REMARKS, DEDICATION OF CLIFTON T. PERKINS STATE HOSPITAL

JESSUPS

May 2, 1961

With the opening of the Clifton T. Perkins State Hospital, there has been inaugurated for the first time in Maryland an organized program of psychiatric treatment for a long-neglected, little-understood group of patients classified under the harsh title of "criminal insane."

Most of these patients have come to our doors because they have committed offenses against society and have been found by the courts to be "not guilty by reason of insanity." This catch-all phrase, which puzzles the courts as well as psychiatrists, had its origin more than a century and a quarter ago, when the unfortunate Daniel McNaghten shot and killed the private secretary of Sir Robert Peel, mistaking him for Sir Robert. The medical evidence indicated that McNaghten suffered under the delusion that his enemies were ever plotting against him in such a way that he lost control over his acts and lost "preception between right and wrong." That test of criminal responsibility stands in effect today, although it is unsatisfactory to psychiatrists and lawyers alike.

Consequently, our mental hospitals have had thrust upon them the problem of how to deal with sick individuals who, for their own sake and for the sake of society, have to be held in restraint. Mental hospital buildings and programs are not planned around restraint. Advancing psychiatric concepts call for more freedom for the individual undergoing psychiatric treatment. The fortress type of hospital buildings, in use when the McNaghten Rule was laid down, have been replaced by buildings that permit patients to be free to move about as psychiatric treatment concepts changed over the years. Buildings and programs planned about freedom of movement and ready access to the community are not structured to provide the services required for the patient who, under a sentence of a court of law, must be confined and restricted while under treatment. Such diverse types of patients cannot be successfully treated in the same hospital setting. Up to now, the problem has been met with makeshift measures. Attempts were made to reconstruct existing buildings to meet security needs, but these proved to be inadequate, failing to provide both the necessary protection and sufficient opportunity for medical or psychiatric treatment. Patients segregated in these areas had fewer chances for re-