

CHAPTER VI

THE INSANE, FEEBLE-MINDED, AND EPILEPTIC

NO one who comes in touch with homeless men as a class can long remain unacquainted with the fact that a considerable number of them are mentally defective or diseased. In this particular group of a thousand men, 81 were found to be temporarily or permanently dependent on account of mental unfitness for work. In 52 cases the men were, or had recently been, insane; in 19, feeble-minded; and in 18, epileptic. Four of these were both epileptic and insane, and one was epileptic and feeble-minded.* All cases about which there might be a question are excluded, and only those of men whose mental diseases or defects were either self-evident or were definitely ascertained are included.† The recognized number of the insane would be materially increased if there were added the border-line cases,

*To avoid duplication they have been counted only with the epileptic.

† Insanity is differently defined in different states and only those men are listed as insane who fall under the legal interpretation of insanity in the state of Illinois: "Unsoundness of mind by means of which a person is incapable of managing or caring for his own estate, or is dangerous to himself or others if permitted to go at large, or is in such a condition of mind or body as to be a fit subject for cure and treatment in a hospital for the insane."

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such as those of certain of the tramps in whom the overwhelming desire to wander seemed in itself little less than a form of mania, and also some of the well-born and highly educated degenerates whose extreme tendencies to vice and crime seemed to be due to lack of that mental balance which the ordinary individual possesses.* To the number of the feeble-minded might also be added the cases of certain men who, while not actually imbecile, were yet so dull, ignorant, and incapable as to be greatly handicapped by their mental deficiencies.†

THE INSANE

One of the first questions of interest about insane homeless men is whether they are homeless and vagrant because of their insanity, or insane because of their vagrancy. The mode of life of the true tramp or vagrant, with its excitements, excesses, and irregularities, is such that it might reasonably be expected to cause insanity in a certain percentage of this type of cases, and that it actually does so can very readily be proved by study of the histories of many of the inmates of our state and county insane asylums. Even in the small group of 52 insane found in the thousand

* It is probable, too, that many interviews were taken with men really insane, whose insanity was not recognized by the persons who interviewed them at the office.

† Facts with regard to the legal residence of the men may be found in Appendix A, Table 15, p. 290. For additional handicaps of 48 of the men, see Appendix A, Table 16, p. 291.

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TABLE VI.—GENERAL DATA CONCERNING 89 INSANE,
FEEBLE-MINDED, AND EPILEPTIC MEN

A. NATIVITY		B. AMOUNT OF SELF-SUPPORT	
American.....	53*	Entirely.....	13
English.....	4	Partly.....	19
German.....	11	Not at all.....	50
Irish.....	3	Not known.....	7
Scandinavian.....	4		
Canadian.....	2	Total.....	89
Other.....	5		
Not known.....	7		
Total.....	89		
* Of the American born men, the parents of 45 were American; 3, German; 3, Scandinavian; 1, other nationality; 1, not known.		C. CONFIRMED HABITS OF 65 OF THESE MEN	
		Drink.....	21
		Drugs.....	4
		Wandering.....	24
		Licentiousness.....	16
		Total.....	65

D. LENGTH OF TIME MEN WERE KNOWN TO THE OFFICE

<i>Time</i>	<i>Insane</i>	<i>Feeble-minded</i>	<i>Epileptic</i>
1 day.....	3	3	3
1 day to 1 week.....	3	3	4
1 week to 1 month.....	10	4	4
1 month to 6 months.....	11	4	5
6 months to 1 year.....	6	1	1
1 year to 2 years.....	7	1	0
2 years to 5 years.....	9	3	1
5 years to 10 years.....	3	0	0
Total.....	52	19	18

under consideration, there were four men of the confirmed vagrant type who were normal mentally when they first applied to the Bureau of Charities, but who became insane later during our acquaintance with them.

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Among homeless men who are not dissolute not a few go insane from the effects of worry and under-nourishment. Such cases are more numerous during periods of depression like that of 1907-8, but even in normal times it is not unusual for a man who is old or otherwise industrially handicapped to suffer a mental breakdown from these causes. In five out of the 52 instances listed in this chapter, physicians diagnosed worry and under-nourishment as the chief causes of insanity, and in several other cases they were mentioned as contributory causes.

There are other ways in which the facts of homelessness or vagrancy account for insanity among homeless men, but judging from the histories of these 52, whose cases are probably typical, insanity acts as a cause of vagrancy more often than vagrancy as a cause of insanity. More men in this group drifted onto the road after they had gone insane than were vagrant before becoming so. We lack definite information on this point in four cases, but, of the remainder, 12 men only had been residents of the cheap lodging houses previous to going insane, while 36 had no records of vagrancy, dependence, or homelessness, until after the loss of reason.

Just how these 52 insane men happened to be in the cheap lodging houses, instead of in hospitals or asylums,* is an interesting question. Almost

* For data showing the kinds of institutions in which the insane men had been before applying for relief, see footnote on page 97.

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TABLE VII.—GENERAL DATA CONCERNING 52 INSANE MEN

A. AGES, BY GROUPS		B. OCCUPATIONS BEFORE BE- COMING INSANE	
20 to 29.....	8	Skilled.....	8
30 to 39.....	7	Partly skilled.....	6
40 to 49.....	20	Unskilled.....	10
50 to 59.....	9	In professions.....	11
60 to 69.....	4	In business.....	1
70 to 79.....	1	Clerical workers and sales- men.....	10
80 to 82.....	2	Not known.....	6
Not known.....	1		
Total.....	52	Total.....	52

C. DURATION OF MENTAL DISORDER

Insanity recent.....	24
Insanity chronic.....	17
Duration of insanity not known.....	5
Cured.....	4
Temporarily cured but suffering from recurrent manias.....	2
Total.....	52

one-fourth of them had wandered away from relatives and friends. We found that this had occurred in most instances after their insanity had been recognized, but before the necessary steps had been taken to insure their care in hospitals. In a few cases, however, men came to us insane who, so far as their relatives knew, had left their homes in normal mental condition. It is probable, however, that the fact of their leaving home as they did was in itself the first manifestation of the insanity which was very marked at the time they came to our attention. In a number of other cases men had been sane when they left their homes,

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had come to Chicago for employment, and had been employed and fully self-supporting up to the time that "temper" or "queerness" incapacitated them for further work. One man showed no sign of mental trouble but admitted that he had recently lost two places because of an ungovernable temper. We sent him to another position, where the same thing happened again. We then suspected that something more serious than was apparent lay behind his difficulty in holding employment, but did not at once send him to a physician for examination. Within a fortnight, during which under-nourishment and worry had undoubtedly aggravated his trouble, he returned, this time so "hounded by enemies," so violent in language and manner, that there was no further question as to his condition.

Another man who voluntarily gave up two good positions in succession confided to us that he did so because he did not like to work "near people." It was our first hint of the mental breakdown which was complete a week later, when he begged us to have him placed in solitary confinement for a year because of an imaginary offense against one of the workers in the office. In both these cases, and in all others like them, we consulted employers in regard to the men, but in only one instance had an employer suspected that insanity was the real cause of the man's difficulty with foreman or fellow employes.

The fact that they had wandered away from

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friends who might have cared for them, or that they had lost positions because of insanity and had been forced by necessity into dependence, accounted for the presence in the lodging house district of more than one-half of the 36 men who had become vagrants after the loss of reason. To account for the remainder required almost as many reasons as men. One man, a really dangerous maniac, had escaped from a private hospital for the insane in Wisconsin, to which we returned him as soon as this fact was ascertained and attendants could be sent for him. Three men had become deranged from blows on the head; one of these was a middle-aged Californian who, on his way to visit relatives in the East, had decided to stop over for a single day in Chicago. On his way from the railroad station to a hotel he was sandbagged and robbed of \$150 and his hand baggage. The blow made him insane and his loss made him temporarily dependent. It was several weeks before he was dismissed from the hospital to which he was committed and was again able to resume his interrupted journey.

Several men were alcoholics but not dependents until after their loss of reason. It may be of interest to note at this point that 23 of the 52 insane were men of refinement, from good homes; eight were college men and 10 or more were high school graduates. In 11 of these cases drink, drugs, and immorality are known to have caused insanity, and they may have been indirect causes

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in other cases. In only two cases out of the 52 do we know that insanity was inherited.

Whatever may have been the causes of their disorder, and by whatever chances or mishaps they may have drifted or been forced into the life of the road and the cheap lodging houses, unquestionably the sufferings of the insane, as they wander about uncared for, are very great. A few of the harmless chronic insane are able to do a small amount of work, if they can find it, which often is not possible. But for most of the mentally diseased self-support is quite impossible.* Some did not know enough to secure what they needed by begging, and in a number of cases the delusions of the men kept them from accepting food when it was offered. The look of actual starvation was more often to be seen in the faces of the insane who came to the office than among any other class of applicants. I especially recall one lad who had wandered about the country for three months—frequently traveling on tickets furnished by county poor relief agents who were anxious to avoid the expense of his care—until he had covered a thousand miles of distance from his home and until the very slight unsoundness of mind with which he had started out had developed into an acute and dangerous form of dementia. This lad, when he came to us, admitted that he had eaten nothing for days, but we could not persuade him to taste food lest

* For list of occupations of the insane men, see Appendix A, Table 17, p. 291.

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"enemies" had poisoned it. Fear lest the same enemies should discover where he was and attack him made it very difficult to detain him at the office until the arrival of the ambulance for which we had immediately telephoned. When it arrived he probably felt that he had indeed been betrayed into the hands of his enemies, but, under the circumstances, we took the only possible course.

Care reached the boy, as it did several others whom we sent to hospitals, too late to be of benefit. In the eight years since his commitment he has not yet recovered his reason.

Starvation and exposure are not the only forms of physical suffering which the insane undergo during their wanderings. More than once men applied to us who had met with painful and serious accidents concerning which they could give no clear account. One man came whose left arm was hanging limp and useless at his side. When we took him to a nearby hospital for examination, the X-ray showed that the bones of the arm were shattered and that the arm itself was in very bad condition, so that immediate amputation was necessary. But the poor creature, whose sufferings for some time must have been intense, could give us no hint of how or when the accident had occurred.*

Considering the mental as well as the physical sufferings which they endure, it is not strange that the idea that they are being persecuted is a com-

* This man had been insane before his accident, so the pain of the broken arm was not the original cause of his mental condition.

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mon delusion among the homeless and wandering insane, and that the derangement which is very slight when they set out upon their journey, grows beyond hope of recovery by the time the men are finally admitted to hospitals for care.

In 24 out of the 52 cases listed, the insanity of the men was recent.* Among these were some whose cases were incurable from the beginning,—men whose brain tissues had been affected by locomotor ataxia, paralysis, tuberculosis, or other diseases. There were, however, other cases in which the weeks and months of strain and suffering through which the men had passed before they came to our attention were unquestionably responsible for the fact that, although their insanity was recent, they failed to recover after we had placed them in hospitals.

Seventeen men were chronically insane when they applied to us. Of these, five had been discharged from state hospitals† as cured, but had relapsed into their former mental condition under the stress and uncertainties of existence in the lodging houses. Most of the men whose insanity was chronic were only slightly unbalanced and were apparently harmless, although at what moment a harmlessly demented person whose condi-

* See Table VII, p. 92.

† Thirty-six of the insane men had been inmates of institutions, as follows: insane asylums, 20; homes for the incurable, 3; poorhouses, 8; jails, 2; workhouse, 1; reform school, 1; and drink cure, 1. (Four of these men had been in more than one of the institutions mentioned.) Seventeen of the insane men had never been inmates of institutions, and regarding 3 the facts were not known.

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tion is constantly being aggravated by under-nourishment and worry may become dangerous is not easy to foretell. Five men we knew too superficially and for too short a time to be able to judge whether the insanity (which was in each instance slight) was chronic or recent. Of the remaining six cases of the 52, two were alcoholics who suffered from recurrent manias, but who were apparently normal when they applied to the Bureau; and four others (two of whom also were victims of drink) had but recently been dismissed from hospitals for the insane and had not yet been able to find employment and reinstate themselves.

The methods of treatment which were followed in the cases of the insane who came to the Bureau of Charities differed according to the circumstances of each case.* Men who were so irresponsible that they would almost certainly have wandered on if not confined, and also those who were so violent as to be dangerous to themselves or others, were usually sent at once to the detention hospital on commitments made out by some member of the office force. If, however, the men were but slightly unbalanced, so that with the aid of comrades in the lodging houses and by personal influence we were able to hold them for a few days, we usually postponed such action until we could notify relatives of the men's whereabouts and condition and urge them to take the responsibility

* For information regarding length of time men were known to the office, see Table VI, p. 90.

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for their care. By this delay we occasionally lost track of a man who should have been detained; but this happened far less often than might have been expected. Instances were rare, also, in which we could not sooner or later learn something of the histories of the men as well as the names and addresses of their friends. Only once did we fail to learn the identity of a man, and at the same time fail to hold him. In one other case we had an old man committed to the county insane asylum two weeks after his arrival in Chicago and were unable then or later to find any of his friends. He claimed to have come from Martinique in the West Indies and to have reached Chicago by way of Mexico, Texas, Arkansas and several other states, through all of which he had wandered or been shipped by county poor officials, during a period of two years. Small wonder, perhaps, that his reason gave way after such journeyings!

Three men, who had been discharged from hospitals as cured, but who had relapsed after returning to the lodging houses, we persuaded to re-enter state hospitals as voluntary patients, thereby saving us the necessity of having them confined against their will. Asylum care was not necessary for some of the men whose insanity though chronic was slight. We kept in touch with a number of these for several consecutive years, helping them at intervals with employment or other forms of aid.

One of these men furnished a striking example

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of the close relation between the food supply and the mental condition of the insane. This man's insanity was, as a rule, so slight that he was able to support himself by peddling soap and small notions. But if for any reason he failed to dispose of enough goods to meet the cost of his necessities for a few days or a week, he would come to us so unbalanced mentally that it was with difficulty we could talk with him. Invariably, at such times even a single "square meal" and the loan of a dollar or two (which he never failed later to return) would so strengthen him and relieve his mind from worry that in a short time his mental balance would be restored and he could continue his work. The knowledge that he would certainly receive help when he needed it, probably accounted in large part for his ability to support himself in the intervals between his applications. These applications are now less frequent than at first and he has, in the last year or two, been able to take up some forms of work which pay better than peddling and which prove that his mental condition must, upon the whole, be gradually improving.*

Alienists agree that the word insanity covers diseases some of which are incurable, others amenable to improvement or cure; and that the cur-

* Our apparent success in this case led us, acting under the advice of a physician, to try the experiment of furnishing plentiful food and light employment to several other slightly deranged men and women (some of whom were not homeless) in the hope that by doing so we might prevent a further development of their mental difficulties, and perhaps cure them. The results more than justified the necessary expenditure and effort.

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ability of many of them depends upon the promptness with which they are recognized and treated.

It has been estimated that the probability of recovery in certain forms of the disease decreases at the rate of 50 per cent every three months from the onset. Although this is open to more than one interpretation, the importance, both to the men themselves and to the country as a whole, of promptly detaining and securing care for the homeless and wandering insane cannot be overestimated. That prompt care is not more often given is probably partly due to the fact that incipient insanity is not readily recognized as such by the laymen with whom the men come in touch; partly to the fact that when recognized the average citizen does not feel that it is personally his business to take the steps necessary to bring about the man's commitment to a hospital; and partly, also, to the fact that in many states the laws are so worded that it is very difficult to secure the commitment of an insane person to a hospital until his disorder has reached an acute, and, in many instances, an incurable stage. Probably, all three of these difficulties could be lessened, if not overcome, if in every large city there were special psychopathic clinics or dispensaries of general hospitals devoted to the care of nervous and mental cases similar to those which have already been established in New York City, Ann Arbor, and Baltimore, and the one now being established in Boston; or if there were more psychopathic hospitals like

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Pavilion F in Albany. These are places to which persons who are insane, or in bad nervous condition, can go voluntarily, or in which they may be placed by others, without legal process, or any more delay than would be necessary to secure the admission of a patient to an ordinary hospital. In cities where clinics or hospitals of this type have been established, it has been found that a considerable percentage of the patients treated in them have been cured in a few weeks' time* and need never be brought up for legal commitment to the regular hospitals for the insane. If, after being treated at these clinics or hospitals for a few weeks, patients are found to be suffering from prolonged or incurable forms of insanity, they must then be committed through the required legal procedure to the regular hospitals for the insane where they can receive the further care they need.†

* It should be stated, however, that some of these rapid cures are due in part to the reception of patients suffering from transitory disorders which would otherwise have to go without specialized treatment.

† Dr. Adolf Meyer, Professor of Psychiatry in the Johns Hopkins University Medical School, Baltimore, remarks, on this point: "The majority of the disorders met with in tramps are of a rather insidious character, and one of the reasons for the lack of early institutional care is because there are today no institutions adapted to habit training, and disciplinary drill, which would give a sufficiently reasonable chance of improvement to warrant early interference in such cases. They demand different provisions from those which the ordinary patient requires, both as to type of treatment and as to home conditions after treatment is discontinued. This class of men will, however, undoubtedly share the benefit derived by the public generally from the recent provisions made for the care of mental disorders in the centers of the population,—the dispensaries and special wards mentioned above. But to make such help of lasting value much social service will have to be available in connection with these institutions."

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Such a method of first care for the insane would not deprive men of their freedom and legal rights any more than placing a typhoid fever or pneumonia patient in a hospital deprives him of those rights. And, in the latter case, if the man were too ill to know what was best for him, he would be prevented from wandering the streets uncared for in his delirium. Yet the opposite is practically what is being permitted in many cases, very largely because we too often fail to realize that insanity is a disease, just as much as is pneumonia or typhoid fever, and should be treated as such.

THE FEEBLE-MINDED *

The condition of the feeble-minded man or boy who is found among the homeless is, if possible, even more pitiable and more hopeless than that of most of the insane. For even when he falls into the hands of persons who would gladly try to remove him from the road and provide care for him, in most instances little or nothing can be done in his behalf, for the reason that, after he has passed the age of sixteen, he is not eligible for admission to any institution for the feeble-minded in the United States, except in Massachusetts.† The only other institution in which he may be placed for care is the poorhouse, and since in most states he is only *admitted* and not *committed* to this, it is of but little avail to send him there; he will

* For general data concerning this class, see Table VI, p. 90.

† They are admitted to the Massachusetts School for the Feeble-minded at Waverly. Massachusetts has no age limit.

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almost invariably wander away and be again upon the road within a short time.

Perhaps no better idea can be given of the problem which is presented to the charity worker when a feeble-minded homeless man applies for aid, than to cite one or two specific cases of this type. A lad of nineteen, who thought he could "weed a garden and water grass," asked us to send him to some place "where little children are" and where he could milk cows. He was taken first to a restaurant, where he ate ravenously, and then to the industrial department of a nearby lodging house, where his ability to work was tested. It was found that he did nothing except when watched, and could not do even the simplest tasks without much explanation and supervision. From a relative, whose address he gave us, we learned that the boy had been for years in the habit of wandering away from his home or from any place where his family put him. They had tried him in public and in private schools, and also in an industrial training school, but he could learn nothing and invariably soon ran away. He had somehow learned how to dispose of things by pawning them and his family found it very difficult to keep him decently clothed, because he would either sell or pawn whatever was given to him. He had once sold a new suit of clothes for 15 cents. His family were utterly discouraged with the problem of his care, and said they would welcome any suggestions or advice. The Bureau of Charities

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appealed to a child-placing agency for a working home in the country for him, but the lad was too old to be accepted by this society and, moreover, its agents felt certain that he would run away if sent to a farm. A few symptoms made it seem possible that the boy was insane rather than feeble-minded, and he was sent to the detention hospital for examination, but was dismissed as imbecile, not insane. The effort was then made to send him to the state school for the feeble-minded at Lincoln, Illinois. He was already three years older than the maximum age for admission to that institution, and so a special appeal in his behalf was made to the superintendent of the institution and to the governor of the state. After much work and many delays he was finally admitted to the Lincoln School. Four days later we received word that he had run away, and six months later, dirty, ragged and half-starved, he returned to the Bureau of Charities and begged for food.

Here is another case quite similar. A lad of twenty told us, what was probably true, that he had been taken sick while doing odd jobs at Columbus, Ohio, and that "some one" had put him on a train and given him a ticket to Chicago. Upon his arrival he had been taken by the police from the depot to the county hospital, where he had remained for nine weeks and from which he had just been dismissed. These latter statements were verified. The boy still looked very ill and it was necessary to give him his entire support until he

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should be strong enough to work. In less than a week, however, he had a relapse and had to be returned to the hospital for several additional weeks of treatment. During this interval his history was looked up, and after much difficulty we learned that his mother had died in a poorhouse in Rochester, New York, and his father in a poorhouse at Jacksonville, Illinois. Also that the boy himself was too feeble-minded to be capable of self-support and had been wandering about the country for some time.

With the idea of saving the taxpayers of Cook County, upon whom he had no claim, further expense for this boy, and also with the hope of placing the burden of his care permanently upon the county of which he was a legal resident, we made arrangements to send him to Jacksonville, Illinois, to have him enter the poorhouse there, but, before arrangements were completed, the boy disappeared and we were never afterwards able to find him.*

We were sometimes successful in securing care and support elsewhere for feeble-minded men and boys who drifted into Chicago; as, for instance, in one case where we found that a well-to-do man in Germany had sent his feeble-minded son to America in order to be rid of him. This young man had come to the country on a first-class ticket and had thus escaped being sent back by the immi-

* For legal residence of the insane, feeble-minded, and epileptic men, see Appendix A, Table 15, p. 290.

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gration officials. He had, however, been in the country less than six months at the time of his application to the Bureau, and as we were able to prove that he was incapable of self-support and had been dependent ever since his arrival, the Immigration Department took up the case upon our request and promptly returned the man to Germany.

In another case of this kind, although we proved that a feeble-minded son had been sent to this country by a man who was a government official of high standing in Germany, we were unable to have him returned because he had been here for three years—a year beyond the limit of time* within which the Immigration Department at that period returned undesirable citizens. Money could have been raised to send this man back to Germany at private expense, and, in fact, the Bureau expected to do this, as the man claimed to be anxious and willing to return, but before any steps could be taken he dropped out of sight and we were unable to trace him.

Among the feeble-minded and epileptic, as among the insane, men occasionally came to the office who had been seriously injured and could not tell just where or how they received their injuries.† One of these (who, by the way, had just

* The period has now been extended to three years during which persons liable to become a public charge or found here in violation of the immigration laws may be deported.

† For list of additional handicaps of 48 of the men, see Appendix A, Table 16, p. 291.

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been dismissed from the House of Correction to which he had been committed for vagrancy), had had his right hand so mangled in some sort of accident that the surgeon who examined it said that its use was permanently destroyed. The man, who was of very low mentality, could give few details of the accident.

The feeble-minded are not, as a rule, long-lived. The average age of those who applied to us was much lower than that of the insane.* Almost without exception, too, these men were ailing, if not actually ill when they applied. One man, who was both deaf and so ill as to be utterly incapable of self-support, even if he had been mentally normal, came to us one evening and begged to be sent back to New York, from which place he had wandered away with a couple of tramps who had assured him that he could earn five dollars a day in Chicago. Since this man would almost certainly have wandered on to further suffering if not watched, we placed him for temporary care by courtesy of its superintendent in the detention hospital for the insane. A telegram to the Charity Organization Society in New York brought confirmation of his claim that that city was his home, and he was very promptly returned.

Of cases similar to this in which feeble-minded men were returned to their relatives or legal residences, there were six in this group. Of four

*The ages of the insane men are given in Table VII, p. 92.

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men we lost track almost immediately, and four others wandered away before we were able to accomplish much in their behalf. For three we were more or less successful in finding employment and in keeping them at work. One we placed in the local poorhouse.*

The most that can be said, however, in regard to the treatment of any of these men, is that the wretchedness of some was temporarily alleviated and that Chicago itself was relieved of the burden of the support of a few others,—very negative forms of help which cannot in any sense be called successful, since they did not, and from the nature of things could not, place the men themselves in positions of self-support or even assure their permanent removal from the road.

THE EPILEPTIC†

Of the 18 epileptics in this group of the mentally diseased and defective there is not much to add to what has already been written about the insane and the feeble-minded.‡

It always seemed as if we should have been able to do more for the epileptics who applied to the Bureau of Charities for help than we actually

* For length of time the feeble-minded men were known to the office, see Table VI, p. 90.

† Additional facts concerning the epileptic will be found in Table VI, p. 90, and in Appendix A, Tables 15 and 16, pages 290 and 291.

‡ Four of these men were insane as well as epileptic and one was feeble-minded.

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accomplished. Between attacks most of them were so normal mentally, and so well physically, that they seemed to have a great advantage over either the insane or the feeble-minded. Practically, we found that they were almost as difficult as the latter classes to keep employed and to render self-supporting. Epileptics who have good homes to fall back upon when unemployed may be able to earn their own support between attacks, but those with whom we dealt, who were homeless and friendless, were not able to do so.

Provision for the care of epileptics throughout the country is more inadequate even than for the feeble-minded. Only Massachusetts, New York, Ohio, New Jersey, Indiana, and a few other states* have made separate provision for their care, although in some there are private and semi-private charities which treat a few cases. It is estimated that there are at the present time about 160,000 epileptics in the United States, and only about 5000 in all are cared for in institutions especially designed for them. Others are in institutions for the insane and the feeble-minded, but the great majority of epileptics throughout the country are not receiving any form of institutional care. Men frequently begged us to send them to institutions for treatment, but there was in Illinois no place other than the poorhouse to which they

* Among these are Kansas, Texas, Virginia, North Carolina and Pennsylvania, which have either established separate institutions or epileptic divisions in asylums erected for the care of the feeble-minded or the insane.

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might be sent, and they very generally revolted at the thought of entering that institution. The need of agricultural colonies for epileptics is very great.*

We at the Bureau office could send epileptics who belonged elsewhere out of Chicago; we could secure aid from relatives for a few, and could find temporary employment, from time to time, for some others. In a few instances, where insanity was linked with epilepsy, we could and did place men in asylums for the chronic insane. But upon the whole our work for this class, as for the feeble-minded, was unsatisfactory and must remain so until the needs of these pathetic groups are more generally recognized and better provision is made for their care in all states of the Union.

* It is estimated that there are 10,000 epileptics in the state of Illinois alone, and efforts to secure an appropriation from the legislature to establish a state colony for their care, have several times been made.