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EIGHTIETH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
WORCESTER STATE HOSPITAL,
AND
THIRTY-FIFTH ANNUAL REPORT OF THE TRUSTEES
OF THE
WORCESTER STATE ASYLUM AT WORCESTER,
FOR THE
YEAR ENDING NOVEMBER 30, 1912.



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WRIGHT & POTTER PRINTING CO., STATE PRINTERS,
18 POST OFFICE SQUARE.
1913.

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OFFICERS OF THE HOSPITAL.

TRUSTEES.

SAMUEL B. WOODWARD,	WORCESTER.
GEORGE F. BLAKE,	WORCESTER.
LYMAN A. ELY,	WORCESTER.
T. HOVEY GAGE,	WORCESTER.
THOMAS RUSSELL,	BOSTON.
CARRIE B. HARRINGTON,	WORCESTER.
GEORGIE A. BACON,	WORCESTER.

RESIDENT OFFICERS.

ERNEST V. SCRIBNER, M.D.,	<i>Superintendent.</i>
RAY L. WHITNEY, M.D.,	<i>First Assistant Physician.</i>
GEORGE A. McIVER, M.D.,	<i>Assistant Physician.</i>
CORNELIA B. J. SCHORER, M.D.,	<i>Assistant Physician.</i>
FLOYD A. WEED, M.D.,	<i>Assistant Physician.</i>
HENNING V. HENDRICKS, M.D.,	<i>Assistant Physician.</i>
S. CARLETON GWYNNE, M.D.,	<i>Assistant Physician.</i>
IDA A. McNEIL,	<i>Superintendent of Nurses.</i>
MULFORD H. CENTER,	<i>Steward.</i>
MARY F. DUDLEY,	<i>Matron.</i>
JOSEPH T. REYNOLDS,	<i>Farmer.</i>

NONRESIDENT OFFICERS.

SAMUEL T. ORTON, M.D.,	<i>Clinical Director and Pathologist.</i>
HOWARD BEAL, M.D.,	<i>Consulting Surgeon.</i>
WALTER W. CAMPBELL, D.D.S.,	<i>Dentist.</i>
GEORGE E. PARESEAU,	<i>Druggist.</i>
GEORGE L. CLARK,	<i>Auditor.</i>
JESSIE M. D. HAMILTON,	<i>Clerk.</i>
JAMES DICKISON, Jr.,	<i>Engineer.</i>

The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital herewith respectfully submit their eightieth annual report. The annexed reports of the superintendent and treasurer contain details of the financial condition of the hospital, and of the commitment, discharge, transfer and health of the inmates.

The new building provided for by the legislative appropriations of last year will be completed and ready for occupancy within the next six months, as will also the additional story to the Salisbury ward.

With its completion a dining room for male attendants will be available, dining facilities for a certain number of patients provided, and, to an extent, the deplorable overcrowding of the male wards relieved.

With the completion of the elevator in the Woodward building, the weak, the feeble and the aged will be enabled to share the advantages now enjoyed by those only who are able to reach the enclosed roof space through their own exertions.

The dining facilities for patients are, and long have been, entirely inadequate. The main building, erected thirty-five years ago to house and care for 600 patients, contains, with the additions, at the present time an average of over 1,300. With 38 dining rooms, of limited capacity, it is also necessary to place permanent tables in the corridors in many places, thus diminishing the day space, at the best none too ample, and rendering proper service out of the question.

The distance of many of these dining rooms from the kitchen, as well as their multiplicity, makes the service expensive, increases greatly the number of employees required (and incidentally housed and cared for), and makes impossible adequate general supervision.

Alteration of the present laundry building, which is admir-

ably situated for efficient and economical administration, will, with the new dining room for male patients, provide room for the majority of patients (practically for all) who are in a suitable state to enter a congregate dining room; and it is conservative to say that in each of the present dining rooms thus vacated, from 8 to 10 patients can be provided with sleeping quarters.

A new laundry building, to supply the place so converted, will provide in its upper story a large room for industrial work, which must at present be inadequately and expensively accommodated in rooms in various parts of the main building.

For these purposes the trustees ask for an appropriation of \$75,000.

To complete alterations in and to furnish the farmhouse, near the cow barn, an appropriation of \$4,600 is needed. This building, when completed, will house some 20 employees, who are now provided for in the neighborhood and outside of the hospital limits.

The full complement of female attendants is 123; but 80 of these are cared for in the nurses' home; the remainder occupying rooms that would otherwise be used by patients. Eight thousand dollars expended in finishing the attic of the present home will provide for 22 nurses, and the trustees, therefore, ask for \$8,000 to be so expended.

To retain in the hospital service married employees has always been a difficult matter. Accommodations in the main building are lacking, and the trustees ask for \$17,350 to be expended in the erection of two buildings, in each of which a married employee or assistant physician may reside, while room will also be provided for from 10 to 12 single persons in each building.

For eight consecutive years the question of the proper disposal of the hospital sewage has in one form or another been before the legislative body. In their seventy-ninth report the trustees stated that "The constant growth of the institution, the ever-increasing size of the surrounding community, the installation of a hydrotherapeutic plant, and the establishment of a congregate bath house have made it next to impossible to properly care for the consequent drainage."

What is known as a "septic tank" on the hospital premises, not far from a public road, and the flowage of a part of the waste water into a neighboring brook, are not proper conditions to find on the grounds of a Massachusetts State institution. The trustees again ask the Legislature for relief, and consider that the most satisfactory solution of the matter will be to connect the hospital system with that of the city of Worcester.

The purchase of the Curtis land this year materially reduces the expense of constructing proper connections with the Worcester system, and to accomplish this the trustees ask for an appropriation of \$7,500.

On April 1, 1912, Dr. H. M. Quinby, whose resignation had been for some months in the hands of the trustees, but who had kindly remained, pending the choice of his successor, was succeeded as superintendent by Dr. E. V. Scribner, long in charge of the Worcester State Asylum, and who was well known to this Board for his efficient and faithful service in that capacity.

At the same time Miss Lila J. Gordon, who had for twenty years served as matron, sent in her resignation.

To Dr. Quinby's long and faithful services the trustees bore testimony in their seventy-eighth report; they can now but thank him for his willingness to remain during the trying time of impending change.

To the superintendent and members of the staff, and to the employees generally, the trustees wish to express their appreciation of faithful services rendered.

Respectfully submitted,

SAMUEL B. WOODWARD.
GEORGE F. BLAKE.
LYMAN A. ELY.
T. HOVEY GAGE.
THOMAS RUSSELL.
CARRIE B. HARRINGTON.
GEORGIE A. BACON.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester State Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Nov. 30, 1912, it being the eightieth annual report.

There remained at the hospital Oct. 1, 1911, 1,347 patients, — 674 men and 673 women. During the year ending Sept. 30, 1912, there were admitted 605 patients, — 319 men and 286 women. Six hundred and fifty-two patients — 359 men and 293 women — were dismissed from the hospital. Of this number, 241 patients — 121 men and 120 women — were discharged; 142 patients — 86 men and 56 women — died; 138 patients — 78 men and 60 women — were transferred; and 130 patients — 73 men and 57 women — left on visit or escape, leaving at the end of the statistical year 1,300 patients, — 634 men and 666 women. Of this number, 1,036 were supported by the State, 148 by friends, and 116 as reimbursing patients. Of the 370 patients discharged and transferred, 94 (including 11 habitual drunkards, women) were reported recovered, 71 capable of self-support, 34 improved and 171 not improved. Six men and 3 women were discharged as not insane. Forty-nine men and 25 women were transferred by the State Board of Insanity to the Medfield State Asylum; 15 men and 14 women to the Gardner State Colony; 3 men and 3 women to the Boston State Hospital; 2 men to the Danvers State Hospital; 2 men to the Massachusetts School for the Feeble-minded; 2 men to the Westborough State Hospital; 1 man and 3 women to the State Infirmary, Tewksbury; 1 man to the Taunton State Hospital; 1 man to Herbert Hall; 1 man to the Bridgewater State Hospital; and 1 man to the Monson State Hospital. Twenty men and 11 women were removed from the State, and 15 women were boarded out.

There remained at the end of the year 47 patients less than at the beginning. The smallest number under treatment on any

one day was 1,286, and the largest 1,421. The daily average number was 1,359.69.

The percentage of recoveries, calculated upon the number of discharged and deaths, was 18; calculated upon the number of admissions it was 10.6.

The death rate was 7.3 calculated on the whole number of patients under treatment, and 10.4 calculated on the daily average number.

There have been 55 less admissions than during the preceding year. This, however, cannot be interpreted as indicating a lessened insanity rate in the community, but is rather due to the fact that during the greater part of the year no cases were admitted from Suffolk County, patients from that district having been sent to other institutions. The commitments from other counties have maintained their usual average.

It is of interest to note that the number of acute alcoholics has very materially lessened of late. This is no doubt due in large measure to the operation of the law which requires that cases of delirium tremens shall be cared for in the general hospitals. This law seems to be productive of good in that while the sufferer still receives entirely adequate attention, the insane hospital is freed from a very disturbing element. The absence of acute alcoholics from our wards has done much to increase the general comfort and quiet. Of the 46 cases of manic-depressive psychosis admitted, 36 were women. The depressed phase predominated in both sexes. During the year 98 cases of senile psychosis were admitted, as against 60 of the previous year. There appears to be an increasing tendency to the accumulation in our wards of the chronic and senile types of mental disease.

In the cases of general paralysis which have been admitted, the type of the disease has been more of a fatuous and simple dementing character than of the expansive, exhilarated and aggressive type which has been characteristic of some former years. It seems quite possible that the type of this psychosis is changing, though it can be said that many of the cases admitted have been in the terminal paralytic stage.

One woman was received from the women's prison. The Commonwealth has established separate provisions for its male

criminal insane, where they can be properly cared for without detriment to the interests of the other insane in institutions. For the female criminal, however, no special provision has been made, and in the event of an inmate of the women's prison becoming insane, she is committed to one of the regular institutions for the treatment of mental disease, to the serious disturbance of the discipline of the institution and to the detriment of its patients. Such an arrangement makes it extremely difficult for the hospital to discharge its full duties to each class of cases. The innocent patient suffers not only from forced association with persons of criminal instincts, but in the restriction of personal liberties and privileges incident to the necessity for the maintenance of a prison discipline sufficiently rigorous to prevent escape. It is to be hoped that this class of cases can be given early accommodation elsewhere.

During the year an effort has been made to improve the care and attention given to the acute male service. A special ward has been set apart in order to still further assist in classification. This ward has been placed in charge of a female graduate nurse. Although this arrangement has been in operation for only a few months of the year, the more hospital-like surroundings, and the greater degree of personal attention made possible, have seemed to do much to quiet the patient and to allay his suspicions. There is a greater degree of comfort and a lessened amount of disorder and violence. In many cases improvement and recovery seem to have been hastened. I am very sure that it would be profitable to place other wards of the male service under the direction of female nurses.

The hospital training school is in prosperous condition. The attendance of all female nurses is obligatory. The school is open to male attendants and they are encouraged to take advantage of its opportunities, though too few take up the work. The present membership of the school is 108. A class of 10 will soon graduate. The school continues to be a most valuable agency in the promotion of intelligent care of the patient and a generally broader conception of the duties of a nurse.

While the number of written applications for employment has been rather less than in some former years, there have

been more who have made personal application, rendering it easier to make a proper selection from the material presented, so that perhaps less difficulty than usual has been experienced in securing proper persons for the service.

A special effort has been made to get as many patients as possible out of doors and to encourage them in healthful exercises and amusements. As a result many cases have shown a marked physical improvement; sleep at night has been promoted, turbulence has been diminished and the general well-being materially promoted. Generally ward conditions have been improved and a greater degree of contentment is noted.

While the general health of the house has been good, there have been quite a number of cases of dysentery and acute infectious diseases. The pathologist has made a special study of these cases, the details of which are presented in his report. Five cases of typhoid fever occurred during the year. The first two cases were male attendants, who undoubtedly contracted the disease somewhere outside of the institution. No new cases have developed of late, and it seems reasonably certain that no focus for further infection exists on the premises.

With the general broadening of the activities of the institution, the abolition of restraint, and the giving of greater personal attention to patients, I have found it necessary not only to increase the number of persons employed, but to change somewhat the scope of operations of certain special departments. The more purely medical work has been reorganized. An assistant is to be furnished to the pathologist, enabling him to take up also the direction of the clinical work. This will more fully co-ordinate the clinical and the research work of the laboratory in a way that will be beneficial to both. Staff meetings are held daily at which patients are presented and their cases studied. Once each week different persons present a review of the recent medical literature bearing on our specialty. Once each week the pathologist gives an evening lecture in the laboratory. The increased facilities for study and observation which will result to the staff, it is believed, will render the service more attractive to earnest and capable medical men, and it is hoped will to some extent counterbalance the in-

adequate salaries which have hitherto been offered. The higher salaries of adjoining communities have created a serious obstacle to securing and retaining in the service the full complement of medical men. This financial defect should be remedied.

I believe that the medical men of the institution and the doctor in general practice have hitherto known too little of each other's work. We should come together in frequent conference which cannot but result in material benefit to both. The institution could thus learn more of the general causes and of the environment which contributed to the patient's breakdown. The general practitioner could gain a more intimate knowledge of mental disease, perhaps making possible an earlier diagnosis of cases which would lead either to an earlier hospital commitment, when deemed advisable, or to the adoption of such treatment at home as might possibly avoid commitment altogether.

The institution has not discharged its whole duty to its patient with his return into the community, even if recovery seems then assured. The further history of the case should be followed and the patient and his friends made to feel that the institution management continues to have an interest in him and his welfare. He should be encouraged to return for advice and assistance should he feel the need. In such cases a social worker could render great service in after-care and could in many other ways be of material aid in furthering the work of the institution. Such an officer should be added to the staff. Not only should the institution accord a painstaking and intelligent care to its patients, but it should be considerate and helpful in its relations to friends and relatives. The greatest effort, consistent with the proper care of the patient, is made to accommodate the public in the matter of visiting. In a large institution it is quite necessary that some regulation should exist as to visiting days, in order that the necessary medical attention to the patients may be interfered with as little as possible. In case of illness friends and relatives are admitted at any time. Under ordinary circumstances visitors are received on two week days. Visitors to whom it would be a hard-

ship to come on other days are admitted on Sundays, when special request is made.

While the services of a dentist have been utilized to a considerable extent in the past, an arrangement has now been made with a local man whereby he comes to the institution and devotes one day of each week to the care of the patients' teeth. This service will be extended to meet the needs which develop.

The high prices of foodstuffs, and the increased fuel consumption occasioned by the unusual cold of last winter, combined perhaps with other minor causes, made it evident, early in the year, that a financial deficit was impending. In the effort to make this deficit as small as possible much very necessary work of repair and refurnishing has been held in abeyance and will have to be accomplished as a part of the coming year's operations.

A great amount of work has been accomplished by male patients in out-of-door work in farming, the care of roads and grounds, and in the excavation and preparation of the site for our new coal pockets. A beginning has been made in out-of-door work for women, which it is proposed to enlarge and extend as rapidly as seems feasible. The general work of the departments has continued as before. The patients now, with the direction and assistance of paid employees, manufacture all of our bed linen, all of the women's cotton underwear, all of the women's wrappers and all table linen and towels. In the special industrial room a vast amount of fancy work, basketry and rugs is produced. In a short time broom, brush and basket making and cabinet work will be established as occupational diversions for men. In the tailor shop male patients are employed in the repairing and manufacture of men's clothing. In this same department shoe and harness repairing is done. Patients also aid in the manufacture of mattresses and draperies.

This institution was among the pioneers in the industrial employment of its patients. About 1882, under the superintendency of Dr. J. G. Park, patients were very successfully and profitably employed in spinning and rug making and other industrial pursuits. Much work was done with the hand loom

and patients showed great interest and proficiency in occupation.

Dances and parties have been held in the chapel; the patients have been entertained by the phonograph and in various other ways.

Regular religious services have been held in the chapel by Protestant and by Catholic clergymen.

In considering the physical needs of the institution the improvement of the food service is one of the most important. Now food is served in small dining rooms, many at considerable distances from the general kitchen. Quite a number of these rooms are dark and unattractive and lacking in those plumbing facilities which are so necessary for satisfactory and efficient service. To repair and improve the present rooms would not only be an expensive proposition, but would tend to perpetuate unsatisfactory and undesirable methods. The feeble and bed-ridden people of the infirmary wards, many acute cases, and those highly excitable and violent, will obviously continue to require the service of food on the ward. The great mass of our patients, however, can be better served in a central dining room. The building now occupied by the laundry and carpenter shop can be remodeled and adapted for use as a general dining room for both sexes. This building is situated close to the kitchen and is also conveniently located for easy access from the wards for both male and female patients. A thousand persons can be taken care of here. The ward dining rooms which will be vacated will require little more than painting and furnishing to fit them for occupancy as dormitories, thus affording additional accommodation for the annual increase of the State's insane, at a very low per capita cost.

It is proposed to very largely augment the industrial activities of the institution. The present rooms which are available for manufacturing purposes are scattered in different parts of the buildings. However well adapted each individual room may be for its special operations, widely separated units do not make for business economy and efficiency in administration. The greater the number of industries that can be grouped together the less will be the cost of supervision. I recommend to your Board that an appropriation of \$75,000 be asked from the

next Legislature for the purpose of erecting a two-story and basement building, the basement and first story to be utilized for laundry operations, and the top story for general industrial purposes. This sum would also suffice for the moving of the laundry machinery from its present location to the proposed new building, and the adaptation of the present laundry building for the purposes of a general dining room. These operations are grouped under one request because they are mutually dependent upon each other and can best be carried out together.

It should be our earnest effort to spare no pains to raise the standard of service and excellence of administration in our institutions that we may better and more intelligently treat the unfortunate persons committed to our care. Upon no one agency are we more dependent than upon the corps of employees. How necessary, then, that we not only secure competent and faithful persons, but make the conditions of living such that good men and good women will remain in the service. Increased accommodations are needed for both men and women. I recommend that an appropriation of \$17,350 be asked for the erection and furnishing of two cottages for employees, the lower story of which in each can be occupied by a man and his family, with rooms for other employees on the upper floor. Each cottage will furnish accommodation for 10 employees.

In the female nurses' home is a large and commodious attic, at present used only for storage purposes. For \$8,000 this attic can be finished off into rooms and furnished, providing excellent quarters for 22 additional nurses. I recommend that the above sum be asked for the purpose specified.

At the time of the original purchase of the hospital land a farmhouse already stood on the premises. This house was used for some years and was later removed to a new location to make room for a more modern and commodious structure. For a long time this old building, with some minor additions, has been used for storage purposes. I recommend that this farmhouse be finished and furnished, giving accommodation for 20 persons. For this purpose \$4,600 will be needed.

The present method of disposing of the sewage coming from this institution is very far from being satisfactory. The sewage now flows into several beds located on the hospital property

and not far from Lake Quinsigamond. The general land formation there is, fortunately, such that the liquids filter off into the ground and disappear without overflow into the lake. The agitation concerning the proper disposal of the hospital sewage is a matter of long standing, and your Board has persistently requested legislative aid and direction in the solution of the problem. It has been proposed that efficient filter beds be constructed not far from the present beds. This doubtless could be accomplished and efficient treatment of the sewage obtained. The location of these beds, however, would of necessity not be very remote from the main highway and a thickly settled portion of the community. However well cared for it seems probable that beds so located would at times give off odors and might be an offence to neighbors and passers-by. It is my opinion that the best and most satisfactory method of disposing of the sewage of this institution is to turn it into the sewers of the city of Worcester, and to pay the city such compensation therefor as may be agreed upon. I recommend that legislation be sought authorizing this latter method of sewage disposal, and establishing the sum which shall be paid to the city in recompense. If this method be adopted it will be necessary to construct a new line of sewer pipe connecting the outflow from the hospital sewers with the city system. For the construction of this pipe line the sum of \$7,500 will be required.

The Hillside farm, located in Shrewsbury, is a valuable, undeveloped asset of the institution. At present a part of our herds are kept there and all of the piggeries. There are great possibilities in connection with this property for the development of a farm colony, and in the location for a home for convalescents.

The work of reconstruction and addition to the male wards of the institution is progressing rapidly, and will probably be completed in the late spring or early summer of next year. When this new accommodation becomes available it will add not only to the capacity of the institution but to its efficiency as well.

The purchase of the Curtis land has been completed, and this tract is now available for hospital use. The Putnam land could

not be purchased this year, but it may be possible at some future date to arrange either a purchase or an exchange of holdings with the owners of the property. This matter should be kept in mind for future consideration whenever the time may seem opportune.

My long association with your Board as superintendent of the asylum, and my earlier service here have combined to make me for the moment forget that I am a newcomer here now until I turn to consider the changes which have occurred in the medical staff. Dr. Quinby, after years of faithful service, has resigned. Dr. Hoch accepted a position on the staff of the McLean Hospital leaving this institution with the regret and best wishes of all his associates. Dr. Whitney was secured as his successor.

The summary of staff changes is as follows: —

RESIGNATIONS.

- Dr. William M. Dobson, Jan. 31, 1912.
- Dr. Paul K. Sellew, Feb. 7, 1912.
- Dr. Harry A. Clark, Feb. 29, 1912.
- Dr. Walter M. Crandall, May 6, 1912.
- Dr. Ray L. Whitney, June 7, 1912.
- Dr. Frank M. Lewis, Aug. 31, 1912.
- Dr. Theodore A. Hoch, Aug. 31, 1912.

APPOINTMENTS.

- Dr. Floyd A. Weed, June 1, 1912.
- Dr. Frank E. Lewis, June 3, 1912.
- Dr. S. Carleton Gwynne, July 1, 1912.
- Dr. Ray L. Whitney, Sept. 1, 1912.
- Dr. Henning V. Hendricks, Sept. 14, 1912.

Thanks are again due to the proprietors of the "Worcester Evening Gazette" and the "Fitchburg Sentinel" for copies of their papers, and to the Worcester Employment Society for assistance in sewing. Members of your Board and various other friends have given pictures, books and papers. These gifts are appreciated.

E. V. SCRIBNER,
Superintendent.

LABORATORY REPORT.

To the Superintendent of the Worcester State Hospital.

I herewith submit my report for the work of the laboratory for the current year, together with an outline of the plan of reorganization of the clinical work in the hospital.

The summer of 1912 has seen a third recurrence of dysentery in an epidemic form in this hospital, and a large share of the laboratory's activities during this part of the year have been devoted to a reinvestigation from the bacteriological standpoint of a large series of cases. This investigation is not as yet completed, and therefore no definite conclusions can be drawn. This year's epidemic consisted of 102 cases with 18 deaths. This shows a morbidity percentage calculated against the daily average population of 7.6 per cent., and a mortality percentage calculated against the number of cases of 14.8 per cent.

Comparison with the figures of the two previous years gives the following table:—

	MORBIDITY.		MORTALITY.	
	Cases.	Per Cent.	Cases.	Per Cent.
1910,	136	9.9	22	16.1
1911,	99	7.2	14	14.1
1912,	102	7.6	18	14.8
Totals,	237	—	54	—

In recording the latter half of the 1912 epidemic, note has been made of the cases of severe diarrhoea which accompany the more serious dysentery cases, but these have been excluded from the above series, so that the reports for the three years should be comparable. Some difficulty has been encountered on account of the lack of an efficient means of recording the incidence of various diseases. An attempt to

rectify this has been made in the establishment of a card index morbidity record, which will be described more fully in a later part of this report. An outline plan of the hospital on a wall board is under construction in the laboratory now, and it is hoped that the data obtained from the morbidity record when recorded on the chart will form a graphic record of the foci of spread of various diseases, which may be of value in improving intramural sanitation. There is little question that the male wing of the hospital has suffered earlier and to a greater extent than the female wing, and it also seems that certain wards of both sides are more affected than others. The graphic record on the board ought to give accurate and convincing data on this point.

The third annual visit of dysentery, with its total of 237 cases and 54 directly attributable deaths, in three years makes this problem one of the most acute ones in the hospital, and leaves us in the position of an endemic focus, the potential danger of which is effective not only in the institution itself, but in all the other institutions and communities of the State where patients who have been under our care, or where persons who have been in our employ, may find their way.

The occurrence of any of the acute intestinal infections in epidemic proportions is *a priori* evidence of transmission of contagion from the intestinal discharges of one case directly or indirectly to the alimentary canal of a susceptible individual. This conception makes of an intestinal epidemic a serious commentary on the sanitation of any institution. This rests with less weight on an institution for the care of the insane because of the unavoidable conditions of bad sanitation brought about by the filthy habits of certain of the patients.

The wards where the incidence seems to have been most severe are not those for the care of untidy patients and offer no obvious departure from inside conditions obtaining in other parts of the building. Further data may be obtained which will throw more light on this problem.

In the course of a sanitary inspection of outside conditions, stimulated by the dysentery outbreak, several conditions were apparent where marked deviations from accepted sanitary ideals

have been in evidence, but which are receiving attention. The most prominent of these are outside privies, the fly problem, sewage disposal, especially in its relation to the garden, and the handling of soiled bedding and clothing both in transit and at the laundry.

The privies located in the gardens and other parts of the grounds not reached by sewers have been replaced by the type of septic tank described by Lumsden, Roberts & Stiles in the United States Public Health Report No. 54. Their operation has not been entirely satisfactory on account of too great or improper demands on their capacity, and they have not as yet stood the test of a cold winter. While they are a marked improvement over the open privies, it is hoped that they can be replaced with something still more efficient.

The fly problem has proven still refractory. Our efforts have been followed by a reduction in the pest, but they have still been in evidence in large numbers in the wards. The results of the summer were, as a whole, rather discouraging, but the outlook is still good for an ultimate serviceable reduction of the nuisance by means of active and well-directed care of our own breeding-places. One probable source of many of our flies has not been as yet controlled by experiment or careful observation. This is the manure removed by contract from stables in the city and hauled to the hospital grounds for use as fertilizer. This material is obtained without reference to the care taken in shielding it from flies, and is in all probability not only heavily seeded with fly eggs, but also badly infested with larvæ and puparia. When spread immediately on its arrival here probably but few of the eggs and only a part of the larvæ are able to develop under the adverse conditions incident to the spreading, but the puparia probably hatch in considerable proportions. It is hoped that during the next summer some definite observations can be made on this point.

The matter of proper disposal of the hospital's sewage is of course a crucial one and is under active consideration, so that it need not be discussed here.

The system of handling the filthy clothing has been far from satisfactory, but is receiving attention, and improvements in

these methods are under way. A steam sterilizer of sufficient capacity to accommodate not only the clothing but the containers in which the clothing is brought from the wards is needed for the safe handling of this material.

A series of papers offered as a compliment to Dr. Quinby on his retirement from the superintendency have been collected, under the editorship of the pathologist, from men who have been formerly or are at present connected with the staff of this hospital. Five of these articles have already appeared in the columns of the "American Journal of Insanity," and others will appear in ensuing numbers of the same journal. It is planned to collect and bind a limited number of reprints from these articles into a volume for distribution. The list of contributors and the titles of their articles are as follows:—

- Peter Bassoe, M.D., Chicago. Unilateral Hypertrophy involving the Entire Left Side of the Body.
- Henry W. Miller, M.D., Superintendent, Eastern Maine Hospital for the Insane, Augusta, Me. Report of a Case of Pellagra in Maine with Remarks upon Recent Work on the Etiology of the Disease.
- Theodore A. Hoch, M.D., Assistant Physician, McLean Hospital, Waverley, Mass. A Statistical Study of Manic-depressive Insanity, with Especial Reference to Physical Illness as an Etiological Factor.
- Isador H. Coriat, M.D., Second Assistant Physician for Nervous Diseases, Boston City Hospital. The Relation of the Apraxia Problem to Psychiatry.
- E. V. Scribner, M.D., Superintendent, Worcester State Hospital. A Case of Epilepsy.
- A. M. Barrett, M.D., Director of the Psychopathic Hospital, Ann Arbor, Mich.; Professor of Psychiatry, University of Michigan. Diffuse Glioma of the Pia Mater.
- E. E. Southard, M.D., Director, Psychopathic Hospital, Boston, Mass.; Professor of Neuropathology, Harvard Medical School. A Series of Normal-looking Brains (from the Laboratory of the Worcester State Hospital).
- R. L. Whitney, M.D., First Assistant Physician, Worcester State Hospital. A Case of Frontal Brain Tumor.
- Adolf Meyer, M.D., Professor of Psychiatry, Johns Hopkins University.
1. The Nature of Metastatic Tumors of the Thyroid.
 2. New Formation of Nerve Cells in Isolated Part of Nervous Portion of the Hypophysis-tumor in a Case of Acromegala with Discussion of the Hypophysis.

Samuel T. Orton, M.D., Clinical Director and Pathologist, Worcester State Hospital; Instructor in Neuropathology, Harvard Medical School. 1. A Study of the Brain in a Case of Catatonic Hirntod. 2. Some Technical Methods for the Routine Examination of the Brain from Cases of Mental Disease.

Papers from the laboratory were read during the year at the meetings of the American Association of Pathologists and Bacteriologists held in Philadelphia, the American Medico-Psychological Association and the American Medical Association (section on nervous and mental diseases) held in Atlantic City, and the New England Society of Psychiatry and Neurology held at Danvers Insane Hospital.

The following articles have appeared in addition to the series above recorded:—

“Further Observations on the Fly Problem at the Worcester State Hospital, Massachusetts, 1911,” in the “Boston Medical and Surgical Journal,” Feb. 8, 1912, and “A Report of a Case of Extensive Brain Disease from Endarteritis, probably of Syphilitic Origin,” in the “Journal of the American Medical Association,” Oct. 5, 1912.

No changes have occurred in the personnel of the laboratory staff during the present year, except the addition of a temporary assistant to aid in the large amount of bacteriological work necessitated by the dysentery epidemic.

Sixty post-mortem examinations have been performed during the year. Classified according to the psychiatric diagnosis the cases were:—

General paralysis,	15
Senile psychosis,	12
Manic-depressive insanity,	9
Dementia præcox,	8
Organic dementia,	5
Alcoholic psychoses,	4
Imbecility,	4
Melancholia,	3

The cases classified by the major anatomical diagnoses were:—

Acute colitis,	7
Chronic nephritis,	6
Broncho-pneumonia,	5
Exhaustion,	4
Cardiorenal,	4
Cardiac,	3
Pulmonary œdema,	3
Pulmonary infarct,	3
Pulmonary abscess,	3
Tuberculosis,	3
Hypostatic pneumonia,	3
Lobar pneumonia,	2
Neoplasms (except brain tumor),	2
Septicæmia,	2
Aneurysm,	1
Internal hemorrhagic pachymeningitis,	1
Intestinal obstruction,	1
Erysipelas,	1
Brain tumor,	1
Softening of brain,	1
Empyema,	1
Subdural hemorrhage,	1
Typhoid fever,	1
Food asphyxia,	1

No additions of importance have been made to the laboratory equipment during the year.

During the latter part of the current year the direction of the clinical work in the hospital has been given into my hands, and its reorganization is being attempted along two lines: first, more systematic and better methods of record, and second, a more co-ordinate plan of study on the part of the medical staff. The first effort aims at a thorough and comprehensive series of notes taken at regularly specified intervals during the first six months after admission of a new case and in cases of longer residence, a physical examination and an urinalysis once in six months, with a comprehensive note on the mental condition at least once a year on every case. This part of the work alone makes an almost impossible call on the time of the staff, and calls attention sharply to the difficulty in keeping the full allotment of medical officers. The present medical staff have responded in a most gratifying manner to the additional work,

and their activity and willingness promise well for accomplishments of an exceptional nature. The stenographic force has been doubled to aid in the more ready handling of the increased volume of records, and further simplification of the handling of records by means of card indices is planned.

A morbidity record by means of a card index has been started to include data of interest in all cases of infectious and contagious diseases and some other diseases of questionable etiology. These cards in printed form are filled out by the ward physician, and are kept on file at the laboratory. As mentioned earlier in this report, a wall board with a plan of the hospital is being constructed in the laboratory on which the cases can be indicated by means of colored thumbtacks to give visual evidence of the foci of occurrence of any disease of an infectious nature under consideration.

The second line of endeavor includes several subheads. Staff meetings are held every morning of the week, except Saturdays and Sundays, for the consideration of cases of interest, cases with uncertain diagnosis, and those in which discharge from the institution is requested or under consideration. The time allotted to this work (from an hour to an hour and a half) is proving insufficient for the presentation of all cases of the above types; but any increase of the time applied without concordant increase in the numbers of the staff would prove a handicap in the ward work. At these meetings the case history is presented in brief abstract, further data being elicited from the patient on direct questioning. The diagnosis is not stated by the presenting physician, the opinion of the physician of the corresponding service of the opposite wing being given from the data of the abstract and examination. The direct examination and the opinion of each member of the staff is recorded by a stenographer and forms part of the case record.

On Saturday morning the staff meeting hour is given over to a literature review. The current medical journals on file at the hospital are assigned to individual members of the staff, each of whom reports about once a month the articles of interest in his assignment.

Twice a week a morning is devoted to a bedside clinic on the admission service. These visits alternate between the male

and female wings, and the staff of the corresponding wing is accompanied by the first assistant physician and by the clinical director for the purpose of observation of the newly admitted cases.

Evening meetings are being held as formerly once a week at the laboratory. Three of these meetings in each month are devoted to review of subjects of laboratory interest, — reports of post mortems, talks on anatomical, histological or physiological subjects, special laboratory investigations, etc. At present the pathologist is offering at these meetings a formal course in the anatomy, histology and histopathology of the central nervous system, with illustration by means of microscopic projection. The fourth meeting of each month is devoted to a symposium on assigned psychiatric topics. At these symposia some one of the mental diseases or of its subdivisions is assigned to one of the staff, who presents an outline of the characteristic features of his assignment which is followed by a general discussion. Later these subjects will be repeated with more careful analysis and dissection of the individual symptoms. It is hoped to expand these symposia in time into clinics open to the medical profession for the purpose of bringing the work and aims of the hospital into more intimate relation with the members of the profession in our district.

A subject of considerable importance is now under discussion, and an attempt at its solution is planned for the near future. I refer to the reclassification of patients and redistribution of the medical services to establish an effective acute or admission service. All new cases on admission require a very much greater amount of individual study, observation and appropriate treatment, and to enable this concentration in its best form the physicians in charge of these services on the two sides of the hospital should be relieved entirely, if possible, of the care and observation of the more chronic cases. This should in no way discourage attempts at improvement of the chronic cases by proper treatment, education and occupation, but merely focalize the effort of one medical service on the new cases for their more complete understanding and better handling.

SAMUEL TORREY ORTON, A.M., M.D.,

Clinical Director and Pathologist.

PRODUCTS OF THE FARM

ON HAND DEC. 1, 1912, AND NOT DELIVERED AT THE HOSPITAL.

Apples, barrels, 294	Cucumbers, pickle, pecks, 528
Beets, bushels, 740	Mangel-wurzels, bushels, 1,300
Cabbage, tons, 37	Onions, bushels, 870
Carrots, bushels, 520	Parsnips, bushels, 350
Celery, boxes, 190	Squash, winter, tons, 24
Cauliflower, boxes, 34	Turnips, barrels, 273

FARM ACCOUNT.

DR.	
Bread,	\$384 41
Butter,	1,169 98
Blacksmith and supplies,	422 61
Carriage and wagon repairs,	79 90
Current expenses,	1,003 63
Fertilizer,	748 62
Fish,	178 62
Fuel,	1,191 80
Furnishings,	1,047 99
Groceries,	2,467 58
Harness and repairs,	11 00
Hay, grain, etc.,	10,928 82
Ice,	209 40
Live stock: —	
Pigs,	12 00
Meats,	2,347 38
Milk,	1,981 68
Repairs,	531 46
Seeds,	280 77
<i>Amount carried forward,</i>	\$24,997 55

<i>Amount brought forward,</i>	\$24,997 55
Sugar,	560 10
Tools,	178 67
Wages,	14,610 50
Water,	280 11
Net gain for year ending Nov. 30, 1912,	21,298 84
	<hr/>
	\$61,925 87

CR.

Apples, 983.5 barrels,	\$2,458 75
Asparagus, 29.075 boxes,	116 30
Beans, Lima, improved, 26 bushels,	45 50
Beans, shell, 21 bushels,	29 40
Beans, string, green, 135.5 bushels,	135 50
Beans, string, wax, 118 bushels,	106 20
Beef, 2 sides, 664 pounds,	53 12
Beets, 334.16 bushels,	233 91
Blackberries, 1,051 quarts,	157 65
Cabbage, 21.871 tons,	546 78
Carrots, 394.58 bushels,	295 94
Cauliflower, 41.66 boxes,	52 08
Celery, 280.66 boxes,	252 59
Chard, 264 bushels,	105 60
Cider, 1,182 gallons,	141 84
Citron, 20 pounds,	20
Corn, green, 1,098.37 bushels,	823 78
Cucumbers, 110.7 boxes,	83 03
Cucumbers, pickle, 528 pecks,	158 40
Currants, 923 quarts,	92 30
Egg plant, .33 barrel,	66
Grain bags, 2,400,	49 50
Hay, 7.437 tons,	163 61
Hides, 255 pounds,	26 67
Horse-radish, 110 pounds,	4 40
Ice, 1,378 tons,	4,134 00
Kale, 59 bushels,	14 75
Lettuce, 482.16 boxes,	216 97
Live stock:—	
Calves, 45,	450 00
Cows, 8,	426 00
Hog, 1,	12 00
	<hr/>
<i>Amount carried forward,</i>	\$11,387 43

<i>Amount brought forward,</i>	. . . . .	\$11,387 43
Manure, 6 cords,	. . . . .	6 00
Milk, 431,255 quarts,	. . . . .	34,500 40
Muskmelons, 18 crates,	. . . . .	27 00
Oats, 590 bushels,	. . . . .	354 00
Onions, 680.08 bushels,	. . . . .	442 05
Parsley, 9.75 bushels,	. . . . .	3 90
Parsnips, 290 bushels,	. . . . .	217 50
Peas, green, 116.5 bushels,	. . . . .	174 75
Peppers, 1 bushel,	. . . . .	60
Plants, 2,900,	. . . . .	29 00
Pork, 30,845 pounds,	. . . . .	3,680 90
Potatoes, 80 bushels,	. . . . .	56 00
Radishes, 214 dozen bunches,	. . . . .	64 20
Raspberries, 71 quarts,	. . . . .	10 65
Rhubarb, 11,840 pounds,	. . . . .	236 80
Sand, 77 yards,	. . . . .	96 25
Skins, 4,	. . . . .	6 10
Squash, summer, 20.8 barrels,	. . . . .	17 68
Squash, winter, 16.54 tons,	. . . . .	413 50
Scullions, 9 bushels,	. . . . .	3 60
Spinach, 465 bushels,	. . . . .	162 75
Straw, .55 ton,	. . . . .	11 00
Strawberries, 4,669 quarts,	. . . . .	466 90
Tomatoes, ripe, 1,033.66 bushels,	. . . . .	1,033 66
Tomatoes, green, 46 bushels,	. . . . .	34 50
Turnips, 203.18 barrels,	. . . . .	203 18
Veal, 211 pounds,	. . . . .	25 32
Labor of patients, 2,742 days,	. . . . .	2,742 00
Labor of farm attendants, 1,625 days,	. . . . .	2,437 50
Teaming, 759.5 days,	. . . . .	3,038 00
Double harness,	. . . . .	20 00
Old wagon,	. . . . .	10 00
Registration refunded,	. . . . .	12 75
		<hr/>
		\$61,925 87

VALUATION OF PERSONAL ESTATE.

Nov. 30, 1912.

Food,	\$10,344 22
Clothing and clothing material,	11,368 31
Furnishings,	78,114 37
Heat, light and power,	3,418 41
Repairs and improvements,	5,297 67
Farm, stable and grounds,	42,773 42
Miscellaneous,	14,833 55
	<hr/>
	\$166,149 95

TREASURER'S REPORT.

To the Trustees of the Worcester State Hospital.

I respectfully submit the following report of the finances of this institution for the fiscal year ending Nov. 30, 1912:—

CASH ACCOUNT.		
Balance Dec. 1, 1911,	. . . . .	\$8,510 86
<i>Receipts.</i>		
<i>Institution Receipts.</i>		
Board of inmates:—		
Private,	. . . . . \$43,352 76	
Reimbursements, insane,	. . . . . 21,065 25	
Cities and towns,	. . . . . 41 32	
	<hr style="width: 100%;"/>	\$64,459 33
Sales:—		
Food,	. . . . . \$1,162 71	
Clothing and materials,	. . . . . 335 37	
Furnishings,	. . . . . 4 00	
Heat, light and power,	. . . . . 6 25	
Repairs and improvements,	. . . . . 101 59	
Miscellaneous,	. . . . . 294 58	
Farm, stable and grounds:—		
Cows and calves,	. . . . . 876 00	
Pigs and hogs,	. . . . . 12 00	
Hides,	. . . . . 32 77	
Sundries,	. . . . . 188 40	
	<hr style="width: 100%;"/>	3,013 67
Miscellaneous receipts:—		
Interest on bank balances,	. . . . . \$615 54	
Rent,	. . . . . 420 00	
	<hr style="width: 100%;"/>	1,035 54
Sale of land,	. . . . .	68,508 54 5,000 00
<i>Receipts from Treasury of Commonwealth.</i>		
Maintenance appropriations:—		
Balance of 1911,	. . . . . \$14,073 75	
Advance money (amount on hand November 30),	. . . . . 13,500 00	
Approved schedules of 1912,	. . . . . \$294,074 09	
Less returned,	. . . . . 125 24	
	<hr style="width: 100%;"/>	293,948 85
Special appropriations,	. . . . .	321,522 60 45,829 53
Total,	. . . . .	<hr style="width: 100%;"/> \$449,371 53

Payments.

To treasury of Commonwealth, institution receipts,		\$68,508 54
Sale of land,		5,000 00
Maintenance of appropriations: —		
Balance November schedule, 1911,	\$22,584 61	
Eleven months' schedules, 1912,	293,948 85	
November advances,	5,730 99	
	<hr/>	322,264 45
Special appropriations: —		
Approved schedules,		45,829 53
Balance Nov. 30, 1912: —		
In bank,	\$6,383 63	
In office,	1,385 38	
	<hr/>	7,769 01
Total,		<hr/> \$449,371 53

MAINTENANCE.

Appropriation,	\$308,000 00
Expenses (as analyzed below),	316,495 20
	<hr/>
Deficit,	\$8,495 20

Analysis of Expenses.

Salaries, wages and labor: —		
General administration,	\$30,355 14	
Medical service,	13,593 36	
Ward service (male),	25,227 03	
Ward service (female),	26,452 39	
Repairs and improvements,	17,483 16	
Farm, stable and grounds,	16,241 43	
	<hr/>	\$129,352 51
Food: —		
Butter,	\$15,938 87	
Beans,	1,222 13	
Bread and crackers,	489 68	
Cereals, rice, meal, etc.,	1,762 23	
Cheese,	1,177 44	
Eggs,	6,635 08	
Flour,	11,892 53	
Fish,	3,701 82	
Fruit (dried and fresh),	2,353 89	
Meats,	26,481 96	
Milk,	753 46	
Molasses and syrup,	433 58	
Sugar,	6,529 91	
Tea, coffee, broma and cocoa,	2,076 70	
Vegetables,	5,818 47	
Sundries,	2,277 69	
	<hr/>	89,545 44
Amount carried forward,		<hr/> \$218,897 95

<i>Amount brought forward,</i>			\$218,897 95
Clothing and materials:—			
Boots, shoes and rubbers,		\$1,946 18	
Clothing,		4,715 50	
Dry goods for clothing and small wares,		2,262 93	
Furnishing goods,		219 76	
Hats and caps,		130 46	
Leather and shoe findings,		30 27	
Sundries,		53 57	
		<hr/>	9,358 67
Furnishings:—			
Beds, bedding, table linen, etc.,		\$8,758 24	
Brushes, brooms,		609 95	
Carpets, rugs, etc.,		589 73	
Crockery, glassware, cutlery, etc.,		681 27	
Furniture and upholstery,		803 20	
Kitchen furnishings,		671 00	
Wooden ware, buckets, pails, etc.,		228 19	
Sundries,		920 16	
		<hr/>	13,261 74
Heat, light and power:—			
Coal,		\$24,031 89	
Gas,		391 53	
Oil,		286 69	
Sundries,		117 94	
		<hr/>	24,828 05
Repairs and improvements:—			
Brick,		\$142 38	
Cement, lime and plaster,		480 31	
Doors, sashes, etc.,		210 94	
Electrical work and supplies,		1,451 38	
Hardware,		1,402 89	
Lumber,		1,347 25	
Machinery, etc.,		34 50	
Paints, oil, glass, etc.,		2,956 82	
Plumbing, steam fitting and supplies,		1,747 08	
Roofing and materials,		493 83	
Sundries,		1,494 49	
		<hr/>	11,761 ⁸ / ₈₇
Farm, stable and grounds:—			
Blacksmith and supplies,		\$637 03	
Carriages, wagons, etc., and repairs,		1,094 53	
Fertilizers, vines, seeds, etc.,		1,153 82	
Hay, grain, etc.,		12,937 25	
Harnesses and repairs,		122 44	
Other live stock,		12 00	
Rent,		250 00	
Tools, farm machines, etc.,		315 86	
Sundries,		1,557 28	
		<hr/>	18,080 21
Miscellaneous:—			
Books, periodicals, etc.,		\$600 83	
Religious services,		660 00	
		<hr/>	
<i>Amounts carried forward,</i>		\$1,260 83	\$296,188 49

<i>Amounts brought forward,</i>	\$1,260 83	\$296,188 49
<i>Miscellaneous — Con..</i>		
Entertainment,	144 90	
Freight, expressage and transportation,	1,109 51	
Funeral expenses,	272 00	
Gratuities,	58 24	
Hose, etc.,	329 68	
Ice,	291 75	
Medicines and hospital supplies,	2,692 78	
Medical attendance, nurses, etc. (extra),	360 43	
Postage,	491 18	
Printing and printing supplies,	321 52	
Printing annual report,	169 38	
Return of runaways,	359 80	
Soap and laundry supplies,	2,914 82	
Stationery and office supplies,	873 97	
School books and school supplies,	175 41	
Travel and expenses (officials),	540 96	
Telephone and telegraph,	508 00	
Tobacco,	1,355 78	
Water,	4,459 53	
Sundries,	1,616 24	
		20,306 71
Total expenses for maintenance,		\$316,495 20

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1911,		\$12,100 00
Appropriations for fiscal year (\$111,700 plus \$101.77 from extraordinary expenses),		111,801 77
Total,		\$123,901 77
Expended during the year (see statement annexed),	\$45,829 53	
Reverting to treasury of Commonwealth,	12,100 00	
		57,929 53
Balance Nov. 30, 1912,		\$65,972 24

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$7,769 01	
November cash vouchers (paid from advance money),	5,730 99	
Due from treasury of Commonwealth account		
November, 1912, schedule,	551 15	
		14,051 15

Liabilities.

Schedule of November bills,		\$22,546 35
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PER CAPITA.

During the year the average number of inmates has been 1,349.58.

Total cost for maintenance, \$316,495.20.

Equal to a weekly per capita cost of \$4.49 +.

Receipts from sales, \$3,013.67.

Equal to a weekly per capita of \$0.0428.

All other institution receipts \$65,494.87.¹

Equal to a weekly per capita of \$0.9305.

INDUSTRIES FUND.

Appropriation,	\$300 00
Receipts credited,	-
	<hr/>
	\$300 00
Expenditures,	-
	<hr/>
Balance Nov. 30, 1912,	\$300 00
	<hr/>

¹ Sale of land, \$5,000, not included.

Special Appropriations.

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Expended to Date.	Balance at End of Year.
Alterations and repairs,	Res. 1911, chap. 150	\$10,000 00	—	—	\$10,000 00 ¹
Two elevators,	Res. 1911, chap. 150	2,100 00	—	—	2,100 00 ¹
Accommodations for 100 male patients,	Acts 1912, chap. 129	84,000 00	\$26,277 76	\$26,277 76	57,722 24
Salisbury wards,	Acts 1912, chap. 129	10,000 00	5,950 00	5,950 00	4,050 00
Two elevators,	Acts 1912, chap. 129	4,200 00	—	—	4,200 00
Purchase of land,	Acts 1912, chap. 129	13,500 00	13,500 00	13,500 00	—
Purchase of land transferred (from extraordinary expenses),	—	101 77	101 77	101 77	—
		\$123,901 77	\$45,829 53	\$45,829 53	\$65,972 24

¹ Reverting to treasury of the Commonwealth.

Respectfully submitted,

E. V. SCRIBNER,

Treasurer.

Examined and found correct as compared with the records in the office of the Auditor of the Commonwealth.

WARREN A. MERRILL,

Assistant Supervisor of Accounts.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1911,	\$5,003 51	
Receipts,	2,275 78	
Interest on bank balance,	158 31	
		\$7,437 60
Interest paid to State Treasurer,	\$158 31	
Refunded,	2,953 83	
		3,112 14
		<u>\$4,325 46</u>

Investment.

Worcester County Institution for Savings,	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Balance Worcester National Bank,	1,067 64	
Cash on hand Dec. 1, 1912,	257 82	
		<u>\$4,325 46</u>

LEWIS FUND.

Balance on hand Nov. 30, 1911,	\$1,481 31	
Income,	58 92	
		\$1,540 23
Expended for vault rent,	6 00	
		<u>\$1,534 23</u>

Investment.

American Telephone and Telegraph Company		
Bond,	\$926 36	
Worcester County Institution for Savings,	342 60	
Balance Worcester National Bank,	265 27	
		<u>\$1,534 23</u>

WHEELER FUND.

Balance on hand Nov. 30, 1911,	\$5,287 27	
Income,	234 71	
		\$5,521 98
Expended for books,	140 56	
		<u>\$5,381 42</u>

Investment.

6 shares Worcester National Bank,	\$1,002 00	
American Telephone and Telegraph Company Bond,	712 50	
Worcester County Institution for Savings,	1,600 00	
Worcester Five Cents Savings Bank,	1,719 47	
Mechanics Savings Bank,	166 86	
Balance Worcester National Bank,	180 59	
		<u>\$5,381 42</u>

LAWN FUND.

Balance on hand Nov. 30, 1911,	\$435 14	
Income,	17 56	
		<u>\$452 70</u>

Investment.

Mechanics Savings Bank,	\$452 70	
		<u>\$452 70</u>

MANSON FUND.

Balance on hand Nov. 30, 1911,	\$1,564 65	
Income,	63 18	
		<u>\$1,627 83</u>

Investment.

Worcester County Institution for Savings,	\$1,627 83	
		<u>\$1,627 83</u>

Respectfully submitted,

E. V. SCRIBNER,

Treasurer of the Corporation.

Nov. 30, 1912.

WORCESTER, MASS., Dec. 6, 1912.

I hereby certify that I have this day compared the treasurer's statement of funds for the year ending Nov. 30, 1912, with the books kept at the Worcester State Hospital, and find it correct. I have also inspected the securities representing the investments and find their value is as stated.

GEO. L. CLARK,

Auditor of Accounts.

STATISTICAL TABLES.

[FORM PRESCRIBED BY STATE BOARD OF INSANITY.]



1. — General Statistics of the Year.

	INSANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
	Patients in the hospital Sept. 30, 1911, Viz: regularly committed,	673	604	1,337	1	—	1	—	—	9	674	673	1,347
emergency,	673	604	1,337	—	—	—	—	—	9	673	673	1,346
voluntary,	—	—	—	—	—	—	—	—	—	—	—	—
temporary care,	—	—	—	—	—	—	—	—	—	—	—	—
Admitted within the year, Viz: by regular commitment,	305	274	579	14	5	19	—	—	7	319	286	605
emergency,	247	228	475	—	—	—	—	—	7	247	235	482
voluntary,	5	6	11	—	—	—	—	—	—	5	6	11
temporary care,	—	—	—	14	5	19	—	—	—	14	5	19
Viz: observation, others,	—	—	—	7	2	9	—	—	—	7	2	9
by transfer,	4	5	9	7	3	10	—	—	—	4	5	9
from visit,	3	2	5	—	—	—	—	—	—	4	5	9
from escape,	8	1	9	—	—	—	—	—	—	8	1	9
Nominal admissions for discharge, Viz: from visit,	38	32	70	—	—	—	—	—	—	38	32	70
from escape,	37	32	69	—	—	—	—	—	—	37	32	69
from number of cases within the year, Dismissed within the year,	978	938	1,916	15	5	20	—	—	16	993	959	1,952
Viz: discharged,	345	276	621	14	5	19	—	—	12	359	293	652
as recovered,	108	104	212	13	5	18	—	—	11	121	120	241
as capable of self-support, as improved,	32	43	75	6	6	12	—	—	11	38	54	92
as not improved,	33	30	63	6	3	9	—	—	—	33	33	66
died,	9	14	23	1	1	2	—	—	—	10	14	24
as not insane,	32	14	46	2	2	4	—	—	—	34	16	50
transferred,	2	3	5	4	4	8	—	—	—	6	3	9
on visit Oct. 1, 1912,	86	56	142	—	—	—	—	—	—	86	56	142
Nominal dismissals for commitment,	78	59	137	—	—	—	—	—	—	78	60	138
Viz: from escape,	18	5	23	—	—	—	—	—	—	18	5	23
from escape,	55	52	107	—	—	—	—	—	—	55	52	107
on visit Oct. 1, 1912,	—	—	—	1	—	1	—	—	—	1	—	1

1. — General Statistics of the Year — Concluded.

	INSANE.			TEMPORARY CARE.			INEBRIATES.			AGGREGATES.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Patients remaining Sept. 30, 1912,												
<i>Viz:</i> regularly committed,	633	662	1,295	—	—	1	—	—	—	634	666	1,300
voluntary,	633	662	1,295	—	—	—	—	—	—	633	666	1,299
temporary care,	—	—	—	—	—	—	—	—	—	—	—	—
supported as State patients,	—	—	—	1	—	1	—	—	—	—	—	—
as reimbursing patients,	526	505	1,031	—	—	—	—	—	—	527	509	1,036
as private patients,	52	64	116	—	—	—	—	—	—	52	64	116
Number of different persons within the year,	55	93	148	—	—	—	—	—	—	55	93	148
Number of different persons admitted,	931	904	1,835	15	5	20	15	15	15	946	924	1,870
Number of different persons admitted from the community,	261	243	504	14	5	19	6	6	6	275	254	529
Number of different persons dismissed,	247	234	481	14	5	19	7	7	7	261	246	507
Number of different persons dismissed to the community,	300	244	544	14	5	19	11	11	11	314	260	574
Number of different persons recovered,	222	184	406	14	5	19	—	—	—	236	200	436
Number of different persons capable of self-support,	32	43	75	6	3	9	—	—	—	38	53	91
Daily average number of patients,	676.87	675.95	1,352.82	1.13	.71	1.84	—	—	—	678.00	681.69	1,359.69
<i>Viz:</i> State patients,	571.08	515.57	1,086.65	1.03	.71	1.74	—	—	—	572.11	521.31	1,093.42
reimbursing patients,	90.90	69.13	120.03	—	—	—	—	—	—	90.90	69.13	120.03
private patients,	54.89	91.25	146.14	.10	—	.10	—	—	—	54.90	91.25	146.24
Whole number of emergency admissions,	—	—	—	—	—	—	—	—	—	—	1	2
Whole number of voluntary admissions,	—	—	—	—	—	—	—	—	—	—	5	7
Daily average number of voluntary patients,	—	—	—	—	—	—	—	—	—	.67	2.99	3.66
Whole number of temporary care admissions,	—	—	—	—	—	—	—	—	—	—	29	42
Daily average number of temporary care patients,	—	—	—	—	—	—	—	—	—	1.08	.61	1.69

2. — *Insane received on First and Subsequent Commitment.*

NUMBER OF THE COMMITMENT.	CASES COMMITTED.		
	Males.	Females.	Totals.
First to this hospital,	217	202	419
Second to this hospital,	29	21	50
Third to this hospital,	3	3	6
Fourth to this hospital,	—	4	4
Fifth to this hospital,	2	1	3
Seventh to this hospital,	1	1	2
Eighth to this hospital,	—	1	1
Eleventh to this hospital,	—	1	1
Total cases,	252	234	486
Total persons,	246	230	476
Never before in any hospital for the insane,	197	187	384

3. — *Nativity and Parentage of Insane Persons first admitted to Any Hospital.*

PLACES OF NATIVITY.	MALES.			FEMALES.			TOTALS.		
	Patient.	Father.	Mother.	Patient.	Father.	Mother.	Patient.	Father.	Mother.
Massachusetts,	66	26	31	57	26	22	123	52	53
Other New England States,	22	20	18	25	21	24	47	41	42
Other States,	10	6	5	9	5	4	19	11	9
Total native,	98	52	54	91	52	50	189	104	104
Other countries: —									
Armenia,	—	—	—	1	1	1	1	1	1
Austria,	1	1	1	1	1	1	2	2	2
Azore Islands,	2	1	1	2	2	2	4	3	3
Belgium,	—	—	—	1	1	1	1	1	1
Canada,	14	22	21	14	17	16	28	39	37
Cape Breton,	—	1	—	1	1	1	1	2	1
Denmark,	1	1	1	—	1	1	1	2	2
England,	7	7	6	7	9	6	14	16	12
Finland,	3	3	3	4	4	4	7	7	7
Germany,	2	5	3	2	3	3	4	8	6
Greece,	2	2	2	—	—	—	2	2	2
Ireland,	23	40	44	26	48	54	49	88	98
Italy,	4	5	4	3	3	3	7	8	7
Madeira Islands,	1	1	1	—	—	—	1	1	1
New Brunswick,	3	6	2	1	2	2	4	8	4
Newfoundland,	—	—	1	1	—	1	1	—	2
Nova Scotia,	3	3	3	7	6	7	10	9	10
Poland,	5	5	5	—	—	—	5	5	5
Portugal,	—	—	—	—	1	1	—	1	1
Prince Edward Islands,	2	2	2	2	—	1	4	2	3
Russia,	10	10	9	5	4	4	15	14	13
Scotland,	2	2	3	2	5	3	4	7	6
Spain,	2	1	1	—	—	—	2	1	1
Sweden,	5	6	6	9	9	9	14	15	15
Syria,	1	1	1	—	—	—	1	1	1
Turkey,	2	2	2	—	—	—	2	2	2
Wales,	1	1	1	—	—	—	1	1	1
West Indies,	—	—	—	2	2	2	2	2	2
Total foreign,	96	128	123	91	120	123	187	248	246
Unknown,	3	17	20	5	15	14	8	32	34
Totals,	197	197	197	187	187	187	384	384	384

4. — Residence of Insane Persons admitted from the Community.

PLACES.	FIRST ADMITTED TO ANY HOSPITAL.			OTHER ADMISSIONS.			TOTALS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Massachusetts (by counties): —									
Bristol,	1	-	1	1	-	1	2	-	2
Essex,	2	-	2	1	-	1	3	-	3
Middlesex,	64	64	128	10	13	23	74	77	151
Norfolk,	-	3	3	-	-	-	-	3	3
Suffolk,	19	10	29	7	3	10	26	13	39
Worcester,	111	110	221	31	31	62	142	141	283
Totals,	197	187	384	50	47	97	247	234	481
Cities or large towns (10,000 or over),	156	148	304	39	37	76	195	185	380
Country districts (under 10,000), . .	41	39	80	11	10	21	52	49	101

5. — Civil Condition of Insane Persons first admitted to Any Hospital.

	Males.	Females.	Totals.
Unmarried,	82	64	146
Married,	88	77	165
Widowed,	21	39	60
Divorced,	4	3	7
Totals,	195	183	378
Unknown,	2	4	6
Totals,	197	187	384

6. — Occupation of Insane Persons first admitted to Any Hospital.

FEMALES.

Cashier,	1	School-teacher,	1
Clerks,	4	Seamstress,	1
Compositor,	1	Stenographer,	1
Cooks,	2	Student,	1
Dressmaker,	1	Tailoress,	1
Domestics,	32	Waitress,	1
Housekeepers,	20	No occupation,	47
Housewives,	53		—
Laundress,	1	Total,	183
Milliner,	1	Unknown,	4
Nurse,	1		—
Operatives,	13	Total,	187

MALES.

Agents,	2	Hackman,	1
Baker,	1	Hatter,	1
Barbers,	2	Hostlers,	2
Bar tender,	1	Janitor,	1
Blacksmiths,	3	Laborers,	48
Cabinet makers,	2	Letter carrier,	1
Carpenters,	13	Lithographer,	1
Cigar maker,	1	Machinists,	5
Clerks,	10	Mechanics,	2
Coachmen,	3	Merchants,	2
Draughtsman,	1	Millwright,	1
Electrician,	1	Miner,	1
Engineer,	1	Musician,	1
Farmers,	7	Operatives,	28
Firemen,	5	Painters,	4
Fish cutter,	1	Physician,	1
Gardener,	1	Printers,	3

6. — *Occupation of Insane Persons first admitted to Any Hospital — Concluded.*

MALES — *Concluded.*

Proofreader,	1	Waiter,	1
Reporter,	1	No occupation,	20
Restaurant keeper,	1		—
Sea captain,	1	Total,	192
Students,	4	Unknown,	5
Superintendent,	1		—
Tailor,	1	Total,	197
Teamsters,	3		

7. — *Ages of Insane at First Attack, Admission and Death.*

AGES.	FIRST ADMITTED TO ANY HOSPITAL.						DIED.					
	AT FIRST ATTACK.			WHEN ADMITTED.			AT FIRST ATTACK.			AT TIME OF DEATH.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
Congenital,	14	11	25	-	-	-	2	4	6	-	-	-
15 years and less,	-	3	3	-	-	-	-	1	1	-	-	-
From 15 to 20 years,	5	9	14	8	9	17	1	1	2	-	-	1
20 to 25 years,	13	22	35	17	18	35	4	4	8	2	2	4
25 to 30 years,	13	13	26	14	13	27	4	4	8	2	2	4
30 to 35 years,	15	15	30	18	21	39	12	4	16	4	4	8
35 to 40 years,	23	15	38	26	19	45	7	6	13	8	5	13
40 to 50 years,	29	24	53	40	29	69	18	8	26	15	9	24
50 to 60 years,	26	19	45	30	26	56	11	3	14	21	8	29
60 to 70 years,	16	20	36	20	18	38	11	13	24	16	8	24
70 to 80 years,	11	17	28	17	17	34	8	7	15	12	11	23
Over 80 years,	3	6	9	6	14	20	5	2	7	8	8	16
Totals,	168	174	342	196	184	380	80	54	134	86	56	142
Unknown,	28	10	38	-	-	-	6	2	8	-	-	-
Not insane,	1	3	4	1	3	4	-	-	-	-	-	-
Totals,	197	187	384	197	187	384	86	56	142	86	56	142
Mean known ages (in years),	43.25	42.95	43.10	45.07	46.88	45.95	50.82	50.07	50.34	56.65	57.78	57.09

8. — Probable Causes of Mental Disease in Persons first admitted to Any Hospital.

EXCITING CAUSES.	ADMITTED.			PREDISPOSING CAUSES.									
	Males.	Females.	Totals.	HEREDITARY TENDENCY.		NEUROTIC TENDENCY.		ALCOHOLIC TENDENCY.					
				Males.	Females.	Males.	Females.	Males.	Females.	Totals.			
<i>Physical.</i>													
Adolescence,	6	-	6	1	-	1	-	-	-	1	-	-	1
Adolescence and other causes,	3	3	3	2	1	3	2	5	2	-	2	7	38
Alcohol,	35	3	38	2	-	2	-	5	2	-	2	7	12
Alcohol and other causes,	9	3	12	2	-	2	-	-	1	1	2	3	1
Arteriosclerosis,	6	5	11	-	-	-	-	-	-	-	-	-	1
Arteriosclerosis and other causes,	14	19	33	2	1	3	1	2	6	1	7	3	1
Cerebral hemorrhage,	5	4	9	1	-	1	-	1	1	2	-	3	-
Cerebral hemorrhage and other causes,	2	4	4	1	-	1	-	-	-	-	-	-	-
Childbirth,	-	4	4	-	-	-	-	-	-	-	-	-	-
Childbirth and other causes,	-	2	2	-	-	1	-	-	1	1	-	2	-
Chorea,	1	-	1	1	-	1	-	-	-	-	-	-	-
Congenital,	11	6	17	1	-	1	-	3	3	3	5	8	2
Congenital,	11	9	20	3	2	5	2	3	5	3	8	11	2
Constitutional predisposition,	-	1	1	-	-	1	-	-	-	-	-	-	-
Constitutional predisposition and other causes,	2	4	6	-	-	1	-	-	1	1	4	5	1
Epilepsy,	5	4	9	-	-	1	-	3	1	4	5	9	1
Gross brain lesion,	1	-	1	1	-	1	-	1	-	1	-	2	1
Heredity,	12	33	45	12	33	45	20	2	20	2	22	44	1
Heredity and other causes,	6	6	12	6	6	12	3	2	9	2	11	22	1
Ill health,	2	5	7	-	1	1	-	1	3	1	4	5	-

9. — *Probable Duration of Mental Disease before Admission.*

PREVIOUS DURATION.	FIRST ADMITTED TO ANY HOSPITAL.		
	Males.	Females.	Totals.
Congenital,	14	11	25
Under 1 month,	31	26	57
From 1 to 3 months,	30	21	51
3 to 6 months,	19	22	41
6 to 12 months,	20	24	44
1 to 2 years,	12	11	23
2 to 5 years,	24	30	54
5 to 10 years,	15	9	24
10 to 20 years,	3	15	18
Over 20 years,	—	5	5
Totals,	168	174	342
Unknown,	28	10	38
Not insane,	1	3	4
Totals,	197	187	384
Average known duration (in years), .	4.23	4.53	4.38

10. — Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died.

FORM OF DISEASE.	COMMITTED.			RECOVERED.						CAPABLE OF SELF-SUPPORT.						DISCHARGED.						TOTAL DISCHARGES AND DEATHS.							
	M.		F.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.		
A. — First admitted to any hospital: —																													
Acute hallucinosis,			3	3	2	1	3																						
Alcoholic insanity, acute: —																													
Alcoholic delirium,			1	1																									
Alcoholic depression,			10	10	13	3	16																						
Alcoholic hallucinosis,			7	7	8		8																						
Delirium tremens,																													
Alcoholic insanity, chronic: —			3	4	7																								
Alcoholic deterioration,																													
Alcoholic hallucinosis,			10	10																									
Alcoholic paranoic condition,			3	1	4																								
Polyneuritic psychosis,			4	6	10																								
Constitutional inferiority,			2	2	1	4	5																						
Delirium, acute,			54	52	106																								
Dementia praecox,			5	4	9																								
Epileptic insanity,																													
Exhaustion psychosis,																													
General paralysis of the insane,			30	8	38																								
Huntington's chorea,			1	2	3																								
Hysterical insanity,			1	2	3																								
Imbecility,			10	6	16																								
Manic-depressive insanity: —																													
Depressed form,			7	28	35	2	8	10																					
Manic form,			3	8	11																								
Mixed form,																													
Melancholia, senile,																													
Organic dementia,																													
Paranoic condition,			12	7	19																								
Paranoic condition, senile,			2	1	3																								
Paranoic episode,			5	6	11																								
Pre-senile psychosis,																													
Psychoasthenia,																													
Senile dementia,																													
Toxic insanity, acute: —			25	38	63																								
Delirium,			1	3	4																								
Hallucinosis,																													
Traumatic insanity,			1	1	2																								
Not insane,			1	3	4																								
Totals,			197	187	384	27	30	57	25	25	50	6	7	13	25	12	37	2	3	5	77	52	129	162	129	291			

10. — Form of Mental Disease in Patients admitted from the Community, discharged, with Condition on Discharge, or died — Concluded.

FORM OF DISEASE.	COMMITTED.		RECOVERED.						CAPABLE OF SELF-SUPPORT.						DISCHARGED.						TOTAL DISCHARGES AND DEATHS.		
	M.	F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.		F.	T.	M.	F.	T.	
				M.	F.			M.	F.			M.	F.			M.	F.						M.	F.	T.
B. — Other admissions: —																							
Alcoholic insanity acute: —	1		1	2		2														2			2
Alcoholic hallucinosis,																							
Alcoholic insanity, chronic: —	2		2																				
Alcoholic deterioration,	9		9																				
Alcoholic paranoic condition,	1		1																				
Polynuclear psychosis,	2		2																				
Constitutional inferiority,	17		39																				
Dementia precox,	2		4																				
Epileptic insanity,	6		6																				
General paralysis of the insane,	1		2																				
Imbecility,																							
Manic-depressive insanity: —																							
Circular form,	4		4																				
Depressed form,	7	11	18	2	6	8	1	1	1	1	1	2											
Manic form,	4	14	18	1	6	7	1	1	1	2													
Mixed form,	1		1			1																	
Melancholia, senile,	1		1																				
Organic dementia,	1		1																				
Paranoic dementia,	1		1																				
Paranoic condition, senile,	1		1																				
Psychosthenia,	1		2																				
Totals,	55	47	102	5	13	18	8	5	13	3	7	10	7	2	9	9	4	13	32	31	63		
Aggregate cases,	252	234	486	32	43	75	33	30	63	9	14	23	32	14	46	2	3	5	194	160	354		
Aggregate persons,	247	234	481	32	43	75	32	30	62	9	14	23	32	14	46	2	3	5	193	160	353		

11. — Discharges of the Insane, classified by Admission and Result.

NUMBER OF THE ADMISSION.	RECOVERED.			CAPABLE OF SELF-SUPPORT.			IMPROVED.			NOT IMPROVED.			NOT INSANE.			DIED.			AGGREGATES.			
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	
																						Males.
First to this hospital, . . .	30	36	66	27	25	52	8	10	18	28	13	41	2	3	5	79	54	133	174	141	315	
Second to this hospital, . . .	2	5	7	6	2	8	1	2	3	4	1	5	-	-	-	5	1	6	18	11	29	
Third to this hospital, . . .	-	1	1	-	2	2	-	2	2	-	-	-	-	-	-	-	-	-	-	5	5	5
Fourth to this hospital, . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2	1	1	2	
Tenth to this hospital, . . .	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Eleventh to this hospital, . . .	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Sixteenth to this hospital, . . .	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	2
Total cases, . . .	32	43	75	33	30	63	9	14	23	32	14	46	2	3	5	86	56	142	194	160	354	
Total persons, . . .	32	43	75	32	30	62	9	14	23	32	14	46	2	3	5	86	56	142	193	160	353	
First admitted to any hospital, . . .	27	30	57	25	25	50	6	7	13	25	12	37	2	3	5	77	52	129	162	129	291	

13. — Duration of Mental Disease and its Treatment in Patients who recovered or died.

PERIOD.	FIRST ADMITTED TO ANY HOSPITAL.						ALL OTHER ADMISSIONS.								
	DURATION BEFORE ADMISSION.			HOSPITAL RESIDENCE.			WHOLE DURATION.			WHOLE KNOWN PERIOD OF MENTAL DISEASE.			WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
A. — Recovered:—															
Under 1 month,	19	14	33	9	2	11	5	1	6	—	—	—	—	—	—
From 1 to 3 months,	6	7	13	8	14	22	8	9	17	—	—	—	—	—	—
3 to 6 months,	—	4	4	5	6	11	6	6	12	—	—	—	—	—	—
6 to 12 months,	1	1	2	3	2	5	4	4	8	2	3	5	2	6	8
1 to 2 years,	—	1	1	1	3	4	2	4	6	2	6	8	2	2	4
2 to 5 years,	—	—	—	1	3	4	1	3	4	1	1	2	—	—	—
5 to 10 years,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
10 to 20 years,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Over 20 years,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals,	26	28	54	27	30	57	26	28	54	5	13	18	5	13	18
Unknown,	1	2	3	—	—	—	1	2	3	—	—	—	—	—	—
Totals,	27	30	57	27	30	57	27	30	57	5	13	18	5	13	18
Average of known cases (in months), . . . . .	.75	4.26	2.61	5.12	8.00	6.35	4.82	12.88	7.09	14.81	20.25	18.78	10.83	15.25	14.05

B.—Died:—																		
Under 1 month, . . .	11	21	20	10	30	-	2	2	-	-	-	-	-	-	-	-	-	-
From 1 to 3 months, . . .	11	16	10	9	19	4	3	7	-	-	-	-	-	-	-	-	-	-
3 to 6 months, . . .	12	16	10	5	15	9	2	11	-	-	-	-	-	-	-	-	-	-
6 to 12 months, . . .	11	17	10	5	15	10	6	16	-	-	-	-	-	-	-	-	-	-
1 to 2 years, . . .	8	14	9	6	15	13	4	17	1	1	1	1	1	1	1	1	1	1
2 to 5 years, . . .	5	12	7	8	15	13	4	25	2	2	2	2	2	2	2	2	2	2
5 to 10 years, . . .	2	7	6	8	14	4	10	14	1	1	1	1	1	1	1	1	1	1
10 to 20 years, . . .	1	3	4	-	4	7	6	13	1	1	1	1	1	1	1	1	1	1
Over 20 years, . . .	4	9	1	1	2	5	5	10	3	1	1	1	1	1	1	1	1	1
Totals, . . .	65	115	77	52	129	65	50	115	8	4	12	8	4	12	8	4	12	8
Unknown, . . .	12	14	-	-	-	12	2	14	1	-	1	1	-	1	1	-	1	1
Totals, . . .	77	129	77	52	129	77	52	129	9	4	13	9	4	13	9	4	13	9
Average of known cases (in months), . . .	49.23	70.62	58.53	28.91	37.14	83.10	97.60	89.23	165.03	251.79	194.76	123.91	231.02	159.76	123.91	231.02	159.76	123.91

