

**SUPERINTENDENT'S REPORT**

TO THE

**BOARD OF TRUSTEES**

OF THE

**NEW YORK STATE**

**Inebriate Asylum.**

DECEMBER 31, 1867.

BINGHAMTON, N. Y.

PRINTED AT THE DAILY REPUBLICAN STEAM PRINTING ESTABLISHMENT.

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## SUPERINTENDENT'S REPORT.

*To the Trustees of the New York State Inebriate Asylum :*

GENTLEMEN : In this my first report to you, embracing a period of eight months of my administration as Superintendent of this Institution, I feel called upon, first of all, to express my heartfelt gratitude to Almighty God for the liberal measure of success already accorded us, and which I cannot but consider as attesting His Divine approval of our joint effort in the great cause which we have united to advance. And certainly, in view of the peculiar character of a work like ours, which must in its incipient stages be, in part at least, empirical and experimental, and which looks for success in great measure to the action of those purely moral forces which, while they are beyond the control of unaided human effort, respond with such instant and converting power to the Divine will—it surely becomes us to look for God's blessing with that confiding faith which the sacredness of our work will justify, and to lift our hearts in unceasing prayer for that assistance of His Holy Spirit without which all our labor will be futile and vain.

When I assumed direction of the Institution in May of the present year, it had, for reasons with which I think the public are well acquainted, been closed for several months against the reception of patients. The Trustees had availed themselves of the opportunity thus offered to repair that portion of the building uninjured by the fire—the transept and south wing—and to make such alterations and improvements as experience had taught them

were necessary; such as constructing a kitchen and dining-room, the introduction of water and gas, heating apparatus, &c. These repairs and changes were delayed after my arrival and the re-opening of the Asylum, so that for a large portion of the past eight months only a part of the unburnt end of the building has been available for use, and all my own labor in the treatment of patients has been thus far in a great measure embarrassed and retarded by the unavoidable annoyance attending the presence of a large corps of workmen, and the disturbance necessarily accompanying extensive repairs and re-building.

It is but fair also to mention, that I have found in my intercourse with the public—by correspondence and otherwise—an element of dissatisfaction with and distrust of the Institution, which is a legacy left to me by the past management of the Asylum, and of which I do not complain, as I was led to expect it; but which has, nevertheless, operated to check in some measure my freedom, and consequently my usefulness, and which has not been without effect in delaying that immediate confidence and popularity which we hope to earn through future success, and which, no doubt, will be speedily granted by the generous people of the Empire State.

I have learned from some years of experience that a work like ours, if managed with judicious and disinterested skill, will of itself have no enemies; but on the contrary, will be stimulated and sustained by the best wishes and heartiest encouragement of the entire community. It will not then of course be expected that the history of the past eight months will be wholly satisfactory, as a demonstration of the success of any particular theory, or as fruitful in large results as might be presumed from the magnitude of our plan of operations, and the vast expenditures during the past ten years on the Asylum building. An array of statistics commensurate

with the extent of our work, must be looked for in a future report, when the management shall be more independent of distracting accessories, the Asylum more firmly established in public confidence, and a proper knowledge of its character more widely extended. A large proportion of the annoyances I have mentioned are now obviated, and such is the laborious zeal and energy of those gentlemen of the Trustees having the matter in charge, that there is no doubt every facility will be afforded the Superintendent for the accomplishment of the work he has in charge.

A few observations on the plan we are pursuing, and our hopes and expectations in relation to it, must supply the place of any minute report of the short time we have been in active operation, yet I shall give at the close of this report such general information as will be of interest to the public.

The accomplishment of such results as we hope to achieve has been a want long felt by the community. More than forty years ago the eminent Superintendent of the Insane Asylum in Worcester, Massachusetts, Dr. Woodward, wrote a pamphlet on the subject of an Asylum for Inebriates, in which he urged upon the people of that commonwealth the establishment of such an Asylum. At a later period than this (1841) the Legislature of that State was memorialized in favor of establishing an Asylum for this unfortunate class of men. The petitioners at that time held the following language: "It would be the desire of your petitioners to present the true condition of the unfortunate class referred to with much greater particularity than is usual in the customary form of petition. The subject calls for a memorial. It is believed that the present method provided by law for the guardianship and punishment of victims of intemperance imperatively calls for investigation. It is believed that the largest portion of this class, who are, according to our present laws, now

locked up in jails and houses of correction, and thus lost to their families, society, and themselves, may be restored to usefulness and respectability by the establishment of a State Asylum expressly devoted to their case; an Asylum in which every man, irrespective of position in society, who has fallen a victim to the cup, may be conducted to a place of safety; an Asylum in which shall pervade the influences which brace up and purify the mind, rather than degrade it; an Asylum which shall restore a fallen brother to complete health, and impart to him ability, when he leaves its walls, to move forward with courage and hope, and undismayed by the odium which as the occupant of a house of correction, and the companion of felons, he is conscious will ever cling to him."

Space will not permit me to quote further from this very interesting memorial. So slow were the people of that State to see the necessity of such an Asylum, that an Institution was not established until the year 1857, and then in a very small way, but it has grown to be an Institution loved and cherished by the people of that State above any and all of its noble monuments of charity and benevolence.

The citizens of the State of New York have given abundant evidence of their desire that an Asylum for the treatment of the inebriate should be established. A large proportion of our most intelligent citizens have long been impressed with the conviction that in a vast multitude of cases, at least, the unfortunate victims of the passion of over stimulation, to be found in every community, and who, whatever the attendant circumstances might have been, were classed together and stigmatized with the general and degrading name of "drunkard," were often more sinned against than sinning, and judged with harsh and unpitying judgment, where the case demanded the most prudent exercise of sympathy and love.

Society in the aggregate has always shown itself intolerant of individual weakness, especially when such weakness has imposed additional burdens on it, or interfered in any respect with the general comfort and prosperity. Many forms of weakness—amounting often to actual moral or physical, of which the most frequent is inebriety—have been treated only by the strong and unbending authority of the law, which has been allowed to assume control in cases where fostering care and sanitary treatment would have been more properly applied. But in the matter of inebriety, it falls to the lot of very few to be enabled to look at it solely as an evil affecting the public at large. It is forced upon the consideration of most men, rather in the aspect it assumes in some particular case. It is an evil so prevalent and universal, so impartial of caste, profession, character or sex, that he is a fortunate man indeed who has not been compelled to contemplate it, even in that inner circle of friendship which is sacred to his warmest and holiest affections.

It therefore often happens that the charitable and considerate man, in view of one or more special cases that lie under his immediate observation, is constrained to ask himself, if the moral degradation and criminality, which are associated in the public mind with the epithet "drunkard," are always correctly applied; if the phenomena are not the result of an abnormal condition, either physical or mental, rather than a wilful yielding to a criminal desire, and if the enlightened philanthropy of the nineteenth century cannot find some method of dealing with such cases, more consistent with our christian professions than our present usage, which rank the unfortunate with the base and depraved, and covers him with a stigma, that he must share alike with the murderer and the thief.

In many such cases—alas! in so many that the experience of every man can point to one or more—the result of observation has taught the reflecting man that the victim

whose downward career he watches with such sad interest, is one whom, aside from any tie of family or blood, he is forced to love and admire—one who combines those qualities of brain and heart which would naturally make him the opposite of what he becomes—who mourns his weakness, as none other can mourn it, and who struggles against it for years, day and night, month after month, year after year, with varying results; sometimes victorious for a longer or shorter period, and often perhaps overmastered by the strength of a temptation which can only be appreciated by those who have felt its terrible power. Susceptible to the love and entreaties of friends, sensitive to the opinion of the world, often morbidly awake to the sinfulness of his course, there is no motive that can be urged upon him which has not already been suggested by the keen discernment of his own conscience and heart.

We find in a biographical notice of a celebrated man, who himself was an instance of the case described, the following words: "In the same unfortunate direction was the tendency of a habit grown insidiously upon him—a habit against the damning control of which he wrestled with an earnestness indescribable, resorting to all remedial expedients which professional skill, or his own experience, could suggest, but never delivering himself entirely from its inexorable mastery."

No thinking man can be blind to such qualities and struggles in one who is near and dear to him, and whose character he intimately knows, without being convinced that of whatever faults he may be guilty, it is not the result of that wilful malicious preference for evil which constitutes criminality and justifies punishment; consequently the more intelligent of the community have been led to the conviction that inebriety is a disease, an abnormal condition of nerve matter, and a proper subject for remedial, rather than coercive treatment.

The inebriate cannot be wholly absolved from respon-

sibility, nor does he so wish to be considered. Such an assumption, by making him the blind tool of circumstances, would destroy all hope that his moral nature would again assert its supremacy. It is rather that the moral nature—from neglect it may be, or long indulgence, or perhaps from physical weakness or undeveloped disease—has reached that stage when it is unequal to the contest with temptation, and needs the aid of some external power—something outside himself—to assist it in reconquering its lost ascendancy. We must not forget, however, that the longer the contest is unsuccessfully continued, the greater becomes the relative disparity between the powers of attack and resistance, until the moral nature almost ceases to act, and the emancipation of the victim is rendered well nigh hopeless.

Assuming as we do that inebriety is a disease, the question of character and proper treatment is the problem that this Asylum has been founded to solve and apply. It is certain that as a disease its character is most complex and obscure, involving as it does abnormal conditions of both body and mind, and varying in every case with individual temperament and characteristics. It is also certain that no panacea has yet been discovered to meet it, and its complicated character renders it impossible that any such simple remedy should exist. Its prevalence and the suffering arising from it have naturally tempted the cupidity of quacks or empirics, and nostrums promising to cure it are widely advertised; but it is safe to say that such assumed specifics are based, neither upon common sense, nor upon any number of well authenticated cures.

The fundamental basis upon which all hopeful treatment must rest, lies in the desire of the patient himself to escape from the slavery that enthralls him. But little if anything can be accomplished in opposition to the wishes of the person to be treated, and it is a melancholy fact that cases do exist of those so naturally base, or debauched

by long indulgence, that no aspirations for better things can be excited within them, and no effort can stimulate them to that personal exertion which their salvation demands. Such cases, however, are rare, and are found chiefly among those whose moral natures are slightly or imperfectly developed, who are naturally attracted to intemperance because it is a vice, and who, it may be, are saved from the commission of more serious crime, by the indulgence of this form of sensuality. But in a vast majority of cases we may confidently rely upon the hearty co-operation of the patients themselves. It would surprise one not familiar with the fact to be made aware of the almost universal desire for reformation, and of the power of self control which animates the soul, even of those who are hopelessly abandoned by their friends as sunk in irreclaimable degradation and vice.

It is not strange that it should be so, for no one who can appreciate the hourly torture of the inebriate can wonder that he should long to flee from it, and to seize with the frantic clutch of the drowning man at any assistance which christian philanthropy may cast upon the waters where he struggles and sinks, and struggles and sinks again, sometimes animated by heroic courage, but oftener yielding to desperation and despair. Especially is this true of that numerous class whose lot in life has been cast in those ranks of society which afford the strongest contrast between what is, and what might have been; between that ambition which social position and surroundings once gave them the right to indulge, and that melancholy realization which renders them objects of pity or reproach to those who, often with inferior capacity or opportunity, started with them on the journey of life.

We know from experience in hundreds of cases, and from extensive intercourse and correspondence with this very class, that it would not be too much to say, that thousands in our land are listening with unutterable long-

ing for some authentic voice to sound the glad promise of relief—who make it their prayer by day, and their dream by night, that some brazen serpent may be lifted in the wilderness in which they have fallen, to which they can look and live again.

In over two thousand cases of which I have been cognizant, ready submission to, and co-operation with treatment have been universal, and in a large majority of case this compliance with the means of recovery has been prompted solely by the patient himself, whose eagerness would not allow him to wait even for the advice or urgency of friends. It must be remembered that the inebriety of many of these patients has not as yet reached the proportions of public scandal, but has been shielded from the eye of the world by the considerate pride of loving friends, and in nearly all cases the delusion is common to the patient that his failing is not known beyond the limited circle of his immediate family; yet, although no man can contemplate yielding himself to the protection of an Asylum without a sense of sorrow and regret, the motive which prompts seclusion is allowed to override all others, and restraint is welcomed as the first initial step towards emancipation.

Indeed, one of the foremost and prominent advantages of seclusion is found in the fact, that, on entering upon it, the patient tacitly admits the necessity of remedial treatment in his case, and stands committed by this step to active measures in his own behalf. The man who will consent to the sacrifice of personal pride for the success of any object, has given the strongest evidence of his desire for its attainment, and can no longer be considered hopeless. All experience shows no more potent spell for the recovery of lost freedom, than the consciousness that “who would be free, himself must strike the blow.”

Another advantage of seclusion lies in the isolation it affords from the hourly-recurring invitations and painful



suggestions, which are so aggravating, and often fatal to a sensitive nature. It should not be forgotten that the victim of this infirmity is almost always the subject of peculiar mental sensibility. It may be that very feature of his character which has led him into indulgence, or at any rate such sensibility as he has is almost certain to have been morbidly increased by his habits of life. It may be paradoxical to assume that anything could better promote the object in view than the influence of a pleasant home and kind sympathizing friends, and yet experience has often shown that such surroundings were the most unfavorable, and that, too, in the cases of those by whom such blessings are most highly appreciated. The very ministrations of loving friends are often—unintentionally of course—so suggestive of hopeless degradation and shame, as to drive the victim to seek, in renewed indulgence, oblivion from conscience, which is kept constantly and keenly alive by those very attentions intended only to soothe and restrain.

This view of the case I think explains much that has often been the sorest puzzle to well-intentioned and anxious friends. On the other hand, those menaces and reproaches, too often the resort of those who mistake such treatment for necessary severity, will generally lead to that desperation which paralyzes all motives for restraint. But the companionship of the Asylum is of such a nature, necessarily, that it cannot treat the patient with coldness and reproach, nor look upon him with that patronizing air of pitying interest, which implies a higher moral plain on the part of the observer. Again, we all know the value of association and co-operation among those struggling for a similar object, and we esteem it a great advantage to an Asylum that it serves to bring together so many who have passed through a like experience, and who have a common end in view.

It is a conclusive evidence of the fact already stated, viz :

that an earnest desire for reformation animates a large majority of these men—that the tone of the society into which they are combined at the Asylum is always favorable to any effort which shall promote individual reformation, and hostile to any of those exceptionable evasions of just restraint which will sometimes be attempted by the thoughtless or malicious. Although the members that compose the society of the Asylum are constantly changing—and the best are soonest discharged (with some exceptions), yet the healthy and favorable tone I have mentioned never changes ; and such has been my experience, that I should at once suspect the good judgment, or proper stringency of that restraint, which was not heartily endorsed by a majority of those subjected to it. In such a society the object for which the Asylum has been sought cannot be forgotten or slighted, as it forms the main topic for thought and conversation ; and thus experiences are compared, the dangers which have beset one are explained to another, and the force of the various forms of temptation discussed, and thus each man, while rehearsing to his companion in brotherly confidence the various motives of love, interest or duty, which he hopes will restrain him in the future, has these incentives ever fresh in his own mind, adding hourly to the strength with which they move him.

Intimate friendships, too, are often formed between persons of congenial dispositions, which long outlast their residence at the Asylum, and thus even weak natures may give incalculable firmness of purpose to each other, and be equally strengthened in return, and the helpful influence be extended long after the restraints of the Asylum are removed. This matter of the influence of the patients on each other is one of the strongest moral forces that can be utilized in remedial treatment. It should be borne in mind, that no class of persons are so susceptible to surrounding influences as this, and especially is this

true while in the abnormal condition in which they usually come to the Asylum. Even the most hopeless cases, having no apparent wish or desire for reformation, and always ready to lend themselves to mischief on the smallest encouragement, cannot but become subdued and thoughtful in the midst of a prevailing sentiment which incites reformation as the high end to which all else should be subordinate. The character of this restraint will always be respected by the most headstrong and conceited, as it springs from no abstract view of theoretical morality, but from the stern experience of men who know the subject in all its phases, even better than themselves. Cases are frequent where the most reckless became thoughtful and anxious, and eventually as zealous in endeavor as the most determined. Side by side, also, with the strong feeling of resolution, is the animating sentiment of hope. So long as the patient is hopeless of benefit in his own case his recovery is impossible, and a large proportion of those entering the Asylum have learned to despair of success in any struggle they may make to "escape from the body of this death" without the inspiration of hope. No one places himself under this restraint until after the oft repeated failure of his own efforts has taught him to appreciate the difficulties that lie across the returning pathway of sobriety and self control, and has too often found his own strength unequal to the work. The star of hope must shine in his own soul before hope can be entertained for him, and no agency can accomplish this so surely and speedily, as to bring him into intimate contact with those whose despair has once equalled his own, but who are now buoyant with that promise which springs from renewed health, and the encouragement of appreciative society.

The prevailing impression on every one who remains any length of time at the Asylum is, that his emancipation, with God's assistance, is within his own power.

Another valuable point gained by the seclusion and restraint of an Asylum is, that the patient is thereby removed from the corrupting associations with which his habits have generally entangled him, and which he cannot break from if he would, but while remaining unbroken will effectually nullify all efforts in his behalf. With many it is their very associations which have of themselves been the strong temptations to which they have yielded, and which have held them in the grasp of apparent friendship, but too firmly woven to be parted, encompassing body and soul.

With others the temptation from without may have less persuasion than the morbid cravings of the inner man, but long indulgence has familiarized them with the same companions and haunts, and in both cases the same arts of long cherished seduction are constantly drawing them back from the path in which all good influences seem conspiring to lead them.

The idea often expressed, that these pernicious influences are intended, by those who exert them, for the ruin of the victim, is, I think, seldom true. They are more likely to be the result of carelessness or mistaken kindness, and are frequently the hateful influence which inebriates, yet unreclaimed, exert over each other; and yet the very sincerity which appears to animate them is often the reason why the victim is unable to resist their fascinating control. But the potency of this spell must be broken, and the safest and quickest course is to separate the tempter from the tempted in the surest and most effectual way. But perhaps the strongest reason why seclusion and restraint are recommended to the inebriate in search of restoration, is because by that means, and by that only, can the great desideratum—total abstinence from everything that can intoxicate—be ensured. This is the absolute *sine qua non* to which all other treatment is subsidiary. So long as the appetite is fostered and kept alive by stealthy and

repeated indulgence, all other treatment will be futile. The question of total abstinence then—now and forever—covers the whole ground of remedial treatment.

I think a large proportion, even of those deeply interested in this work, lack a correct understanding of the extent of our skill in this matter, and what is the utmost limit to which human science and effort can go in the treatment of inebriety as a disease. The appetite—whether it be idiopathic, as is sometimes the case, or induced by the habits of the past life, as it more often is—*can never be removed by any human skill*. It may be weakened by a long lapse of time, but it will never die so long as its possessor himself may live. But while it shall still have a dormant existence, so long as no drop of inflaming stimulants is allowed to feed it, it must abrogate all its vast power for evil and become the slave and subordinate to that will which is strong enough to stand firm to the total abstinence principle. The end and aim of all our treatment is: *First*, to convince the patient by argument and experience of this unquestionable fact, without the belief of which there is no salvation for him; and, *Secondly*, to stimulate and strengthen the *will* up to the point of total abstinence, by removing everything which has undermined it in the past, or may enfeeble it in the future, with all the resources at our command of medical and psychological skill. If the power to practice total abstinence can be attained, it is of no practical importance whether the appetite live or die.

It will, of course, be seen that while the patient is under treatment, the question of his abstinence must be beyond a doubt, and any physician who has been called to such cases in private practice, will agree with me that it can only be attained by the exercise of some form of restraint. Experience has shown a thousand times, with sufferers by this disease, that after the most solemn promises, and often, no doubt, with the best intentions to keep them,

even after precautions have been taken to cut off the supply, the patient, by the exercise of astonishing cunning, would still nullify every effort by continual indulgence.

Even in the Asylum it is necessary to stand guard with unceasing vigilance over every avenue by which stimulants can reach those from whom it has been recently withdrawn.

A residence at the Asylum has also the merit of placing the patient constantly under the eye of the physician who has his case in charge.

The extent to which the morbid craving for stimulants, and the infirmity of will in resistance, which combined constitute the disease, having its source and sustenance in the impaired functional activity of the various organs of the body, can only be appreciated by one who has carefully observed it in a large number and variety of cases.

The disease is sometimes developed as a direct result and symptom of some one of the many maladies which flesh is heir to, and it is almost always the case that undue indulgence has intensified some already prevailing weakness, or has disordered and debilitated organs that might otherwise have maintained a healthy activity. The taint of insanity running through the blood of generations may, by intemperance, be fully developed in all its horrid deformity.

The scrofulous and syphilitic taint, whether congenital or otherwise, is sure to be developed by the use of alcohol. Such are the peculiar relations of mind and body—the abnormal condition of each acting on the other—that while those morbid developments of the physical system will effectually paralyze all efforts at restraint, the continued indulgence of this very stimulant, of which the sufferer is powerless to deny himself, will daily aggravate those infirmities which render resistance impossible. No effort for renewed self-control can be made with a fair chance of success, without the co-operation, as far as

possible, of a healthy physical system. The first attention then in any rational treatment must be given to a searching and patient diagnosis of whatever malady may suggest itself, and the application of the proper remedial agents.

The brain, if not already diseased, is in imminent danger. The stomach is almost sure to exhibit a morbid condition, while *Renal* and *Hepatic* diseases are very common, and we have reason to believe that the most fatal diseases, such as consumption, apoplexy, &c., often directly result from the intemperate use of stimulants. The effect of these alcoholic and narcotic poisonings can be traced in *post mortem* examination, by lesions all through the physical system. Indeed it is hardly too much to say, that there is not an organ of the body that is not impaired in their functions by this fatal habit.

It has often been noticed that self-control, which seemed impossible of attainment, has been found easy and natural on the removal of some physical ailment, which has had the effect to cloud the moral preceptions and demoralize the will. It will therefore be seen that the exercise of the most judicious moral restraint will often be of no avail, unless supplemented by proper medical treatment. Such treatment, dealing with diseases sometimes of long continuance and always dangerous, must often be the work of months, and the physician will labor with greater advantage when a prescribed diet and proper sanitary regimen can be enforced, with that opportunity for close observation allowed, which can only be the case when the patient is under the physician's immediate control. It is often the case that the physical system is enervated and exhausted by a long course of dissipation, and the effects of re-action on organs long stimulated to unnatural activity. More or less tonic treatment is necessary in nearly every case, and although the *materia medica* furnishes many excellent tonics which we find

useful, yet our best resort is found in the fortunate and healthy location of the Asylum.

The location has been selected with the special view of combining all the advantages that beautiful scenery and salubrious climate can afford, to restore and invigorate the wasted energy of the inmates.

Situated on high ground, it has the benefit of an atmosphere highly oxygenated, which acts of itself as a marvelous tonic, and the lovely panorama which meets the eye of the beholder at every turn, is forever pleading for him with the potent voice of the beautiful in nature to aspire to a higher and nobler life.

No effort has been spared to perfect all sanitary requirements, and many advantages, such as ventilated rooms, invigorating diet, various kinds of baths (when complete in their construction), &c., conspire to build up and promote the health of the residents at the Asylum. Various resorts for diversion and amusement are in process of construction, consisting of Library, Gymnasium, Billiard-room and Bowling Alleys, which will in a few weeks, no doubt, be at the command of all the patients.

It will thus be seen that, both for the moral and medical treatment of the inebriate, it is highly desirable that the patient should yield to a voluntary seclusion, with the mild restraint incident to it. Concerning the nature of this restraint I wish to say a word or two. We know well that everything which has the appearance of restraint upon the freedom of the individual is looked upon with suspicion and aversion by our free people.

The slave of his own appetite, naturally apprehensive that his freedom may be abridged, but unwilling to be charged with either insanity or crime, often misunderstands the nature of our restraint, and submits to it reluctantly, if at all. A short experience will always convince a reasonable man that the restraint is salutary.

Our rule in the matter is a simple one. We impose no

restraint that will not be readily acceded to by any one sincerely desirous of accomplishing the result for which he has entered the Asylum. The amount of liberty granted must vary somewhat with the nature of the case, but it will be the largest that in the judgment of the Superintending Physician the patient will admit of. In cases of those who will not abuse it, the leaning is always towards additional liberty rather than towards additional restraint.

There is one class of patients, however, who are exceptions to the general rule; who, either from absolute weakness and entire deficiency of self-control, or else from mere malice, will abuse every liberty accorded them, and seize every opportunity to violate such rules of the Asylum as are essential to the comfort and happiness of all. There is but one course open to such cases, either to benefit them, or to restrain them from demoralizing and injuring others, and that is to place them in such confinement as will effectually restrain them, until either the power of volition is strengthened up to the point of resistance, or they are coerced into some respect for themselves and others. These are exceptional cases, however, and I have often seen such become new men, and truly reformed. The mode of treating these exceptional cases is peculiar, and were it possible to describe it here, I presume it would not interest or instruct the public generally.

In thus endeavoring to portray the advantages which a well regulated Asylum affords for the treatment of this disease, and which no other instrumentality can provide, many of the principal moral and physical forces at our command have been enumerated. But our resources are not limited to those mentioned above, nor can any case be treated without some variation from the general plan. A nice discernment of individual characteristics, and often times consummate tact, is required by any one aspiring to act as adviser and physician to a class combining varieties

of temperament and condition. It is only after patient thought and experiment, sometimes often repeated, that the proper remedies are administered, and such influences brought into action as shall best "minister to a mind diseased."

There is nothing to learn from the previous efforts of others in this direction, and we have no precedents to follow but those of our own experience. Ten years ago we began our institution, not to erect a building, but to restore and bring back to manhood our fallen brothers, upon the plan we have in some measure above indicated. We have seen hundreds restored to lives of usefulness, who are now helping to bear the burdens of the State as worthy citizens. As the evolutions of time cast their trophies at our feet, we are more and more convinced we are pursuing the only true course in dealing with this class of morbid minds, which have been allowed to pass uncured for ages, without hope of improvement.

We are oppressed, too, sometimes, with the consciousness that ours is the largest institution for this purpose in the land or world, and that the success or failure of a great cause rests largely on our fidelity and skill. It will be seen then that this is no light work which has devolved upon us, but one demanding all the ability and maturity of judgment with which the Creator—whose instruments in this matter we are—has endowed us. But while as reflecting and responsible men we must sometimes feel well nigh overwhelmed by the weight of responsibility resting upon us, we are often largely compensated and consoled by the intelligence sent back to us from grateful hearts, telling of emancipation and redemption to many a soul, and of lost happiness now restored to many a hearth-stone throughout the land.

Such evidences as these furnish us the comforting assurance that "our labor is not vain in the Lord," and that in our efforts to break the strongest link in that chain with

which sin has held the human soul, we are following in the footsteps of Him "who came to preach deliverance to the captive, and the opening of the prison doors to them that are bound."

In closing I propose briefly to submit to you the result of our work during the last eight months. As it appears, there have been admitted eighty patients, forty-two from the State of New York, thirty-eight from other States. Their average age is thirty-one years. Thirty-five married, and forty-five single. Forty have been discharged. Forty are now remaining. None have died.

There is not a profession but that has its representatives here, and we see on our roll the names of merchants, artisans, mechanics, farmers, and one or more from almost every trade and calling. With but few exceptions, they have evinced a desire for reformation by obedience to the rules of the Institution, and I have not the least doubt that most of them will attain the high position they seek—a life of sobriety and usefulness.

Should any one estimate the pecuniary value to the state of a sober industrious man, compared to that of a drunken man, who must be only a burden to the State, it will be found that money spent judiciously for the reformation of the inebriate will return to the public treasury a larger interest than any other investment. But this is taking a mere cold pecuniary view of the matter. Look at the father returned to his family a reformed man! His children are now clothed and educated. The vacant place in the Church and Sabbath School is again filled. His farm, his workshop, his counting room, or his professional office is once more attended to, and the life blood of the community is quickened and enriched by the restoration of one of its members. Every fiber of the body politic feels its influence. Therefore we are not engaged in a

mere speculative work, without an ample return for money expended.

I cannot close this report without testifying to the fidelity of the Rev. SAMUEL W. BUSH as Chaplain of the Institution. I attribute much of the good feeling and high moral position of our household to his wise instructions, his preaching on the Sabbath; his communication with the patients, and his other official duties have been attended with the most happy results.

Gentlemen! The magnitude of our work will rise higher and higher with each revolving year. We cannot well estimate its importance. It demands of us fidelity, honesty of purpose, harmony in council, and a strong unwavering faith in this work which God has placed in our hands to do. Let us accept it from Him with integrity of purpose, that at the last we may receive from His mouth the blessed plaudit, "well done good and faithful servants."

ALBERT DAY, M. D.,

SUPERINTENDENT AND PHYSICIAN.

Binghamton, Dec. 31, 1867.

## APPENDIX.

Agreeably to the request of the Trustees, I submit to the public extracts from letters I have received from former patients. Those which I now subjoin have been recently received, but all the patients were not under my care at *this Institution*. I trust no one will look upon this as an exhibition of egotism. These few extracts will serve to illustrate the points presented in my report. The object is only this, and I cheerfully yield to their request.

The following is from a gentleman who left us a few months since. He had fallen very low in intemperate habits, and was brought to us with but little hope of reformation. I regard his case as an important one, he having occupied a high position in the community where he resides. I believe him perfectly cured :

“ On Thanksgiving day I dined with my sister ———, found my other sisters there, with a large troop of nephews and nieces. It is the first time in many years that so many of us have met together, so our gathering was pleasant. Your humble servant was hailed ‘as one who was dead and is alive.’ Mother looked as if she was now ready to depart in peace.”

I have this moment received a letter from a gentleman who left here a few weeks ago. The following lines only are quoted :

“ I found all my relatives and friends in good health, and they were very much surprised and pleased to see such a great change in me, especially my father, who is now quite confident that I will abstain from drink. He sends his best respects, and thanks you for the kind attentions you gave me, and thinks my going to the Institution has saved me from an untimely death. \* \* \* I am in good health and resisting temptation.”

It has been the custom of many of my patients to write me on their *anniversary*, as they call it—the day on which they entered the new life. The following was received a few days ago from a gentleman I well remember. I also now remember of writing in the little girl's Testament, although it had passed from my mind. Little did I then think it would serve as a reminder of a father's pledge of love to his dear child. “Cast thy bread upon the waters.”

“ It is just one year ago to-day that I made your acquaintance, and I cannot allow the anniversary to pass without acknowledging the obligations my family and myself are under to you. One year ago I was poor, ‘shakey,’ and miserable, separated from wife and children, with no hope or prospect for better times, apparently. To-day, there is not, in the State of ———, a happier family than mine, and if I should live to the age of Methusaleh, I should never forget how kindly and encouragingly you spoke to me, nor how patient you were in those gloomy days when I found it impossible to obtain employment. Only last Sunday my little curly-head was reading what you wrote in the little Testament you gave her : ‘From one who loves little girls, and loves to see them good and happy.’ We are living cosily at H ———, and though I had a pressing invitation from ——— to dine with her on Thanksgiving day, I did not accept it, but dined on turkey, with my little happy family, in my own home.”

One letter more I think will illustrate the whole subject. I am receiving one or more letters almost every day from those who have been under my care. These letters are all interesting, and I think the extracts I have made from them are fair samples of the whole. There is much sameness in the expressions ; therefore to give more of them to the public would only be repeating what I have already given :

“ DR. DAY, SUPERINTENDENT :

“ *Dear Sir* :—Your very kind letter of the 14th instant has been received, and words are almost inadequate to express the gratitude of a mother, whose heart was almost broken with anxiety for the welfare and restoration of a dearly beloved son.

“ The interest that you have taken in him personally, the kindness you

have shown him as a friend, as well as the tender care with which you have watched over him, through days and nights and weeks of suffering, are written in my heart, as well as in the book of the recording angel, and though it will never be in my power to show the deep debt of gratitude that I am under, still let me assure you, in my poor feeble way, that my prayers ascend daily and nightly to our common God and Father for your safety and prosperity in *all* things, and more especially for this *saving ark* that is in your hands, and which has, through God's Providence, been the means of giving me back my child from the very brink of the grave. May your heart be comforted and your hands strengthened, knowing that your reward is on high—for if 'he who saved a soul from death covers a multitude of sins,' what has *that* man done, who has weaned hundreds of souls from the swift, certain destruction that must eventually ever overtake the victim of intemperance.

"I would not impose upon your time, which must be very much occupied. I was most agreeably surprised in receiving a letter from you, knowing the many cares and anxieties that must rest upon your mind and hands—I thank you very much for it. Please continue, dear sir, the kind fatherly care that you have shown to my child. Impress upon him that most important of all truths for him to know, that *total abstinence* alone is his only safeguard. I am looking forward to that day when he shall be restored to my arms, clothed in his right mind, as the happiest that the future has in store for me.

"Accept, Dr. Day, my most heartfelt thanks for *all* that you have done for my poor boy, and I believe that in a little spot in ——— there is *one* father and mother, brothers and sisters, and many friends, who hourly rise up and call you blessed.

"Yours most respectfully, and gratefully,

"———."

The wife of a reformed man writes as follows :

"J—— is doing well. We shall never forget you. We have *great*, a very *great* reason for it, for I have received the greatest earthly comfort from your kindness, while you have had nothing but gratitude from me. We both feel thankful. Please accept our love and gratitude."

The following is from a gentleman whose son was with me about two years ago :

"It affords me great pleasure to inform you that my son H——, continues steadfast in his reformation. It seems complete and thorough ; he has become a member of the church, and his course is exemplary in all respects."

## NEW YORK STATE INEBRIATE ASYLUM.

—————  
BINGHAMTON, BROOME COUNTY, N. Y.  
—————

—————  
EIGHT HOURS FROM NEW YORK CITY BY THE ERIE RAILWAY.  
—————

[For the information of applicants for admission to the Asylum, or their friends, I annex the following form and instructions. A blank form will be sent by mail to any one desiring it.]

### APPLICATION :

I request that..... of.....  
in the County of ..... in the State of.....  
may be admitted as a patient to the New York State Inebriate Asylum, for such length of time as the Superintendent and Physician upon a full examination of his case may deem necessary.

.....  
In all applications for admission to the Asylum, the following questions are required to be answered either by the applicant, or some friend, as fully and explicitly as possible :

1. Applicant's name in full ?
2. Age ?
3. Married or single ?
4. Birthplace ?
5. Residence ?
6. Occupation ?
7. What diseases or symptoms of diseases have appeared in the history of the applicant ?



- 8. State if his parents have been subject to insanity or any disease, also if either have been intemperate ?
- 9. Has applicant ever had delirium tremens ?  
If so, how many attacks ?
- 10. Has applicant ever had convulsions ?  
If so, how many attacks ?
- 11. Has his drinking been constant and regular, or periodical ?
- 12. What is the present condition of the applicant's health ?  
State as explicitly as possible.
- 13. What means has applicant or his friends to pay for his board and care ?

Upon entering the Institution, the patient, or some friend in his behalf, will be required to execute a bond or obligation, to be signed by himself, and one responsible surety, residing within the State, in the following form :

—•••—  
**OBLIGATION :**

In consideration of..... being admitted as a patient to the New York State Inebriate Asylum, the undersigned promise the corporation of said Asylum, to pay to the Superintendent thereof, at said Asylum, quarterly in advance, on the first day of each successive three months, the sum of.....dollars per week for each week and fractional part of a week of such succeeding three months, for which said patient has been or may be admitted, for the medical treatment and board of said patient. Also, to pay for extraordinary medical and other extra attendance, should such attendance be necessary ; to provide or pay for such requisite clothing and other articles as the Superintendent may deem necessary for the health and comfort of said patient ; to remove said patient when discharged ; to reimburse such necessary expenses as may have been incurred

in case of his death ; and to pay all damages which may be committed by said patient upon the property of said Asylum.

Witness our hands this.....day of.....186

..... PRINCIPAL.

..... SURETY.

—•••—  
**RULES :**

All persons, in becoming inmates of the Institution, bind themselves to observe and obey the By-Laws and Rules governing the internal affairs of the Asylum. Any deliberate violation of them will be considered good cause for removal from the Institution.

No patient will be received for a less period than three months, nor, in the first instance, for a longer term than one year. In order that the benefit to the patient may be permanent, the Superintendent and Physician will, upon a full examination of each case, determine the length of time for which the patient will be received.

**FREE PATIENTS.**—Any Inebriate having a permanent home within the State, whose circumstances render it necessary, may be admitted to a free bed, at the discretion of the Committee on Management and Discipline. If a free bed is applied for, the applicant or his friends must give satisfactory proof of the inability of the applicant, or of his family, to remunerate the Institution for his support during his stay therein. And in addition to such proof, the applicant must furnish the certificate of the County Judge of the County where he resides, and if a resident of the City of New York, the Mayor of said city, that he is a proper person to be received into said Institution, as a free patient.

**PAYING PATIENTS.**—All other persons will be charged according to the rooms, attendance and accommodations furnished them, taking into consideration their ability to pay ; and in all cases payment in advance, for three months, will be required.

COMMITTED PATIENTS.—The Committee of an habitual drunkard, duly appointed under the provisions of the Laws of this State, can place such habitual drunkard in the Asylum, and authorize his detention, under such restraint as may be necessary to prevent his escape.

Chapter 266 of the Laws of this State, passed March 31, 1865, entitled "An Act for the better Regulation and Discipline of the New York State Inebriate Asylum," provides as follows :

"§ 4. Any Justice of the Supreme Court, or the County Judge of the County in which any inebriate may reside, shall have power to commit such inebriate to the New York State Inebriate Asylum, upon the production and filing of an affidavit or affidavits, by two respectable practicing physicians, and two respectable citizens, freeholders of such County, to the effect that such inebriate is lost to self control, unable from such inebriation to attend to business, or is thereby dangerous to remain at large. But such commitment shall be only until the examination now provided by law shall have been held, and in no case for a longer period than one year."

The Courts have decided, that in order to made such commitment legal, the party proceeded against must have notice of the application for such warrant of commitment.

*By order of the Board of Trustees,*

ALBERT DAY, M. D., Superintendent.