

Isaac Ray, Malpractice Defendant

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Isaac Ray (1807–1881), founder of American forensic psychiatry, produced his classic *Treatise on the Medical Jurisprudence of Insanity* in 1838. He did not begin to practice asylum medicine, however, until 1841, when he became superintendent of the Maine Insane Hospital in Augusta. There, he treated a patient, Isaac Hunt, who later sued him for malpractice and then self-published a book, *Astounding Disclosures! Three Years in a Mad House*, detailing alleged abuses suffered at the doctor's hands. This article recalls the incident and tracks Ray's reactions to it, the public's perception of asylums, and the tension between paternalistic asylum medicine and an emerging consumer-rights movement.

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Things were looking up for Isaac Ray. He found Eastport, Maine, convenient for receiving and sending correspondence and books by ship,¹ while adapting European views of psychiatry and the law to fill a void in American literature. To help achieve his goal, Ray gave detailed instructions to colleagues, attorneys, and publishers, so he could complete his review of case law. He wrote to future United States Senator Charles Sumner of Boston in 1837: "Again I ask if you can procure me . . . that containing the Earl Portsmouth case. . . . Whatever you send, wrap up in strong paper and have left on board 'Splendid' at the T wharf. . . . The materials for my book are nearly all collected, and I have just begun to lick them into shape,—a wearisome business" (Ref. 1). While his attempts at medical practice were rejected, his mood was buoyed by the popularity of his 1838 textbook, *A Treatise on the Medical Jurisprudence of Insanity*.² The book enjoyed four more editions, the last published in 1871. Although there was no organized psychiatry in America, only asylum medicine, Ray's reputation grew.

The Maine Insane Hospital in Augusta opened in 1840.³ When the first medical superintendent, Cyrus Knapp, left unexpectedly,⁴ Ray was tapped for the position in 1841.^{3,5} Knapp's resignation after less than a year was mysterious. The Report of the Superintendent of the Maine Insane Hospital stated

"No allusion is made to Dr. Knapp, his predecessor, who came into office with singular energy, and walked out again into utter professional forgetfulness" (Ref. 4, p 24). Ray applied current therapies and isolated the insane from their communities until they were well. In 1844, he encountered a patient, Isaac Hunt,⁶ who later exposed what he considered barbaric treatment by Ray and his successor, Dr. James Bates. Hunt, 37, was admitted to Maine Insane Hospital on September 21, 1844, and is listed as patient number 369 in the 1845 Superintendent's report. Several months later, Ray accepted the position of superintendent of the proposed Butler Hospital in Providence, Rhode Island.⁷ He had become uncomfortable in Augusta, although there is no known connection to any complaints lodged against him by patients. Accepting his new post in Rhode Island, he wrote:

For about a year past it has been my intention to resign my present office within a very limited period, for I found its cares and trials and confinement greater than my health could well bear, but the respite which I shall have, and the prospect of having things more to my mind, have induced me to continue in this field of labor a while longer. I would wish to have it understood, however, that I should probably not continue in the office more than three or four years.⁷

Butler opened in 1847. In the interim, Ray toured Europe's asylums, recording his findings in the *American Journal of Insanity*.⁸ He remained at Butler for 20 years, retiring in 1867 to Philadelphia with his wife and son. Isaac Hunt, who had been a patient in Augusta from 1844 until 1847, began malpractice proceedings in 1848 and self-published his diatribe two years later.⁹

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Astounding Disclosures!

The 1841 Maine civil commitment law identified a person who was “so furiously mad that the public safety required his immediate restraint.”¹⁰ Two justices of the peace (or one, if the witness was under oath) would hear evidence. The alleged insane person could be sent to a jail or the asylum until sane.¹⁰ Hunt acknowledged his commitment to the Maine Insane Hospital, although his book did not specify what caused the hospitalization. My attempt to obtain original hospital records was rejected due to lack of authorization from the family. Ray personally turned down a request for patients’ records in 1843 for lack of consent, after he received an inquiry about the condition of Millerism (religious delusions).¹¹ From 1848 until 1854, Hunt campaigned against the hospital, demanding damages for mistreatment and imprisonment; Ray was aware of it (Ref. 12, pp 240–1). The Maine State Archives contains 16 pages of legal documents from 1848 to 1854, reflecting Hunt’s allegations and demands. In 1851, he published *Astounding Disclosures!* alleging maltreatment by the doctors and other staff.⁹ The cover depicts Hunt, restrained by three attendants, with one pouring liquid medication through a funnel in his mouth, while a dour Ray looks on (Fig. 1).

Hunt’s factually unverified exposé included detailed anecdotes of Ray’s actions and of their conversations. He viewed himself as a conveyor of truths never before told about asylums. Lest the reader dismiss him too quickly as a mad man, he immediately took an offensive posture:

Start not! think not that a mad man raves. I shall utter nought but truth—truth so strong, and reason so palpable, that nothing short of sheer innate madness or stupidity of your own, shall close your eye or ear to the cogent force and ends I have in view [Ref. 9, p 3].

Later, however, he admitted that on admission he “was a perfectly deranged man” (Ref. 9, p 4). That he was not restored to health, he argued, was the fault of Ray and others, who forced medication on him and would not let him bathe or leave to get water from his own sources. Hunt’s descriptions of the medication’s effects were graphic, if not necessarily delusional; for example:

This state of my mind and physical prostration, through the effect of that medicine, was continued for several days without intermission, until about the close of the next week, or sometime in the week following, when I was given medicine which threw me upon my bed, followed by the most horrid chills, that shook me, body and soul and made my

very bones rattle,—my teeth chattered and my bones rattled like the dry bones of a skeleton; I gave up all hope of life with such composure as I could muster. . . [Ref. 9, p 5].

Hunt tried to refuse by tossing the medication out the window, and then described the attendant’s reaction:

[T]his stalwart, muscular man, [Mr. Babcock], struck me a violent blow upon my head which either knocked me down, or he instantly seized me and crushed me to the floor. I struggled, when he siezed [*sic*] me by the throat and choked me. I began to have fear that he had my death in view, and would murder me upon the spot [Ref. 9, p 5].

According to Hunt, Ray and others prescribed drugs for him and then gave him morphine or opium to counteract their effects. Although it is unknown which medications Hunt consumed, Ray endorsed the use of substances ranging from opium and alcohol to bromides and the discredited conium (poison hemlock).^{13,14} The hospital trustees made monthly visits. Hunt appealed to one of them for relief from Ray’s treatment. Nothing changed. Instead, he received “a continuation of the same horrid drafts, in larger quantities” (Ref. 9, p 5). Foreshadowing litigation, Hunt warned the doctors:

There is a penalty for such malpractice, and if I had it in my power to bring Dr. Isaac Ray and Dr. Horatio S. Smith before the legal tribunals of my country, I should not possibly find any difficulty in sending them to the State Penitentiary for the full term of twenty years for malpractice, and three years additional for conspiracy [Ref. 9, p 5].

Hunt’s direct appeals to Ray, he said, were fruitless. Portraying Ray as authoritarian and inflexible, Hunt mocked him: “Nothing is given you but what is for your good [see Fig. 1]; you shall go home when you get well” (Ref. 9, p 6). At other times, he appealed to basic human rights, insisting on “liberty or death,” but was stonewalled or even taunted by Ray: “. . . Dr. Ray called out in a loud and commanding tone: ‘Bring in the Saws and Axes!’” (Ref. 9, p 6). In a chapter called “Abuses Under Dr. Ray,” Hunt noted Ray’s abuse and malpractice with other patients, giving lurid details.

The balance of *Astounding Disclosures!* reiterated Hunt’s representations of mistreatment by Ray and his successor Bates, who became superintendent in 1845 and was present during the lethal fire of 1850.^{9,10,15} The fire killed 27 patients and an attendant.¹⁰ A subsequent jury in the civil trial concluded that the deaths, due to smoke inhalation, were accidental.¹⁶ We learn of Hunt’s disappointment with

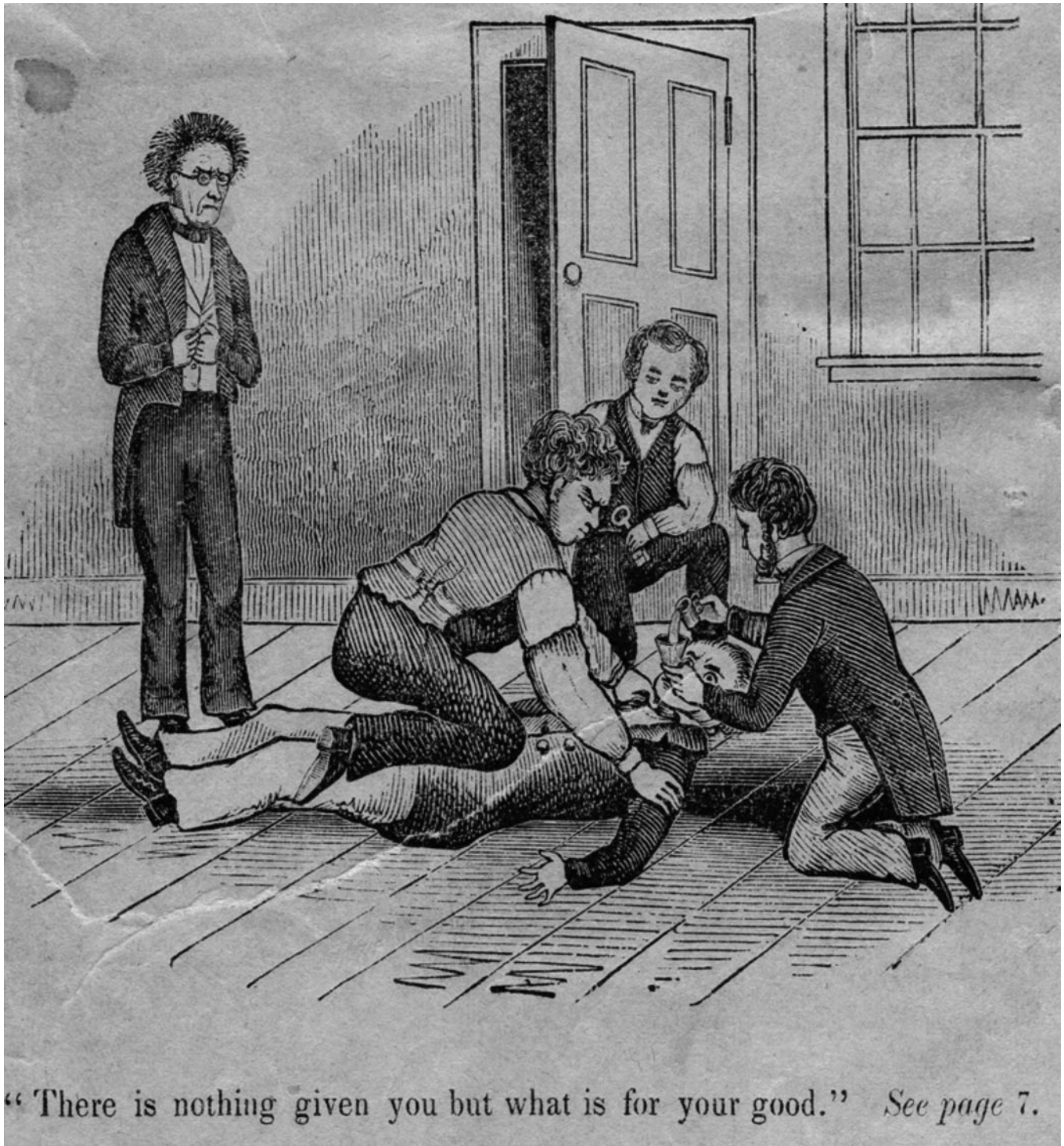


Figure 1. Detail from the cover of Hunt's *Astounding Disclosures*.⁹ Source: Disability History Museum. Available at <http://www.disabilitymuseum.org/dhm/lib/catcard.html?id=2871>. Public domain.

Bates, who closed ranks with Ray and the trustees. When Hunt revealed Ray's alleged "atrocities," Bates reportedly replied, "You *can't* make me believe that you have been abused here, Hunt" (Ref. 9, p 10). By

1847, Hunt, firmly believing he had achieved sanity, confronted Bates again, stating in a letter, "Sir, I will have my liberty or perish in my efforts to obtain it" (Ref. 9, p 14).

The Litigation That Wasn't

Before Hunt completed *Astounding Disclosures!*, he filed a lawsuit with the Maine legislature. It appears from his 1852 cover letter (a reiteration of the 1848 complaint; see Fig. 2) that one sued state-owned facilities through the legislature. He tried to get an audience with Maine's governor a few days after discharge from the hospital, and then approached other officials, all without success. Based on the documents supplied by the Maine State Archives, Hunt filed and withdrew a civil complaint in 1848 and reinstated it briefly in 1852. In an attachment, he enumerated the damages: over \$3,000 for illegal imprisonment and \$100,000 for the effects of Ray's alleged "mal, barbarous and inhuman, and cruel treatment." He related numerous conversations he had with Bates and legislators, arguing that the hospital had opposed his petition for damages. Bates, he said, was afraid that Hunt's going forward with litigation would set a dangerous precedent. He devoted a chapter to his accounts of numerous witnesses, for and against his allegations, heard by a legislative committee.

The handwritten documents indicate that, at least in 1852, the Maine Senate's Committee on the Insane Hospital considered Hunt's case. They rejected it, per the report of Chairman James H. Farnum. He wrote that the petitioner was heard and that he presented letters from selectmen and citizens of Augusta attesting to his sanity. According to Farnum, a committee member from Kennebec (Senator David Garland, according to the Maine State Archives), who "assumed the onerous task of cross examining the petitioner," could not support it, displeasing the chairman.¹⁷ Piecing the sequence together from these documents and Hunt's 1854 appeal,¹⁸ witnesses were heard and cross-examined. In Hunt's version:

[A] member of the board . . . did attempt to overawe the investigating committee of a former Legislature and also the witnesses when upon the stand and he did undoubtedly influence a portion of the committee so that a false and deceptive report was sent out to the people of the State. . . . [Ref. 18].

This version is substantially confirmed in Farnum's account, which suggests that he was moved by Hunt's petition and that he accepted it uncritically. He was especially disturbed by Hunt's claim that the involuntary drugs destroyed his sexual abilities: "drugs which he was practically convinced were pro-

ducing the most alarming consequences in fact no less a result than the total destruction of his virility." Farnum concluded the report by setting the stage for an appeal, based on Hunt's loss of "the pleasures and blessing resulting from a common and important endowment of man."¹⁷

In his harsh 1854 letter to both chambers of the legislature, Hunt reprised many of his published allegations. It had been 10 years since his commitment to the Insane Hospital. In 1840s Maine, commitment laws were evolving. Although the statute of 1841 provided for commitment of persons "so furiously mad as to peril the public safety," such persons needed to be considered potentially curable. It was not until 1847 that a municipal Board of Examiners would pass judgment on whether a citizen was insane.³ Recalling that he had "been unjustly and unlawfully confined at the hospital for two years, eight months, and ten days," including six months under Ray's care, Hunt's perspective, though hyperbolic at times, included a call for patients' rights. After making references to several "murders" of patients by staff, he returned to a cogent theme, the procedures for civil commitment. Hunt was aware that a committed patient could be heard in court via *habeas corpus*, describing the plight of a woman who had been committed unjustly by her husband.¹⁹ Hunt urged that no one be committed without a hearing before a jury.

Although Hunt's logic deteriorated into psychotic analogies, his central points regarding the rights of committed patients would be debated and modified for more than a century. He expected much of American justice. For example:

Your petitioner will respectfully say to your honorable body that the government of that Hospital has been arbitrary; inquisitorial, and despotic in multitudes of cases . . . and your petitioner challenges any person to produce a case of such inhuman and vindictive cruelty perpetrated by any Despotic Government in Europe within the past twenty five years. . . . [T]he atrocities perpetrated in that Institution can only find a parallel in other Insane Hospitals in our Country or in the Spanish Inquisition! [Ref. 18].

His justice was delayed, hence denied, and he wanted the world to know.

Ray Reacts

There is no indication from the records that Ray was called before the legislative committees judging Hunt's case. Ray had departed his post in Augusta in early 1845 and moved to Providence by 1847, and

To the Honourable, The Senate and House
of Representatives of the state of Maine, in
Legislature assembled.

The undersigned respectfully represents to your
honorable body that he has been unjustly and
unlawfully confined in the Maine Insane Hos-
pital for two years, eight months, and ten days,
and that for six months of that time the treat-
ment which he received from Dr Isaac Ray
and his assistants, was cruel, barbarous, inhu-
-man, and cruel; by which his natural health
has been greatly, and permanently impaired
for the residue of his life, and as it is a State
institution he respectfully asks you for an
adequate compensation for the injury which
he has sustained in consequence of such mal-
practice and cruel treatment, — and as in
duty bound will ever pray.

Isaac H. Hunt

Augusta Jun 21st 1852

Figure 2. Isaac Hunt's malpractice claim, cover letter, June 21, 1852. Source: Maine State Archives. Available at http://www.maineancestry.com/individual_legislative_record.asp?id=51870. Public domain.

one might think that the Hunt matter was far from his mind. Indeed, there is nothing in his extant letters to suggest how he learned of the litigation and its progress. Yet, a few weeks before Hunt resubmitted his petition to the Maine legislature on June 21, 1852, Ray was on the defensive.

At the annual meeting of the Association of Medical Superintendents of American Institutions for the Insane (AMSII) in New York City on May 18, 1852, Ray read a lengthy paper, "The Popular Feeling Toward Hospitals for the Insane."^{20,21} Acknowledging that there were negative sentiments about

hospitals for the insane, he stated, “None but those who have our opportunity of knowing, can have any adequate idea of the amount of bad feeling, gross misconception, scandalous gossip, and even fierce hostility, that quietly pervades the community . . .” (Ref. 20, p 37). Ray listed some common complaints, “entirely unfounded,” and largely based on the statements of patients to outsiders:

It is supposed that the patients are not treated with invariable kindness; that the management is harsh and cruel; that obedience is enforced by blows or rough handling; that refractory conduct is met by the discipline of shower-baths, or confinement in dark dungeons; that they are neglected when sick; that they have improper and insufficient food; that their friends are not allowed to visit them; and finally, that to favor the schemes of interested relatives, persons are deprived of their liberty under a mere pretence of insanity [Ref. 20, p 38].

At this point in the 1852 paper, there is a hint of a connection to the Hunt matter. Ray could have been aware of Hunt’s bombastic statements when he stated that “the stories of the insane, as well as of some who are discharged from hospitals partially restored, exhibit these qualities [of spreading false information]” (Ref. 20, p 39). He then tried to explain away the impact of these statements on others: “It is not strange, therefore, that they should abuse the institution whose benefits they enjoyed, nor is it more strange that such abuse should be received as the honest and truthful expression of a matter of fact” (Ref. 20, p 39). Ray appeared wounded by criticism while discrediting it: “It is not in human nature to listen to a coherent and circumstantial account of ill-treatment, without allowing it to make the slightest impression, even though a very large, personal experience with the author of the narrative, may have shown him utterly unworthy of credit” (Ref. 20, p 39).

It is in the nature of patients to complain, Ray said. The real underlying problems were penurious legislatures and thoughtless architecture. Ray discussed remedies at length, including the outfitting of patients’ quarters and staff training. These were consistent with the tenets of moral treatment, which, though structured and authoritarian, were not abusive.²² Ray then discussed the location of insane hospitals, including the pros and cons of rural versus urban settings. It is here that he made a possible reference to the Hunt matter under the guise of the downside of placing a hospital in a capital city:

Within the last ten years the legislature of an eastern State, has investigated its insane hospital nearly every winter, on a

vague charge of abuse, by means of special committees before whom have been summoned domestics, attendants and even patients, to testify whatever they might know, or were prompted to know, against the management. In several instances neither the officers nor directors received notice of the inquiry. In two instances the investigation was instigated by the representations of a discharged patient whose statements betrayed the grossest delusions, and after numerous meetings of the committee who were engaged in listening to such testimony, a vote of censure was defeated by a bare majority of the members. The stream of scandal was not confined to the committee-room, but found its way to the chambers, and in their printed debates, was carried to the remotest sections of the State, filling the minds of all who had friends in the hospital, with mortification and dismay [Ref. 20, p 51].

Was Ray referring to Hunt’s accusations? The fact pattern noted here is consistent with that of the Hunt matter: that a former patient had complained, that the facility was in the capital (Augusta), that the matter went to the chambers of the legislature, that the petition was narrowly defeated, and that there was publicity. It is not clear whether the two instances cited were Hunt’s two attempts at a lawsuit (1848 and 1852) or the actions of two former patients. Arguing against the position that the instances were both Hunt’s is that Ray read his paper in May 1852, whereas Hunt dated his petition in June.

Throughout his career, Ray remained intensely interested in civil commitment procedures and in improving the lives of the marginalized insane. Hughes²² linked Ray’s philosophy of civil commitment to his defense of moral treatment, both placing great weight on the decisions of medical practitioners and little on judges. The Hunt matter stayed with him, evidenced by this acerbic anecdote he told at the 1873 AMSAII meeting:

“In days long gone by,” when I was a superintendent “away down east,” there was one of these outbreaks of popular clamor. . . . Once a man—a half recovered patient—came around in my neighborhood lecturing against hospitals for the insane in general, and against me in particular. He made quite a sensation. The hall was filled night after night. He also peddled about a little pamphlet containing his experience in a hospital, with that of others, and I was represented by a picture on the cover, standing over a patient, held down on the floor by a couple of attendants; and yet nobody troubled himself to inquire of me as to the facts, or manifested any loss of confidence. People enjoyed it as a good joke, as something to while away the time of an idle evening, or as a substitute for the circus. They bought his pamphlet to see what it might contain, as they buy the yellow covered trash that circulates in railway cars [Ref. 12, pp 240–1].

This is the only definite reference to the Hunt matter, still fresh in Ray’s mind decades later.

Discussion

Medical malpractice litigation, unusual in England, made its American debut in about 1840.²³ Once unleashed, medical malpractice claims exploded into 19th-century culture, bringing with it fear among practitioners²³ and medical quackery posing as scientific expertise.²⁴ Authorities in medical jurisprudence such as Walter Channing²⁵ and John Elwell²⁶ urged impartiality among witnesses.

To my knowledge, Hunt used only fact witnesses in support of his claim of medical malpractice and false imprisonment. The matter was considered and adjudicated by state legislators, rather than by a jury of citizens or a panel of medical experts.²⁵ The Maine legislature rejected Hunt's petition, and there was no trial or expert testimony to illuminate the issues. Worse, Hunt's rhetoric obscured the serious concern of self-determination versus medical paternalism. Unlike Elizabeth Packard, who focused on civil commitment procedures that could protect women from their husbands, Hunt attacked the medical establishment. Although medical malpractice claims had been on the rise, the Maine lawmakers were not ready to attack a system that had been providing tangible benefits to out-of-sight citizens with mental illnesses.

Was Hunt's treatment below the standard of care? Most likely, he found his loss of freedom and the institutional environment of the Insane Hospital highly unsettling. This situation channeled him into a legal process that already had traction. It appears that both Hunt and Ray were shaken by their experiences in Augusta. From Ray's point of view, he was still dealing with the backlog of patients who had been confined in cages, stripped of social skills and truly unable to rejoin the community.³ To Hunt, it felt like malpractice.

In his third report to the legislature in 1843,²⁷ Ray recalled the abysmal conditions that affected his patients before they entered the Maine Insane Hospital:

Among the incurable cases admitted during the year, a large proportion were of the most disagreeable kind—noisy, violent and filthy—whom the years of confinement in cages and similar contrivances had divested of every pleasing attribute of nature. . . . [W]e have rejoiced that they came, and only regretted that our architectural arrangements were not such as to effectively prevent their presence from being a source of discomfort to their fellow patients [Ref. 27, pp 20–1].

Hunt did not count himself among the fortunate consumers. Toward the end of his book, he lucidly discussed the social effects of having been a patient at

the Insane Hospital, containing an early use of the word stigma.

[S]o strong is the prejudice against the poor unfortunate creatures, once having had the misfortune to become an inmate of a mad-house, that never after is he recognized as a fit and reliable witness in a court of law, or is he again looked upon as he once was, even in the community in which before he may have been esteemed a good and useful citizen. This stigma I have suffered from severely, knowing as I do that I have been wantonly deprived of my civil rights as a citizen of this great Republic, by those whose wealth and power enables them to crush me, to screen their iniquity [Ref. 9, p 63].

Regarding Hunt's claim of illegal imprisonment, there is little evidence that his rights were trampled or that any party used the law to oppress him. Ray praised the Maine legislature for its procedures governing civil commitment after Hunt's discharge.²⁸ The law concerned commitment, the temporary detention of persons charged with crimes but currently disabled, and procedures for transferring insane prisoners to the Insane Hospital. The standard for commitment was that a person be in need of care, as judged by a friend or relative or by a city official. Appeals could be handled by a local justice of the peace.

By Hunt's account, further legislation in 1849 granted more rights to patients.²⁹ In fact, the news report in *The Maine Farmer* indicated that the legislature passed a bill providing guardians *ad litem* for committed persons via judges. The Maine State Archives provided a copy of the handwritten legislation, "An act additional for the government of the Insane Hospital." It stated that, if a patient had been in the hospital for six months, any party responsible (friend or municipality) could apply to the Overseers of the Poor in the respective town for a hearing on the case. The Overseers could "summon before them such testimony as they may deem proper." The decision would be binding, implying that, at times, the superintendent would have to release someone.²⁹ Unfortunately, following a postrelease homicide of a hospital staff member by the patient, the law was repealed.³⁰ The 1853 Insane Hospital's annual report noted that a released patient committed homicide: "One of the homicidal men, removed from the institution against the advice of its officers, killed a man with an axe, in September, 1853" (Ref. 30, p 443). Procedures were still being ironed out in 1850.³¹ Despite Hunt's critique, considering that there had been no provisions for insane persons other

than jails as recently as 1839,³² one can see a basis for Ray's praising Maine as a paragon of progress.

At the 1850 AMSAII meeting, Ray read a paper outlining his ideal civil commitment scheme.³³ He advocated commitment for the purpose of treatment, irrespective of dangerousness.²² Although the association permitted it to languish until 1864,²² one can see how he was at odds with a consumer-rights advocate, such as Hunt, and with laws requiring dangerousness for commitment. By the time of the 1864 proposal, the climate had turned against Ray's doctor-knows-best approach to commitment, which he saw as an essentially medical, not legal, procedure. There were attacks on Ray's ideas from within psychiatry and from patients-rights advocates such as Elizabeth P. W. Packard.^{19,22}

Citing the necessity to restrain certain persons for their and society's protection, Ray lamented that "this condition of the law is fruitful of evil to all parties concerned" (Ref. 33, p 218). Acknowledging the importance of personal freedom, Ray dismissed the *habeas corpus* procedure later touted by Hunt, and he would continue to do so in Philadelphia.³⁴ Ray was incensed at attempts in Pennsylvania to encourage or, worse, mandate *habeas corpus* proceedings in commitment cases:

At the last moment [the 1870 act] was changed, and the existing provision, rendering the issue of the writ [of *habeas corpus*] imperative, was foisted into the bill by some of those self-appointed apostles of human liberty who are always infuriated by the simple mention of insanity, like a bull at the sight of scarlet [Ref. 34, pp 260–1].

Very few cases, he argued, required complex decision-making. It is either eminently obvious that an individual is deranged or the individual has sufficient residual reasoning power to participate. In a few cases, evidence must be weighed, where Ray would adopt the British model of a panel. In his model, there would be four to six persons, one a lawyer and one a physician, making the determination. He then quickly turned to the next phase: the restoration of liberty. Hunt had complained of being detained for months after he had become sane. Ray's solution was to convene a panel within the institution, charged with judging suitability for discharge, a decidedly nonjudicial proceeding and without the rules of evidence that bog down courts. His rationale was slyly worded:

Indeed, the great advantage of this method over a judicial investigation procured by a writ of *habeas corpus*, is, that it is not necessarily attended with a degree of formality and

publicity calculated to excite injuriously the mind of an insane person, and also to produce a mischievous effect upon the minds of other patients in the same establishment [Ref. 33, p 226].

The AMSAII committee on legal psychiatry was reconvened in 1863, with no action yet taken on Ray's 1850 proposal on commitment. The next iteration was more of a team effort,²² but Ray forcefully argued to keep commitment out of the hands of judges and lawyers. At the 1864 AMSAII meeting in Washington, D.C., he read another lengthy paper on American legislation on insanity.³⁵ In defense of what we may consider a highly paternalistic view of asylum medicine, Ray analogized insanity to physical illness, a clever way to keep legal types at arm's length:

If bodily disease disables a man from taking care of himself, for a much stronger reason, must mental disease have this effect. In fact, the outward control is more complete and arbitrary. The patient is placed under unceasing surveillance, his wishes are disregarded, medicine and food may be forced upon him, and his limbs may be subjected to restraint. And yet all this—because necessary to the patient's welfare—is justified by the common sense and common feelings of mankind. No outrage is supposed to be committed, no right is trampled on, no apprehension of abuse is excited [Ref. 35, pp 22–3].

The document made few concessions to the idea that commitment hearings could be construed as legal, rather than medical, procedures. Ray's belief in the benevolence of a medically oriented system was unshakeable; for example: "To deprive the insane of their liberty is a sort of first principle founded on the stern necessities of the case, and so imperative as to render the interference of the law unnecessary and impertinent" (Ref. 35, p 25). Small wonder, then, that he could not meet Hunt on common ground. Whereas Hunt, though probably psychotic, was in the *avant-garde* of consumer rights, Ray was mired in a worn-out worldview. As he saw it, doctors rarely abused patients' rights,²² and by doing what was medically best for the patient, the collateral damage of confinement and treatment would be excused.

Was Ray on the leading edge of asylum medicine or hopelessly old-school in his paternalism? A Pollyanna, oblivious to patients' suffering, or worse, the Torquemada of Hunt's delusions? Based on the totality of documentation of Ray's philosophy of practice, the pains he took to actualize emerging standards of care, and his reports to the legislature, it is safe to conclude that Hunt's characterization of care at the Maine Insane Hospital was, at best, hyper-

bolic. Ray's sincerity was obvious, but he could not wrap his mind around consumers' rights. One hundred years later, investigative reporting, for example, that of Albert Deutsch,³⁶ indeed uncovered a festering state hospital system, with warehousing and neglect. In 1840s Maine, however, patients' conditions had improved over what they had been in the pre-asylum era. Thus, from Ray's perspective, institutional psychiatry was achieving its mission of dedicated, humane care.

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