truth of this has been fully realized at the Horriston Hospital, where a regular training school for nurses has been in operation for the past few years. Regular classes have been formed,
under the immediate instruction of the physicians in charge, and great good has already resulted from the method. It was only recently that a class of thirty-seven members was graduated from this training school. With a knowledge of the care of the insane from a medical standpoint, in the treatment of both mental and physical afflictions, a useful future for these graduates may be prophesied. At the same time, too much credit cannot be given to the originators of this progressive feature in the treatment of individuals, who are no more to be desired
because of their condition, than the man with a broken arm, and should consequently be subjected to equally skillful treatment.

Another very successful feature of this institution has been its system of refectories. The congregate dining system has been in use for a number of years and has proved very satisfactory. Its principal advantages are a better condition of the food placed upon the tables, increased facilities for thorough inspection and supervision as to its quality and quantity and the manner in which it is served, economy as
to the waste of food, decided improvement in the habits and manners of the patients, as well as an improvement of the appetite, and in the exercise of self-control. No little benefit has resulted from the removal of the patients from the wards three times in a day, for by this means, not only is an enjoyable exercise and diversion afforded the patients, but in addition the wards are relieved from the disorder and odors inseparable from the old system of dining. The diet of the patients is plain, but healthful, and is carefully regulated so as to conform to the
Physical needs of the inmates. A very fair idea of the food commonly afforded may be obtained from the following extract, taken from the dietary of the institution.

Breakfast - Muck, Borage, Bread, Butter, Coffee.
Dinner - Roast Beef, Potatoes, Carrots, Vegetables, Bread.
Supper - Stewed Fruit, Bread, Butter, Tea.

Another appetite of the male patients, that for tobacco, has not been discouraged; and regular rations of this commodity are meted out at regular periods. To be sure, the habit has become very disgusting in many cases; but the furnishing of tobacco has been found necessary upon the ground that, although it may do some
physical harm to the user, it furnishes a diversion which often keeps him from malicious acts and keeps his fellows. The use of alcoholic beverages of any sort among the inmates is strictly prohibited, as tending to increase the mental disorders of the patients.

The general health of the inmates of the institution, since its founding, has been very good. There have been no serious outbreaks of epidemic disease, and in the occasional instances of ill-health which have manifested themselves, the presence of skilled practitioners has in almost every case proved effective. Deaths, however, from
natural causes are not infrequent, as the disease common to the individuals of any other community, also find their way within the walls of the hospital, notwithstanding the watchful care of the physicians.

Suicides have been very infrequent, and in the few cases where they have taken place, it has, in the majority of these instances, been with persons who have shown the least disposition toward such an act, and consequently over whom there has been the slightest degree of supervision. During the past year, two instances of suicide were reported; the one
was in the case of a man whose
main trouble had been an undue
proclivity toward reading the Bible
to the President of the United States,
within the walls of the White House,
and who had never shown any
suicidal tendencies; the other
case was that of a man, who,
while returning to the hospital
from his home, by railroad, jumped
from the window of the smoking-car
meeting with instant death.

Escapes from the hospital
have been mostly from the
male department. During the
past year, of the twenty-one persons
who escaped, twenty were males.
This is only what might be
expected when one recalls that
by reason of outdoor employment,
men have the more frequent
opportunities to escape. All of
those who escaped, were with two
exceptions, either workingmen or
men with the hospital brass-band,
and, at the time of escape, were engaged
in their several vocations. Of
the two exceptions, the one picked
the lock of his apartment while
the attendants were busy serving
supper. He is the champion run-
avay of the hospital, and can
invariably be found within the
shadow of the "temple of the law,
where he is continually applying
for release. The other exception
is an emaciated patient, to whom
the chief physician thought it
expedient to give all of the out-door
exercise which he could endure.

Paroles, or grants of absence
for stated periods, are frequently
granted to the patients whose
condition would seem to warrant
such a course of action. Many
times, also, the mental condition
of inmates has improved to such
an extent as to warrant discharge
upon probation. In a number of
these cases, however, the change
of residence of the apparently
recovered person to the scenes
of his old activities, has resulted
in a reversion to the former
insane condition. For this reason, there has been fully established the principle of the retention of patients until there is practically certain evidence that the discharge will not result harmfully to the patient. Very recently there has occurred a point in question. A man, living in Montgomery County, Pennsylvania, during convalescence from a severe attack of fever, under the influence of a delusion, carried his little son out upon the porch-roof of his house, and with religious incantations, cut the child's throat with a razor, and bathed his face and hands in the blood. After a desperate
struggle, he was captured, taken to jail, tried in Court, sent to the
hospital, and after a year's treatment, through counsel, applied to Court for release. Upon examination, he was found to have so far recovered, as to warrant an Order of Court for his release upon probation for a period of six months, with the privilege of applying for a final discharge at the end of that period. Prior to the hearing, the patient was incidentally seen and examined on different occasions by the Chairman of the Lunacy Committee, who was of the opinion that he was a dangerous case of homicidal
insanity, and that his continued detention in the hospital would be proper and expedient. The latter history of the case has justified this opinion, for upon reaching the scene of his crime, the patient was taken with a severe mental disorder, was removed to the hospital for the second time, and has since shown little improvement. The whole lesson taught by this occurrence, as well as by others of a similar nature is that discharges should not be granted by Court, except upon the unqualified approval of a number of experts upon insanity.

In the care of the patient...
It has been made an objective point to exercise as little restraint with the inmates, as possible. During the past year in the male department, but thirty-six have been restrained in straightjackets and other mildly confining garments, to prevent injury to themselves and others. In the department for women, no form of restraint, whatsoever, is employed, and during the past year, no patient has been secluded for a period of more than a few hours. Mechanical restraint is one of the reproaches of asylum treatment, and in most hospitals, both at home and abroad, has been abolished. Restraint or
seclusion should be as slight as possible; and it would largely contribute to this happy result, to employ an increased number of attendants of a better class than is now usually so employed. While it is of the highest importance to reduce the yearly ratio of mechanical restraint to the lowest figure, it is still often necessary that such restraint should be employed as an adjunct to the medical treatment, in certain improbable cases. The prevention of injuries to the person is in these cases very important, exercising a striking influence in promoting recovery. A mild
form of restraint, consisting of a garment of suitable construction, worn habitually at night, has been attended with such good results that it is doubtful whether this small class of cases should be denied the advantage of its judicious application.

Cases of maltreatment have been few in number of recent years, owing largely to the "in-patient system," and when such cases have occurred, the guilty attendant has almost invariably been brought to justice. All experience has proved that gentle, persuasive, and tactful measures are most effectual with
the insane, and that any act which savors of punishment should be strictly avoided, no matter how great the temptation may be to apply it at the time of great provocation. Intelligent persons have long ago abandoned the idea that the insane may be controlled by such methods, which merely increase the difficulties incident to their care. According to present arrangements in this State, all of the Hospitals for the Insane, contain many cases of insane criminals, a considerate portion of which are now confined in the Norristown Hospital. The
requirements of insane criminals imperatively demand accommodation, other than that which can at present be afforded in our State hospitals. There are, in all, over two hundred of this class now resident in the various jails, prisons, and hospitals for the insane. Many of these are better off in prison, than they would be in a detached hospital, since for the safety of others, it would be necessary that they should be under severe restraint. The recent death of a criminal lunatic in the Horistown Hospital, at the hands of an attendant, during a struggle, has...
brought this matter into the notice of the State authorities, and as a result, there has been projected a scheme for the erection of a hospital for the criminal insane, upon lines such as those employed at the Matteawan Hospital in New York. It is to be hoped that the project will be carried out, as there is a great need for such an institution within the limits of this State.

Within the past few years, there has begun to operate at Hersheville, Berks County, Pennsylvania, an asylum for the chronic insane, and immediately

* At this point it might be proper to note the distinction between a hospital and an asylum - the former is designed to cure, relieve, and nurse; the latter is a home for the comfortable, humane maintenance of those who have passed
upon its opening, many patients
were sent there, from every hospital
in the State, thus affording a
slight though very much needed
relief to each of those institutions.
The erection of this asylum, however,
in the minds of many sober-minded
authorities upon insanity, has been
a false move upon the part of
the State officials. If the conserva-
tors of the public funds had
looked at this matter with an
eye to economy, they would have
admitted that it is much cheaper
to extend the limits of the
present hospitals, to meet the
utmost demands of the several
districts, than to purchase new
sites and expend large sums of money for buildings which would consume years in construc-
ction, and would, consequently, delay the treatment of many insane, who are now but poorly
cared for, if cared for at all. The advantage of all of the present hospitals over new ones is that
the heads of departments need not be increased, a few more assistants at moderate salaries
being sufficient for the increased responsibility. Then, too, the grading and beautifying is almost com-
pleted in all of the existing institutions, and the entire machinery is in good working.
order. By the extension of the present hospitals, the greatest good to the greatest number of the insane may be advanced, and the burden of the tax payer lightened. It is, moreover, a cruel idea to separate the chronic from the acute insane. Other States have tried it, and have abandoned it as inhuman and not economical. The chronic insane are really a help to the acute. Chief physician Richardson states that he has seen "many acts of kindness shown by the veteran sufferers, which have paid the best efforts of the attendant, who prided himself upon his ef-
ficiency.” If the authorities of the State had expended the sum which was exhausted upon the Wernersville asylum, in erecting a hospital for the criminal insane, they would, undoubtedly, have performed a much more sensible and laudable act.

The authorities of the Home hospital have endeavored so far as possible, to render the daily life of the patient as enjoyable as can be expected under the circumstances. Regular diversion and entertainment such as balls, minstrel and theatrical performances, dancing classes, picnics, tableaux, stereopticon exhibitions, lectures, etc,
have been furnished. There is a library of about one-thousand, six-hundred volumes, of a miscellaneous character, to which additions are constantly being made by philanthropic citizens. The patients are also well supplied with periodicals. Religious services are held weekly, at which the minister of the various churches of the town simply explains religious truths, a service for which they receive the remuneration of five dollars. The attendance at these services is limited, owing to the relatively small size of the hall, and as a consequence the privilege of attendance has
to be restricted to different portions of the inmates upon different occasions.

Then too, the insane are engaged in many employments which have been provided in the various departments of the institution. During the past year very considerable work has been done, mostly by the patients, in grading the grounds in front of the hospital buildings, in making walks and driveways, and generally embellishing the premises. This has had a beneficial effect in several ways. It has furnished an agreeable recreation in healthful exercise
for many of the insane inmates, in improving their physical strength, quieting nervous excitement, improving digestion, and creating an appetite, thus producing sound, refreshing sleep at night— all regarded as beneficial and remedial in the highest degree, by the physicians. At the same time, the labor performed has been needful and useful to the institution. For some years past, considerably over one-half of the patients have been engaged in various employments, even the females being engaged at such work as ward serving, or in the brush-shop, basket
shop, studio, school, kitchen, laundry or farm house. The various
employments, too, have proved very profitable to the finances of the
establishment, no less than twelve thousand, five-hundred dollars rep-
resenting the gain, resulting from the productive labors of the inmates
during the past year. The gain in health, however, to those who
have labored, has far outmeasured any fiscal benefits which have
been derived from the system. It has been fully demonstrated
that the judicious and systematic employment of the insane
in those occupations, which are suited to their individual
strength and condition, has exerted a directly curative effect, and has resulted not only in keeping the patients in a healthier condition of body, but also in preserving a more contented frame of mind. The contrast between a number of patients cheerfully employed, and the same sitting through a long unoccupied day in the wards, listless, irritable and ready for the unpleasant friction so likely to occur under such circumstances, is so striking as to be thoroughly convincing of the good effects of occupation.

The average weekly cost of maintaining a patient at the
Norristown Hospital is about three dollars and sixty-three cents, a sum which is, in some cases, paid by the patients themselves, but in the majority of cases, by the Commonwealth.

From the time of the founding of the institution up to September 30, 1895, there had been treated in the hospital, seven thousand, five hundred and twenty-nine different individuals. Of this number, one thousand, four hundred and fifty-eight have been discharged, restored to reason; one thousand, four hundred and twenty-four have been discharged in an improved condition, and four hundred and
twenty-nine have been discharged without any noticeable improvement. During the same period, two thousand three hundred and one patients died while under treatment from various causes. From these figures, it is possible to gain some slight idea of the vast work which has been done in this institution since its founding in 1850. In this connection, it must be remembered, too, that the Hospital at Homestown is but one of a number, but a type of the institutions which are to be found in operation, not only in Pennsylvania, but to a greater or less degree, in every State within the United States.
Hospitals and asylums for the insane, moreover, are but a single evidence of the spread of that all-pervading altruistic sentiment, which at present represents the life-current of all of the civilized nations of the world. The day has passed when individual activities are put forth for personal advancement alone. Ever since Christianity has taken a firm hold upon the thoughts and lives of men, the struggle for existence has lost its essentially personal nature; the struggle is no longer waged for self, alone; it is equally as much for others; and, at the
present time, when upon every hand are seen the substantial evidences of this sentiment, we may safely say, that we are rapidly approaching the day when state and national barriers shall be sundered, and the motto of all of the civilized nations of the world shall be, "For God and our fellow men."
Bibliography.

"Hospitals for the Insane." Thos. Kirkbride, M.D.
Reports of the Horistown Hospital. Annual. 1881-1896.
Seventh Annual Report of Committee on Lunacy.

Ninth
Eleventh
Thirteenth

Lunacy Law of 1883.
Rules and Regulations of Committee on Lunacy.

I have made two visits to the Horistown Hospital, and one to the headquarters of the Committee on Lunacy, 1224 Chestnut St., Phila., and have held conversations with Dr. Richardson and Steward West of the Horistown Hospital, and with Dr. Wetherill, Secretary of Committee on Lunacy.
STATE OF PENNSYLVANIA.

LUNACY LAW

OF 1883,

As Amended by a Supplement passed at the General Assembly of 1893,

ALSO

An Act to provide for the better protection of female insane patients in transit.

CLARENCE M. BUSCH,
STATE PRINTER OF PENNSYLVANIA,
1894.
LUNACY LAW.

AN ACT

Relative to the Supervision and Control of Hospitals or Houses in which the Insane are placed for Treatment or Detention.

Section 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same, That the Board of Public Charities shall have the supervision over all houses or places in which any person of unsound mind is detained whenever the occupant of the house or person having charge of the lunatic receives any compensation for the custody, control, or attendance other than as an attendant or nurse, and also of all houses or places in which more than one such person is detained with or without compensation paid for custody or attendance.

Sec. 2. There shall be three additional members added to the Board of Public Charities, one of whom shall be a member of the bar of at least ten years’ standing and one a practicing physician of at least ten years’ standing. The three additional members shall be appointed by the Governor, and confirmed by the Senate, after the passage of this act, for a term of five years, or upon any vacancies occurring by death or resignation for the unexpired term of such appointment, or on the expiration of a term of service, and the Governor upon sufficient cause may, in his discretion, remove any member from the office.

Sec. 3. The Board shall appoint a committee of five to act as the Committee on Lunacy. The two professional members appointed under this act shall be members of that committee, and three members shall constitute a quorum. The committee shall choose a chairman and secretary to serve for the current year and annually thereafter in November. The secretary shall receive an annual salary of three
thousand dollars, with the necessary incidental expenses, to be accompanied with proper vouchers payable quarterly by the State Treasurer, and he may be removed at the pleasure of the Board of Public Charities.

Sec. 4. The committee on lunacy herein provided for shall examine for themselves, or through their secretary, and report annually to the Board on or before the first day of November into the condition of the insane in this State, and the management and conduct of the hospitals, public and private almshouses, and all other places in which the insane are kept for care and treatment or detention, and it shall be the duty of the officers and others respectively in charge thereof to give such committee and their secretary at all times free access to the insane, and full information concerning them and their treatment therein.

Sec. 5. The said committee on lunacy are empowered and required to execute, through themselves or their secretary, all the provisions of this act which pertain to their office as set forth therein, and shall direct their secretary accordingly, and shall also, with the consent of the Board, make such other rules and regulations for their own government and that of their secretary as are not inconsistent with the provisions of this act.

Sec. 6. The report of the said committee on lunacy shall be published annually with that of the Board of Public Charities.

Sec. 7. The Board shall have power from time to time, with the consent of the Chief Justice of the Supreme Court and of the Attorney General, to ordain rules and regulations on the following matters so far as the same are not inconsistent with any laws of this Commonwealth then in force and of any provisions of this act:

1. The licensing of all houses or places in which any person can be lawfully detained as a lunatic or of unsound mind, upon compensation paid to or received by the owner or occupant of such house or place, directly or indirectly, for the care of such lunatic, and also of all houses or places in which more than one person of unsound mind is detained or resides, provided, that this clause shall not extend to any gaol or prison, and provided, also, that the Board with consent as aforesaid, may from time to time exempt any particular hospital established by the State, or under any municipal authority or any eleemosynary institution, from the obligation to apply for or obtain a license, and no such institution now existing shall be required to take out a license until required to do so by the Board, with the consent aforesaid.

2. Regulations to insure the proper treatment of persons detained in any house or place, whether licensed or not, that are subject to the
provisions of this act, and to guard against improper or unnecessary
detention of such persons.

(3.) Regulations of the forms to be observed, warranting the com-
mitment, transfer of custody and discharge of all lunatics, other than
those committed by order of a court of record, and as to these, with
the consent of the presiding judge of the court, under whose order
the person is detained.

(4.) The visitation of all houses and places licensed under this act,
or in which any persons are detained as lunatics, and of all persons
detained therein.

(5.) The withdrawal of such licenses and the imposition of condi-
tions under which they shall continue.

(6.) Reports and information to be furnished by the manager or
managers of all houses or places subject to the provisions of this act
and by the boards of visitors.

(7.) Regulations as to the number of persons that may be detained
and the accommodations to be provided, and food, clothing, fuel to be
furnished in any house or building, subject to the provisions of this
act, the manner of such detention, and the restraints imposed, the
means of communication by those detained with the relatives, friends,
and other persons outside the houses and places of detention.

Sec. 8. There shall be appointed boards of visitors of all houses or
places licensed under this act, or in which any person of unsound
mind is detained, and for the care or custody of whom compensation
of any kind is received, or where more than one such person is de-
tained. One such board shall be appointed in every county in which
there is a house or place subject to the provisions of this act, of not
less than three persons, and in each county where there are more than
one such house or place, the number constituting the board of visitors
of such county shall be increased in the discretion of the committee of
lunacy.

Sec. 9. The members of the board of visitors shall be appointed by
the Board in each year, and shall continue until their successors are
appointed, and the Board may remove the visitors and fill vacancies
in the office.

Sec. 10. Women may be appointed members of the boards of visi-
tors, and at least once a year these boards shall be filled up so that
members who have failed to act shall be removed.

Sec. 11. It shall not be lawful for any person or persons or corpora-
tion, not exempted from the obligation to obtain a license under this
act, to keep or maintain a house or place for the reception or custody
of persons of unsound mind, without having received a license under
this act, nor when such license has expired or been withdrawn or
suspended, and the manager and occupant of any such house within
which more than one person shall be detained as being a person of unsound mind for compensation received, and the manager and occupant of any such house or place wherein more than one person is received and detained with or without compensation, and while there is no license in force authorizing the keeping of such house or place, shall be deemed guilty of a misdemeanor.

Sec. 12. Any person having charge or control of any house or place subject to the provisions of this act, used for the detention, care or custody of a lunatic, who shall violate, or omit to observe, any regulation of the committee on lunacy authorized by this act, after a copy of the same has been left at the said house or place, or delivered to the person named in the license or to the manager of such house, shall be deemed guilty of a misdemeanor, and all common-law rights of action or indictments are also reserved.

Sec. 13. The Board of Public Charities shall, from time to time, provide for an effectual visitation of all persons confined as insane, in all places over which they are given jurisdiction by this act, and an inspection of such houses or places of confinement and of the mode of treatment of the insane.

Sec. 14. And the Board shall make rules to insure to the patients the admission of all proper visitors being members of their family, or personal friends, agents, or attorneys, and compel obedience to such regulations.

Sec. 15. The detention of any person as insane in any house or place made subject to the provisions of this act, without compliance with the requisitions of this act, shall be a misdemeanor on the part of any person concerned in such detention, who has omitted or permitted the omission of any of the requirements, and the party aggrieved shall also be entitled to his action for damages.

Sec. 16. No verdict or judgment shall be entered in any action, nor shall any judgment be entered on any indictment for such detention as against any person or persons who are subject to the regulations and provisions of this act, who shall have complied with the requirements of this act, unless the judge, after trial and verdict, shall certify that there was proof to his satisfaction that the party charged acted with gross negligence, or corruptly, or that he acted without reasonable or probable cause, or was actuated by motives other than the good of the person restrained.

Sec. 17. In all buildings or establishments where an insane person is detained, which are subject to the provisions of this act, there shall be kept the following books which shall be at all times open to the inspection of any member of the committee on lunacy or the board of visitors of the proper county:

An admission book.
A discharge book.
Lunacy Law.

A Case Book, in which there shall be regularly entered all the facts bearing on each patient and his case.

A Medical Journal, in which there shall be, at least once a week, a statement written of all matters which are of special importance, bearing on the treatment and condition of the patients.

Sec. 18. No person shall be received as a patient for treatment or for detention in any house or place where more than one insane person is detained, or into any house or place where one or more insane persons are detained for compensation without a certificate signed by at least two physicians resident in this Commonwealth, who have been actually in the practice of medicine for at least five years, both of whom shall certify that they have examined separately the person alleged to be insane, and after such an examination had, do verily believe that the person is insane and that the disease is of a character which, in their opinion, requires that the person should be placed in a hospital or other establishment where the insane are detained for care and treatment, and that they are not related by blood or marriage to the person alleged to be insane, nor in any way connected as a medical attendant or otherwise with the hospital or other establishment in which it is proposed to place such person.

Sec. 19. The certificate above provided for shall have been made within one week of the examination of the patient and within two weeks of the time of the admission of the patient, and shall be duly sworn to or affirmed before a judge or magistrate of this Commonwealth and of the county where such person has been examined, who shall certify to the genuineness of the signatures and to the standing and good repute of the signers. And any person falsely certifying as aforesaid, shall be guilty of a misdemeanor and also liable civilly to the party aggrieved.

Sec. 20. No person alleged to be insane shall be received into any house for treatment or for detention, unless at the time of such reception the person or persons at whose instance the person is received shall, by a writing signed, state that the person has been removed and is to be detained at his or her request, under the belief that such detention is necessary and for the benefit of the insane person.

Sec. 21. There shall also be delivered to the person or persons having supervision or charge of the house, a written statement of the following facts relative to the person to be detained, signed by the person or persons at whose instance the insane person has been removed and detained, or if the facts be not known, it shall be so stated:

(1.) The name.
(2.) Age.
(3.) Residence for the past year or for so much thereof as is known.
(4.) Occupation, trade, or employment.
(5.) Parents, if living.
(6.) Husband or wife.
(7.) Children.
(8.) Brothers and sisters, and the residence of each of these persons.
(9.) If not more than one of these classes is known, the names and
residence of such of the next degree of relatives as are known.
(10.) A statement of the time at which the insanity has been sup-
posed to exist, and the circumstances that induce the belief that in-
sanity exists.
(11.) Name and address of all medical attendants of the patient
during the last two years.

Sec. 22. Should the person in charge of the house have reason to
believe that any of these statements have been omitted through
ignorance, and that the answers will be immediately furnished, and no
reason existing to doubt the good faith of the parties after inquiring
of the person intended to be detained, it shall be lawful to detain the
person alleged to be insane for such further period as shall be nec-
essary to obtain the said statements complete, but not exceeding
seven days.

Sec. 23. Within twenty-four hours after any person is received into
any house for detention as an insane person, the person in charge
there shall enter, or have entered, in a book kept for that purpose,
all the facts stated in the certificate or documents required to be ex-
hibited at the time of receiving the patient, and shall file the originals
and preserve them. The regular medical attendant of the house shall,
within twenty-four hours after the reception of any patient, examine
such patient, and reduce to writing the results of such examination,
and enter the same upon a book to be kept for that purpose, together
with the opinion formed from such examination and from the docu-
ments received with the patient.

Sec. 24. In case the said medical attendant is of the opinion that the
detention is not necessary for the benefit of the patient, he shall notify
the person or persons at whose instance the patient is detained, and
unless such person shall, without a delay not exceeding seven days, ex-
hibit satisfactory proof of such necessity, the patient shall be dis-
charged from the house and restored to his family or friends.

Sec. 25. At the time of such examination, the medical attendant
shall himself cause the patient distinctly to understand, if he or she is
capable of doing so, that if he or she desires to see or otherwise com-
municate with any person or persons, means will be provided for such
interview or communication, and said attendant shall personally see
that proper means are taken to communicate this fact to the person
or persons indicated by the patient, and any proper person or persons,
not exceeding two, shall be permitted to have a full and unrestrained interview with the patient.

Sec. 26. The statements furnished at the time of the reception of the patient (and at the examination of the patient by the medical attendant of the house) shall be forwarded by mail to the address of the committee on lunacy within seven days from the time of the reception of the patient, which shall by them be entered in a book, which they shall keep for this purpose, and at least once in six months there shall be a report made by the medical attendant of the house on the condition of each patient, together with such other matters relative to the case as the said committee may require, and at any time such report shall be made upon the request of the secretary of the committee on lunacy.

Sec. 27. During the detention of any person as insane, any medical practitioner designated by him or by any member of his family, or "near friend," with the sanction of a judge of a court of record of the county in which such insane person resided at the time of his removal and detention, shall be permitted, at all reasonable hours, to visit and examine the patient, and such medical attendant shall, unless objected to by the patient, be permitted, by request of his or her family, or "near friend," and with the consent of the physician-in-chief of the establishment, to attend the patient for all maladies other than insanity in the same manner as if the patient were in his own home.

Sec. 28. All persons detained as insane shall be furnished with materials and reasonable opportunity, in the discretion of the superintendent or manager, for communicating under seal with any person without the building, and such communication shall be stamped and mailed. They shall have the unrestricted privilege of addressing communications, if they so desire, not oftener than once a month to any member of the committee on lunacy.

Sec. 29. The provisions of this act, in respect of the admission or discharge of patients, shall not extend to insane criminals in custody. Such persons shall not be received except when delivered by a sheriff of the county, or his deputy, together with an order of the court of the county in which he was arrested or convicted, having jurisdiction of the offense under seal of the court, and signed by a law judge, nor shall such criminals be discharged from a hospital or other place of detention for the insane, saving on a like order and to the sheriff, or his deputy, producing such order, and while detained as an insane person, such criminal shall be so kept as to insure his detention until duly discharged. Whenever any person, detained in any gaol or prison, is insane, or in such condition as to require treatment in a hospital for the insane, it shall be the duty of any law judge of the court, under whose order the person is detained, upon application, to direct an inquiry into
the circumstances, either by a commission or otherwise, as he shall deem proper, with notice to the committee on lunacy, and if the judge shall be satisfied that the person confined requires treatment in a hospital, he shall thereupon direct the removal of the said person from the gaol or prison to a state hospital, which order shall be executed by the sheriff of the county, or his deputy, and the actual expenses of such removal and the expenses of maintaining the person in the hospital, shall be paid by the county liable for the maintenance of the said person in the gaol or prison from which he is removed.

Sec. 30. The trustees, managers, and physicians of any hospital in which a criminal is confined by order of any court, or in which a lunatic has been committed after an acquittal of crime, shall not discharge, release, or remove the prisoner or lunatic without the order of a court of competent jurisdiction, and in case such lunatic, whether a convict or acquitted, is not set at large, but is to be removed to any place of custody other than a hospital, the order for removal shall not be made without notice to the committee of lunacy, and time given them to investigate the case and be heard on the application.

Sec. 31. All persons that have been detained as insane, (other than criminal insane, duly convicted and sentenced by a court), shall, as soon as they are restored to reason and are competent to act for themselves, in the opinion of the medical attendant of the house, be forthwith discharged, and any person so detained shall at all times be entitled to a writ of habeas corpus for the determination of this question, and, on the hearing, the respondent in that writ shall be required to pay the costs and charges of the proceeding, unless the judge shall certify that there was sufficient ground in his opinion to warrant the detention and put the petitioner to his writ. In case the discharged patient be in indigent circumstances, such person shall be furnished with necessary raiment and with funds sufficient for sustenance and travel to his home, to be charged to the county from which such patient was committed.

Sec. 32. The committee on lunacy shall be notified of all discharges within seven days thereafter, and a record of the same shall be kept by the committee.

Sec. 33. The committee on lunacy may, at any time, order and compel the discharge of any person detained as insane, (other than a person committed after trial and conviction for crime, or by order of court), but such order shall not be made unless notice be given to the person having charge of the building in which the patient is detained, and to the person or persons at whose instance the patient is detained, and reasonable opportunity given them to justify a further detention, and the committee shall not sign an order of discharge unless they have personally attended and examined the case of the patient.
Sec. 34. A supplement to an Act relative to the supervision and control of hospitals and houses in which the insane are placed for treatment or detention, approved the eighth day of May, Anno Domini one thousand eight hundred and eighty-three, extending the time for which voluntary agreement may be made with reference to insane or nervous persons. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same, that section thirty-four of the Act of Assembly, approved the eighth day of May, Anno Domini one thousand eight hundred and eighty-three, which reads as follows:

"Persons voluntarily placing themselves in any of the houses provided for in this Act, may be detained for the time they shall specify by an agreement signed by them, at the time of their admission, but not exceeding seven days; and they may, from time to time, renew the authority to detain them for a time not exceeding seven days from such renewal, but no agreement shall be deemed to authorize a detention, unless signed in the presence of some adult person attending as a friend of the person detained, in the presence of, and also by the person in charge of the house or the medical attendant," be and the same is hereby amended to read as follows:

"Persons voluntarily placing themselves in any of the houses provided for in this Act, and who may be suffering from nervous diseases, threatening mental disorder, may be received for a period of one month or less, by an agreement, which shall also specify the time, signed by them at the time of admission, and they may renew said agreement at the end of one month, but no agreement shall be deemed to authorize their remaining, unless signed in the presence of some adult persons attending as a friend of the person applying in the presence of and also by the medical attendant."

Approved—The 10th day of May, A. D. 1893.

ROBT. E. PATTISON.

Sec. 35. So much of the Act, entitled "An act to provide for the admission of certain classes of the insane into hospitals for the insane in this Commonwealth, and their discharge therefrom," approved the twentieth day of April, Anno Domini one thousand eight hundred and sixty-nine, number fifty-four of the pamphlet laws of that year, as provides "that insane persons may be placed in a hospital for the insane by their legal guardians, or by their relatives or friends in case they have no guardians, but never without the certificate of two or more reputable physicians, after a personal examination, made within one week of the date thereof, and this certificate to be duly acknowledged and sworn to or affirmed before some magistrate or judicial of-
ficer, who shall certify to the genuineness of the signatures and to the respectability of the signers," is amended, and the persons thereby authorized to place an insane person in a hospital, are required to ob-
serve the forms and conditions required by this Act in exercising the powers conferred by the said Act of the twentieth day of April, Anno Domini one thousand eight hundred and sixty-nine, when the insane person is placed in any house, hospital, or place which is subject to the provisions of this Act.

Sec. 36. So much of said Act as provides by section second as enacts "That it shall be unlawful, and be deemed a misdemeanor in law, pun-
ishable by a fine of not exceeding one hundred dollars, for any super-
intendent, officer, physician, or other employee of any insane asylum to inter-
ccept, delay or interfere with, in any manner whatsoever, the trans-
mission of any letter or any other written communication addressed by an inmate of any insane asylum to his or her counsel, residing in the county in which the home of the patient is, or in the city or county in which the asylum is located," is hereby amended so that the same shall extend to the superintendents, officers, physicians, servants, or other employees of all hospitals, houses, or places which are subject to the provisions of this act.

Sec. 37. So much of the said act as provides by section ten "If the superintendents or officers of any hospital for the insane shall receive any person into the hospital after full compliance with the provisions of this act, no responsibility shall be incurred by them for any detention in the hospital," as applies to the superintendents or officers of any hospital, house, or place made subject to the provisions of this act, is repealed, and in place of the provisions of that act for the protection of such superintendents or officers, the provisions of this act for that purpose are substituted.

Sec. 38. The managers and officers of any hospital, or licensed house or place, shall not be liable to the penalties imposed by this act, and shall be entitled to all the protection of this act in case of receiving for detention a lunatic or alleged lunatic without complying with the requisitions of the act, if the judge trying the cause shall certify that the said officers and managers had good reason to believe that such receiving and detention were necessary for the safety of the lunatic or other persons, and that the delay required to comply with the requirements of this act would have been injurious to the person detained, or to other persons, and that there is no reason to believe that they or any of them were actuated by improper motives. And within forty-eight hours after any person is thus received, all the requisitions of this act to authorize a detention shall have been complied with, or the person discharged from custody and the officers of the hospital or place where such lunatic has been thus received, shall forthwith notify.
the Board of Public Charities of the facts connected with the reception and detention.

Sec. 39. Whenever any person shall be found by inquisition to be insane, the committee of the person or of the estate, and also the clerk of the court into which the inquisition has been returned, shall thereupon forthwith send to the committee on lunacy, at their principal office, a statement in writing, signed by the committee of the lunatic, of the name, age, sex, and residence of the lunatic, and the residence of the committee, and upon any change in the residence or place of detention of the lunatic, shall forthwith notify the committee of lunacy of such change. The committee on lunacy, or any one or more of the members of the committee, shall have power to visit and examine the said lunatic and authorize such visiting and examination by their secretary, or any board of visitors, or one or more members thereof, and by a physician, and the said committee are authorized to apply to any court having jurisdiction over the committee, or to a judge of a Court of Common Pleas of the county in which the lunatic is a resident or detained, to make such orders for the maintenance, custody or care of the said lunatic, and for the care and disposition of the property of a lunatic as the case may require. From any order, final or otherwise, thus made, an appeal may be taken to the Supreme Court, but such appeal shall not be a supersedeas unless so ordered by the Court making the order, or by a judge of the Supreme Court on application and a hearing.

Sec. 40. This act shall for all purposes, except the appointment and organization of the central board, go into operation thirty days after a proclamation shall have been issued by the Governor announcing the organization of the committee on lunacy.

Approved—The 8th day of May, 1883.

ROBERT E. PATTISON.

Pennsylvania, ss:
In the name and by the authority of the Commonwealth of Pennsylva

(Seal)

ROBERT E. PATTISON,
Governor of the said Commonwealth.

A PROCLAMATION.

Whereas, It is provided in and by the fortieth section of the act of the General Assembly of this Commonwealth, entitled “An act relative to the control and supervision of hospitals or houses in which the insane are placed for treatment or detention,” approved the 8th day
of May, A. D. 1883, that "This act shall, for all the purposes except the appointment and organization of the Central Board, go into operation thirty days after a proclamation shall have been issued by the Governor announcing the organization of the Committee on Lunacy;"

And whereas, It has been properly certified to me that the Committee on Lunacy, provided for by the third section of the above recited act of the General Assembly, has been duly appointed by the Board of Public Charities, to consist of the following-named persons: Philip C. Garrett, Henry M. Hoyt, Thomas G. Morton, E. Coppee Mitchell, and W. W. H. Davis, and that said committee met in the city of Philadelphia, on Monday, the thirtieth day of July, A. D. 1883, and organized according to law;

Now, therefore, As required by the said forty-ith section of the act of the General Assembly above recited, I, Robert E. Pattison, Governor as aforesaid, do issue this my proclamation, hereby announcing that the Committee on Lunacy, provided for by the third section of said act, consisting of the aforesaid Philip C. Garrett, Henry M. Hoyt, Thomas G. Morton, E. Coppee Mitchell and W. W. H. Davis, has been duly organized as required by the above recited act of the General Assembly.

Given under my hand and the great seal of the State at Harrisburg, this twentieth day of August, in the year of our Lord one thousand eight hundred and eighty-three, and of the Commonwealth the one hundred and eight.

By the Governor:

ROBERT E. PATTISON,
Governor.

W. S. STENERG,
Secretary of the Commonwealth.

An Act to Provide for the Better Protection of Female Insane Patients in Transit.

Section 1. Be it enacted by the Senate and House of Representatives of the Commonwealth of Pennsylvania in General Assembly met, and it is hereby enacted by the authority of the same, That whenever any indigent female insane patient is to be removed from any county almshouse to a State hospital or asylum for the insane, or from one State hospital or asylum for the insane to another State hospital or asylum, or from the home of such indigent patient to an almshouse, hospital or asylum, or when returned from such institution to her home, it shall be the duty of the court under whose order such patient is committed, or of the commissioners of the county, or the overseers of the poor of the district to which such patient is chargeable (if not
committed by the court, to provide a female attendant for every female patient in transit at the expense of the proper county or poor district, unless such patient is accompanied by a member of her family.

Approved the fourteenth day of April, Anno Domini, one thousand eight hundred and ninety-three.

ROBERT E. PATTISON.