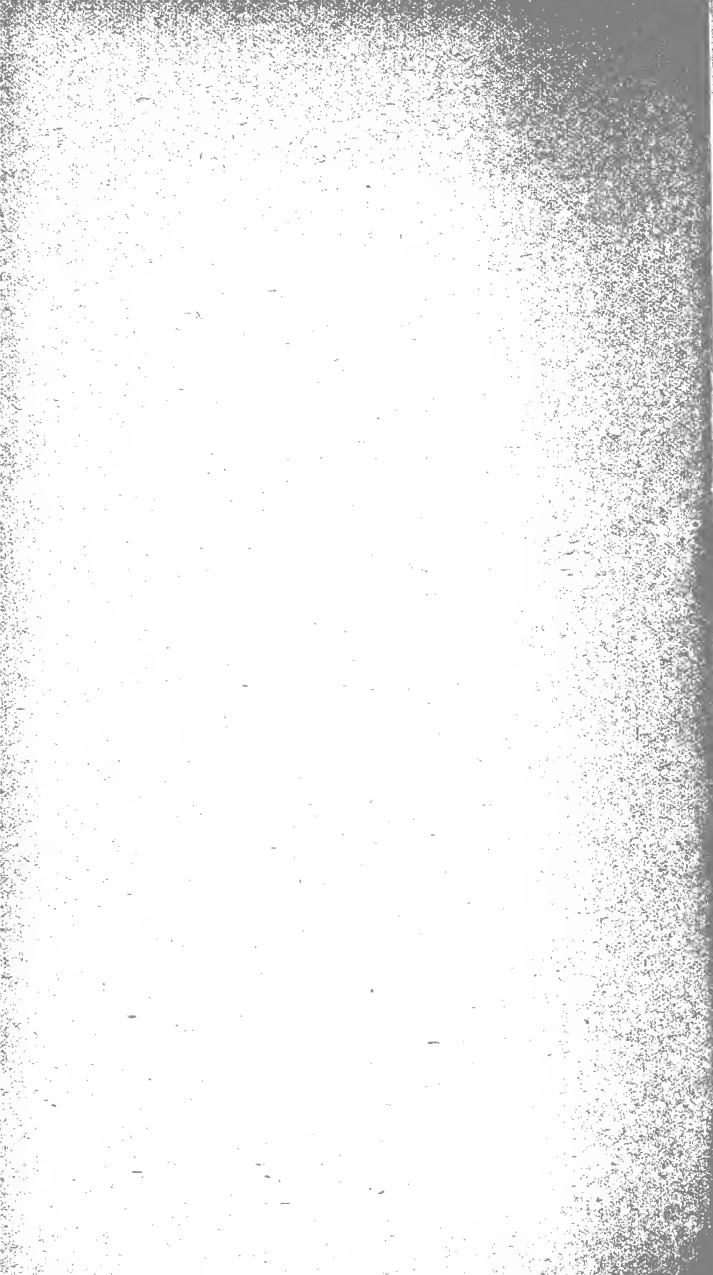


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EIGHTY-SIXTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
WORCESTER STATE HOSPITAL
FOR THE
YEAR ENDING NOVEMBER 30, 1918



BOSTON
WRIGHT & POTTER PRINTING CO., STATE PRINTERS
32 DERNE STREET
1919



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OFFICERS OF THE HOSPITAL.

TRUSTEES.

WILLIAM J. DELEHANTY,	WORCESTER.
EDWARD F. FLETCHER,	WORCESTER.
JOHN E. WHITE,	WORCESTER.
JOHN G. PERMAN,	WORCESTER.
DONALD GORDON,	BOSTON.
CAROLINE M. CASWELL,	BOSTON.
GEORGIE A. BACON,	WORCESTER.

RESIDENT OFFICERS.

B. HENRY MASON, M.D.,	<i>Acting Superintendent.</i>
DONALD R. GILFILLAN, M.D., ¹	<i>Assistant Physician.</i>
ARTHUR H. MOUNTFORD, M.D.,	<i>Senior Assistant Physician.</i>
JOHN C. LINDSAY, M.D., ¹	<i>Assistant Physician.</i>
MARIE C. LINDSAY, M.D.,	<i>Assistant Physician.</i>
ROBERT B. HARRIMAN, M.D.,	<i>Assistant Physician.</i>
HELEN W. HAM, M.D.,	<i>Assistant Physician.</i>
WILLIAM J. VIVIAN, M.D.,	<i>Assistant Physician.</i>
ADA F. HARRIS, M.D.,	<i>Pathologist.</i>
ELSIE I. RICHARDS, R.N.,	<i>Superintendent of Nurses.</i>
HERBERT W. SMITH,	<i>Steward.</i>
LILLIAN G. CARR,	<i>Matron.</i>
JOSEPH T. REYNOLDS,	<i>Farmer.</i>

NONRESIDENT OFFICERS.

JENNIE A. HARRINGTON,	<i>Social Service Worker.</i>
BURTON E. LORING, D.D.S.,	<i>Dentist.</i>
GEORGE E. PARESEAU,	<i>Druggist.</i>
JESSIE M. D. HAMILTON,	<i>Clerk.</i>
JAMES DICKISON, JR.,	<i>Engineer.</i>

¹ Leave of absence: Capt. Donald R. Gilfillan, M. C., U. S. A., A. E. F.; Lieut. John C. Lindsay, M. C., U. S. N.

ALPHABETICALLY BY SURNAME

1900-1901

ALPHABETICALLY BY SURNAME

1902-1903

ALPHABETICALLY BY SURNAME

1904-1905

ALPHABETICALLY BY SURNAME

1906-1907

ALPHABETICALLY BY SURNAME

The Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester State Hospital respectfully present their eighty-sixth annual report.

The year has been one of few accomplishments in the way of major improvements and repairs, of a keen realization of the needs as outlined in the reports of previous years, and a year of many changes. The Legislature of 1918 granted but one appropriation. This allowed for the renewal of plumbing in a small section of the main building.

The trustees realize that the demands of the world war made large appropriations impossible. With a return to more normal conditions we trust the means may be forthcoming to make the plumbing renewal complete, and to institute those other improvements of which there is great need, namely, the construction of a laundry and industrial building and the installation of a cold-storage plant.

The building erected at Hillside farm by the former State Board of Insanity is as yet unoccupied, owing to conditions beyond the control of the trustees and the administrative head of the institution. It is our belief that these conditions should be removed, and the building made suitable for occupancy at an early date.

The number of deaths from terminal cases and the epidemic of Spanish influenza made burial in the lot at Hope Cemetery no longer possible. A retired, attractive spot at Hillside farm

has been prepared for the interment of patients without friends or family ties.

The medical staff has been depleted to an even greater degree than last year owing to the demands of the military service and the larger salaries and privileges offered by other States and institutions.

The shortage in nurses, attendants and other employees has neared the acute stage at times, the high wages paid in governmental and industrial pursuits having been a deterrent factor in securing such assistance.

The trustees record with sorrow the death of their superintendent, Dr. Ernest V. Scribner, on Friday, June 14, 1918. In his death both the hospital and the State have lost a faithful and efficient servant. For more than thirty years he devoted himself to ameliorating the conditions of the insane in every way which science and humanity could suggest. To Dr. Scribner no inmate of the hospital became a mere case; his warm heart and generous sympathy made each an unfortunate human being to whom the utmost kindness and consideration should be shown. His broad outlook and sound judgment inspired confidence in all with whom he came in contact. His quiet humor and ability to see both sides of an argument enabled him to deal readily with difficult situations.

The trustees honor the memory of one who was not only an able and high-minded official, but under all circumstances a loyal, personal friend.

To his assistant, Dr. B. Henry Mason, now acting superintendent, we tender our grateful appreciation of the manner in which he has assumed the duties and responsibilities so suddenly put upon him.

To the other members of the staff and to the employees, one and all, we render thanks for the faithful services they have given.

In closing, we would voice the thought that has often been expressed in our board meetings. The limitations which the law now places upon Boards of Trustees seem to make the services required almost negligible in their value. The consideration of matters of routine which call for no initiative,

little judgment and questionable responsibility is not conducive to far-reaching results. Responsibility tends to enthusiasm and efficiency. Nothing that can be accomplished without enthusiasm and efficiency is the product of effective service.

Respectfully submitted,

GEORGIE A. BACON.
WILLIAM J. DELEHANTY.
EDWARD F. FLETCHER.
JOHN E. WHITE.
JOHN G. PERMAN.
DONALD GORDON.
CAROLINE M. CASWELL.

Nov. 30, 1918.

ACTING 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, 1918, it being the eighty-sixth annual report.

There remained on the hospital books Oct. 1, 1917, 1,774 patients, — 924 men and 850 women. During the year ending Sept. 30, 1918, there were admitted 633 patients, — 371 men and 262 women. Five hundred and thirteen patients — 276 men and 237 women — were discharged from the hospital. Of this number, 239 patients — 140 men and 99 women — were discharged; 209 patients — 109 men and 100 women — died; 64 patients — 26 men and 38 women — were transferred, leaving at the end of the statistical year, 1,894 patients, — 1,019 men and 875 women. One thousand five hundred and forty-nine patients — 837 men and 712 women — were actually in the hospital. Of this number, 1,351 were supported by the State, 99 by friends and 99 as reimbursing patients. Of the patients discharged, 56 were reported as recovered, 66 as improved and 75 as not improved. Thirty-two men and 10 women were discharged as not insane. One man and 31 women were transferred by the Massachusetts Commission on Mental Diseases to the Foxborough State Hospital; 17 men to the Gardner State Colony; 2 men to Wellesley Nervine; 1 man and 6 women to the State Infirmary; 2 men to the Westborough State Hospital; 1 man to Dr. Bessey's private hospital; 1 man to the Grafton State Hospital; 1 man to the Bridgewater State Hospital; and 1 woman to the Medfield State Hospital. Ten men and 4 women were removed from the State, and 2 men and 2 women were deported.

There remained in the hospital at the end of the year 8 more

patients than at the beginning. The smallest number under treatment on any one day was 1,547 patients, and the largest, 1,603. The daily average number was 1,576.17.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 8; calculated upon the number of admissions it was 11.2.

The death rate was 11.5, calculated on the whole number of patients under treatment, and 7.5, calculated on the daily average number.

In comparison with the last year we find there have been 83 less patients admitted, but with an accumulation of 8 more at the end of the year. The Massachusetts Commission on Mental Diseases has transferred 44 less patients to other institutions, and the death rate on the total average number of patients shows a reduction over last year of 3.2. About one-fifth of all the persons admitted were suffering from dementia præcox.

It is interesting to note in the table on marital conditions of first admissions that of 154 cases of dementia præcox admitted the past two years, in whom the civil condition was single, about two-thirds of them were men; whereas of the 88 patients in this group that were married, nearly 58 per cent. were women.

In the past six months there has been a noticeable increase in the proportion of patients admitted, especially women, past middle life. The stress, worry and anxiety concomitant with the war may have served as an exciting cause of a mental breakdown in persons whose physical condition or state of environment would permit of no particular departure from their normal way of living. I feel, however, that the law for the compulsive employment of all able-bodied persons has been a factor worthy of consideration. If so, idleness should be regarded as conducive of mental breakdown, and employment a prophylactic as well as a therapeutic agent.

Pneumonia, general paresis of the insane and tuberculosis have been the principal causes of death, being 22, 11 and 9 per cent., respectively.

There has been a total of 154 emergency and observation admissions during the past year, and of this number only 100 were regularly committed. The others were discharged as not insane or because the reason for their commitment had ceased

to exist. When we stop to consider that of the total number of persons admitted during the last fiscal year 42, or over 6 per cent., were adjudged not insane by the hospital physicians and returned to the community, it would appear that too much investigation and study of the case could not be exercised by the committing physicians.

It frequently happens that a patient received at the hospital as an emergency case readjusts himself before the expiration of the ten-day period. By an extension of time to thirty days, thereby virtually converting the temporary care into an observation period, more patients would be saved the embarrassment of a regular commitment to an institution for the treatment of the insane, and there would be also quite a financial saving to the county. This would also afford the hospital physicians a longer period to observe and study the patient, which would be desirable in many doubtful cases. A departure from the medieval idea that institutions for the insane are in ways of discipline and treatment synonymous with prisons, and the adoption and application of the laws of public health and hygiene to the extent that persons in need of temporary care and treatment could be sent to a State hospital with as little trouble as though they were going to an institution for the treatment of some physical malady, should be hastened.

The general health of the hospital has been quite good during the year. One nurse contracted diphtheria and was sent to the isolation hospital. When the epidemic of Spanish influenza first broke out in our district, the institution was placed under a fairly strict quarantine. As the disease first appeared on the receiving wards we believe it was brought to us by newly admitted patients. It spread somewhat to other parts of the institution, but at no time reached serious proportions. There was a total of 140 cases, with 2 deaths from influenza and 31 due to complications from pneumonia.

One patient suffered from a chronic mental disease and with a protracted hospital residence, during which he had not at any time shown the least inclination towards self destruction, committed suicide by hanging. Another patient, whose physical and mental condition had become so enfeebled by the ravages of his disease that continuous bed treatment had been

necessary for some time, inspired small particles of food while being fed, causing him to cough or choke, bringing undue strain upon his heart, which caused acute dilation and death. These cases were reported to the medical examiner and Dr. Myrtelle M. Canavan of the Massachusetts Commission on Mental Diseases, both of whom viewed the bodies and investigated the cause of death. There was one death from pellagra, occurring in a woman who was received a short time before from the community.

There have been 6 patients admitted from the Reformatory for Women. Whenever an inmate of the prison for women becomes insane, her commitment to one of the hospitals for the care and treatment of the mentally ill becomes necessary. Patients with criminal instinct and also the so-called defective delinquent class interfere seriously with order and discipline on the wards of a State hospital, thus subjecting innocent patients to certain restrictions of personal liberties and privileges incident to the necessity for the maintenance of a discipline sufficiently rigorous to prevent unpleasant episodes or escape. It would be gratifying and to a certain extent help reduce the problem, not of the State hospitals alone, but also of the committing judges, if the Commonwealth could provide early accommodations for this class of cases elsewhere.

Intensive treatment of patients with salvarsan for neurosyphilis has been given by Dr. Arthur H. Mountford, senior assistant physician, and Dr. Ada F. Harris, pathologist. During the year, 26 patients received intravenous injection of diarsenol and arsphenamine. Eight have received amounts under 10 grams, and the remainder amounts varying from 10 to 30 grams each, in weekly doses of four grams to six-tenths of a gram in saline solution. The cases were not selected, but all showed evidence that the disease was of quite long standing. Four showed clinical improvement and were discharged to the out-patient department for weekly treatments. One trephine operation was performed and five intraventricular treatments of 15 cubic centimeters diarsenolized serum reinforced with 5 milligrams diarsenol were given to one parietic. This man exhibited a euphoric attitude and entertained many grandiose ideas. He was incoherent and rambling in conversation, un-

tidy, noisy and excited in manner at the time of operation. While he still retains the clinical symptoms and many of his grandiose ideas, the improvement in his condition is marked. He has become subdued in manner and enjoys partial parole. There is nothing special to be mentioned about the other cases treated.

The X-ray machine which was installed early in the year has been of great assistance in determining the diagnosis in many medical and surgical cases.

The hydrotherapeutic department has been active and of much value in the treatment of acute cases. Although we have not been able at times to keep the continuous baths in operation, they have been, on the whole, extensively used, as a therapeutic measure in dealing with patients acutely deluded and maniacal, characterized by excitement, unrest and insomnia. Many apathetic, inactive patients, also those in whom depression and morbid ideas led to a feeling of inadequacy and loss of interest in life, have been stimulated by a course of systematic treatment with the cabinet bath, spray, shower and Scotch douche followed by general massage and rest.

One of the first essentials in the treatment of persons mentally ill is to maintain a high standard of efficiency in the nursing force. The past year has been an unusually active and successful one for our school. Although short much of the time, the general personnel of the ward service has responded to the performance of extra duties during this emergency in a manner worthy of true patriotic Americans. The superintendent of the training school, Miss Emma J. Wright, resigned her position to go home and care for an invalid mother. This vacancy was filled temporarily by the promotion of Miss Laura Crouse, who resigned after the school year to enter private work. We were exceptionally fortunate in being able to secure the services of Mrs. Elsie I. Richards, who was formerly at the head of the school.

Miss Marian K. Libby, director of industrial therapeutics, resigned during the month of May, later entered the army service, and is now in France. The work has been carried on under the direction of Mrs. Elizabeth L. March, in the female

department, and Mr. Fred Corkum, in the male department. Early employment of acute cases is a valuable feature of treatment;* by having their attention taken up with some useful occupation, thereby directing their minds along normal channels, mental improvement is hastened and mental deterioration is retarded or prevented in the subacute and chronic patients. An endeavor is made at all times to have the forms of occupation as varied as possible, and so chosen for the patient, individually, that it may not become arduous. Our goal idea is to cause an amelioration of the mental symptoms by means of applying the principals of industrial therapy, bearing in mind at all times that the pecuniary results are of secondary importance.

Due to the shortage of help we have been seriously handicapped in the continuous operation of the ward industries. It is by means of such diversional occupation that certain patients, who because of their peculiar ideas would not co-operate if they were asked to join a class in the industrial room, are reached.

The work of the social service department has been especially active. Many unusual problems have arisen from time to time, as a result of the war, relative to patients leaving the hospital on visit, or the necessity for their return. Patients out on trial visit are, as a rule, glad to have the social worker call, and a word of encouragement or advice often helps them to adjust their difficulties. Occasionally derogatory reports about patients out on visit, when thoroughly investigated, are found to have emanated from the mind of a meddling relative or neighbor. A system has recently been adopted whereby all patients on parole that do not report to the out-patient department shall be visited by the social worker before the expiration of their visit. Positions were found the past year for several patients who had recovered or improved to such an extent that they viewed life from a normal standpoint, but who had no friends or relatives sufficiently interested in their welfare to aid them.

Our dentist has visited the hospital Tuesday of each week, and reports the following work done for patients who are not

financially able to pay for the attention given: cleanings, 325; extractions, 160; amalgam fillings, 325; cement, 150; treatments, 125; pyorrhœa alveolaris treated, 200.

War conditions, the urgent demand for labor, large wages and the draft so depleted our force of employees, and rendered it so difficult to secure the services of competent people, that at one time a serious deficiency seemed to be threatened, especially on the ward services. Because of this shortage of help the standard of care has suffered greatly, having been reduced practically to a custodial one. Under these conditions I consider it almost miraculous that severe accidents and even homicidal acts have been avoided. All employees deserve to be commended for the service they have given. In the performance of arduous duties, at times under trying circumstances, they have been co-operative and shown an interest in the welfare of the unfortunates for the care and treatment of whom they were engaged.

It is to be hoped the close of the war, the return of conditions to normal and the adoption of the salary increases, as recommended by the Supervisor of Administration in his report on the standardization of salaries, will be of substantial assistance to us in securing the services of a full quota of faithful and competent people, and enable us to care for our patients in a scientific, rather than a merely custodial, manner.

Since the entrance of the United States into the world war, 36 people connected with the hospital have entered the service of their country. One of this number, Dr. Howard W. Beal, who was our consulting surgeon, has made the supreme sacrifice. Not only his skill, but his impressive and pleasing personality, won for him a high place in civil as well as military life.

An effort has been made the past year to have an increased farm production to assist in the conservation of other food supplies. Although confronted at times by obstacles over which there appeared to be no control, the operations in general have been very productive. Owing to the scarcity of farm labor every effort has been made to encourage patients to assist in the farm activities. As considerable more land was put into vegetables this year our hay production has been somewhat

reduced, which will require the purchase of an increased amount for the ensuing year, but the crops raised are of much more value than the hay would have been.

The dairy herd has done remarkably well the past year, the milk production being slightly in excess of our rational allowance.

A large amount of the pork used has been produced from our own piggery. We have been supplied with all fresh eggs needed from our hennery, which also furnished us with about 2,000 pounds of excellent young fowl for Thanksgiving.

In conforming to the wishes of the food administration in the conservation of sugar and wheat especially we have been assisted greatly by the rational allowance as prepared by the Massachusetts Commission on Mental Diseases. Some difficulty has been experienced in keeping within the specified limits as regards farinaceous foods. However, with this class of food, although issued to a certain scale, it has not been rigidly restricted, as any one who complained of not being satisfied has been allowed as much bread as he desired.

The following changes have taken place in the hospital staff: April 21, 1918, Dr. Ada F. Harris was appointed pathologist to fill the vacancy which had existed for several months. May 25, 1918, Dr. Clarence A. Bonner resigned to assume a more lucrative position in another State. Dr. James T. Adams resigned in July in order that he might give more time to private business matters. This vacancy was filled by the appointment on October 1 of Dr. Robert B. Harriman. November 1 Dr. Helen W. Ham was appointed assistant physician. Dr. Arthur H. Mountford was promoted to senior assistant physician during the month of June. Dr. John C. Lindsay was granted a leave of absence on Feb. 8, 1918, to enter the service of the United States Navy. Now that an armistice has been signed, we hope that both Dr. Lindsay and Dr. Donald R. Gilfillan, who has been in the medical corps of the United States Army since August of last year, will soon be able to return to the hospital. The steward, Mr. Arthur E. Gilman, who had rendered several years of able and efficient service to the institution, was transferred to the Boston State Hospital to fill a similar position.

One of the urgent needs of our district is a psychopathic department where all persons apprehended because of irregular conduct due to some mental disturbance could be sent for care and observation until recovery takes place or proper disposition of the case is made. The institution on Summer Street could be converted into a psychopathic hospital at a much less expense than would be incurred by the erection of a new building. It is well located, which is an essential feature, as such an institution should be near the center of population for the convenience of committing magistrates and officers, and to promote frequency of visitation of the friends and relatives of patients. It would be easily accessible for medical men in the community to attend clinics and become better acquainted with the symptoms of incipient mental disease; and in co-operation with the hospital authorities it would be a potent factor in the education of the general public relative to the principles of mental hygiene. Not only would great benefit result from the establishment of such a department where intensive study and scientific investigation could be made of acute cases, but our receiving wards would not be subjected to the confusion and disturbance produced by the delirious and turbulent cases that make up such a large proportion of emergency admissions.

The last Legislature granted an appropriation for the provision of a water supply at our Shrewsbury Colony. The surveying has been done and the pipe purchased, but the trench work has been left for the coming winter, as the low land through which the line will run is covered with surface water for a considerable distance and will render work after freezing easier and less expensive. Owing to the marked advance in the cost of materials the amount appropriated will not be sufficient to complete the work, and an additional appropriation should be asked for this year to purchase and erect a tank of sufficient capacity to provide for domestic purposes and afford adequate fire protection. Disposal of the sewage has been made by means of surface irrigation. As this flows onto land which is a part of the watershed supplying our wells, some method of sewerage purification must be provided. The Massachusetts Commission on Mental Diseases have under consideration plans for the accommodation of more employees, which must be pro-

vided before the building can be occupied by patients. As the appropriation granted by the last General Court for the renovation of plumbing in eight wards (Resolves of 1918, chapter 50) was only one-half the amount requested, only one-half of the work has received attention. In view of the fact that the plumbing is obsolete, unsanitary and a menace to the health of the patients, I would request of your Board that an appropriation of \$6,000 be asked from the next Legislature to renovate the plumbing in four wards. Although our needs are great, the high cost of building materials seems to be sufficient reason for procrastination in asking for other special appropriations this year. In this connection, I would, however, call your attention to one of the most urgent needs of the institution. We have no refrigerating plant. Our meat and other rooms used for cold storage are cooled by the primitive and expensive method of overhead ice boxes. These ice boxes are old and unless other means of refrigeration are provided will need extensive repairs. Our storerooms are scattered about the property; these should be centralized. The erection of a storehouse in close proximity to the main kitchen would be of great economic value to the institution by increasing efficiency and reducing labor in the department.

The lot at Hope Cemetery, where the bodies of patients dying at the hospital have been buried in all cases where there were no friends or relatives to assume charge of the remains, became filled during the year. After giving this matter careful consideration the trustees decided to open a cemetery on the grounds of the institution. An ideal tract of land for this purpose was found at our Shrewsbury Colony.

Religious services have been held regularly by representatives of the Catholic, Protestant and Jewish faiths.

Dances, entertainments and various diversional activities have been held in Sargent Hall.

I wish to thank the publishers of the "Fitchburg Sentinel" for copies of their paper, the Worcester Employment Society for sewing, and also friends of the hospital who have sent literature and other gifts.

I desire to thank the staff and heads of departments of the institution for their loyal and strenuous services during this

time of stress when the shortage of help rendered the responsibility of those who remained at their posts to perform the valuable and necessary work much harder and at times involved the sacrifice of their own feelings.

Early in the morning of June 14, 1918, the institution was enclosed in an atmosphere of deep sadness due to the death of the superintendent, Dr. Ernest V. Scribner. He was held in high esteem by all who knew him, and it was with keen appreciation and regret that those connected with the hospital felt the loss. His executive ability and clinical skill won for him the confidence of all officers, and his dignified yet democratic and friendly manner their highest respect.

In conclusion I wish to express my feelings of gratitude to the Board of Trustees for their assistance and support in the discharge of the responsible duties with which I have been entrusted.

B. HENRY MASON,

Acting Superintendent.

Nov. 30, 1918.

LABORATORY REPORT.

To the Acting Superintendent of the Worcester State Hospital.

The following report of the laboratory work for the year ending Nov. 30, 1918, is respectfully submitted.

The laboratory work has been impeded by the urgent demand of the assistance of the pathologist on the clinical staff and the lack of a trained technician.

The following work has been completed: —

Urinary analysis,	767
Cerebrospinal fluid examinations,	77
Sputum examinations,	34
Throat cultures,	7
Throat smears,	5
Post-mortem cultures,	33
Blood culture,	1
Blood count,	5
Examination of fluid from hydrocele,	1
Examination of fluid from knee,	1
Examination of feces,	1
Gastric analysis,	2
Smears from vagina and cervix,	8
Total,	942

Eighty-one autopsies have been performed with the following psychiatric and major anatomical diagnoses: —

Psychoses: —	
Senile,	23
Dementia præcox,	12
General paresis,	19
Delirium, not insane,	1
Toxic exhaustive,	4
With cerebral arteriosclerosis,	8
Manic-depressive,	6

Tabo-paresis,	1
Cerebral spinal syphilis,	1
Involutional melancholia,	2
Chronic alcoholic hallucinosis,	1
Unclassified,	2
Imbecile,	1
<hr/>	
Total,	81

The major anatomical diagnoses were:—

Lobar pneumonia,	17
Broncho-pneumonia,	8
Pulmonary tuberculosis,	8
Tuberculous pleuritis,	1
Tuberculous meningitis,	1
Cerebrospinal meningitis (not meningococci),	2
Ulceration of stomach,	1
Acute ulcerative colitis,	2
Chronic dilatation of stomach,	1
Scirrhus cancer of breast,	1
Carcinoma of rectum and liver,	1
Sarcoma,	1
Brain tumor,	1
Acute vegetative endocarditis,	3
Chronic myocarditis,	4
Cardiovascular-renal disease,	7
Coronary thrombosis,	1
General arteriosclerosis,	3
Cerebral hemorrhage,	1
Atrophic cirrhosis of liver,	2
Interstitial nephritis & pulmonary oedema,	1
Pyæmia (septic dermatitis),	1
Cystitis and pyelonephritis,	1
General paresis,	8
Strangulated hernia,	1
Exophthalmic goiter,	1
Asphyxiation by food in bronchi,	1
Suicide by hanging,	1
<hr/>	
Total,	81

A. F. HARRIS,

Pathologist.

VALUATION.

Nov. 30, 1918.

REAL ESTATE.

Land (578 acres),	\$274,040 00
Buildings,	1,611,647 54
	<hr/>
	\$1,885,687 54

PERSONAL PROPERTY.

Travel, etc.,	\$4,131 61
Food,	12,328 70
Clothing,	8,502 82
Furnishings,	101,607 68
Medical and general care,	18,311 56
Heat, light and power,	39,434 88
Farm and stable,	54,373 36
Grounds,	2,217 09
Repairs,	6,864 10
Industries,	2,943 12
	<hr/>
	\$250,714 92

SUMMARY.

Real estate,	\$1,885,687 54
Personal property,	250,714 92
	<hr/>
	\$2,136,402 46

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, 1918:—

CASH ACCOUNT.		
Balance Dec. 1, 1917,	. . . . .	\$17,609 73
<i>Receipts.</i>		
<i>Institution Receipts.</i>		
Board of inmates:—		
Private,	\$42,007 09	
Reimbursements, insane,	23,402 17	
	<hr/>	\$65,409 26
Sales:—		
Travel, transportation and office expenses,	\$54 97	
Food,	242 85	
Clothing and materials,	291 21	
Furnishings and household supplies,	22 30	
Medical and general care,	86 06	
Farm and stable:—		
Cows and calves,	\$2,200 00	
Pigs and hogs,	1,498 18	
Hides,	58 85	
Sundries,	400 21	
	<hr/>	4,157 24
Repairs, ordinary,	210 42	
	<hr/>	5,065 05
Miscellaneous receipts:—		
Interest on bank balances,	\$1,090 01	
Sundries,	92 13	
	<hr/>	1,182 14
	<hr/>	71,656 45
Sales, account of industries, appropriation,		410 00
<i>Receipts from Treasury of Commonwealth.</i>		
Maintenance appropriations:—		
Balance of 1917,	\$5,209 50	
Advance money (amount on hand November 30),	15,000 00	
Approved schedules of 1918,	455,067 27	
	<hr/>	475,276 77
Special appropriations,		6,666 83
Industries appropriation,		489 96
	<hr/>	475,276 77
Total,		\$572,109 74

Payments.

To treasury of Commonwealth, institution receipts,		\$72,066 45
Maintenance appropriations: —		
Balance November schedule, 1917,	\$22,819 23	
Eleven months' schedules, 1918,	455,067 27	
November advances,	11,590 38	
	<hr/>	489,476 88
Special appropriations: —		
Approved schedules,		6,666 83
Industries appropriation: —		
Approved schedules, eleven months, 1918,		489 96
Balance Nov. 30, 1918: —		
In bank,	\$3,012 41	
In office,	397 21	
	<hr/>	3,409 62
Total,		<hr/> \$572,109 74

MAINTENANCE.

Appropriation, current year,		\$498,193 09
Balance from previous year brought forward,		44 33
		<hr/>
Total,		\$498,237 42
Expenses (as analyzed below),		487,520 03
		<hr/>
Balance reverting to treasury of Commonwealth,		\$10,717 39

Analysis of Expenses.

Salaries, wages: —		
Ernest V. Scribner, superintendent, to June 14, 1918,	\$2,144 44	
B. Henry Mason, acting superintendent, from June 15, 1918,	1,033 33	
General administration,	44,696 60	
Medical service,	12,395 51	
Ward service (male),	25,368 97	
Ward service (female),	29,869 17	
Repairs,	14,814 91	
Farm and stable,	15,013 97	
Grounds,	1,330 02	
	<hr/>	\$146,656 92
Religious instruction: —		
Catholic,	\$600 00	
Jewish,	250 00	
Protestant,	160 00	
	<hr/>	1,010 00
Amount carried forward,		<hr/> \$147,676 92

Amount brought forward, \$147,676 92

Travel, transportation and office expenses:—

Advertising,	\$298 50
Automobile repairs and supplies,	1,472 72
Postage,	945 26
Printing and binding,	570 51
Printing annual report,	263 72
Stationery and office supplies,	955 98
Telephone and telegraph,	868 09
Travel,	1,099 92
Freight,	15 61

6,490 31

Food:—

Butter,	\$2,372 65
Butterine,	9,701 79
Beans,	2,641 89
Bread, crackers, etc.,	182 29
Canned soups,	3 60
Cereals, rice, meal, etc.,	6,598 22
Cheese,	1,026 64
Eggs,	7,374 77
Flour,	21,330 25
Fish (fresh, cured and canned),	7,027 18
Fruit (fresh),	866 52
Fruit (dried and preserved),	1,762 49
Lard and substitutes,	2,101 83
Macaroni and spaghetti,	1,083 60
Meats,	32,632 60
Milk (fresh and substitutes),	83 31
Molasses and syrups,	875 99
Potatoes,	4,957 48
Seasonings and condiments,	754 04
Sugar,	3,328 03
Tea, coffee, cocoa, etc.,	2,434 68
Vegetables (fresh),	69 66
Vegetables (canned and dried),	972 38
Yeast, baking powder, etc.,	224 14
Sundries,	464 43

110,870 46

Clothing and materials:—

Boots, shoes and rubbers,	\$2,100 81
Clothing (outer),	4,522 40
Clothing (under),	1,325 41
Dry goods for clothing,	5,518 15
Hats and caps,	30 00
Leather and shoe findings,	157 74
Socks and small wares,	1,013 46
Freight,	57 39

14,725 36

Furnishings and household supplies:—

Beds, bedding, etc.,	\$10,085 63
Carpets, rugs, etc.,	590 19
Crockery, glassware, cutlery, etc.,	1,085 92

Amounts carried forward, \$12,361 75 \$279,763 05

<i>Amounts brought forward,</i>	\$12,361 75	\$279,763 05
Furnishings and household supplies—<i>Con.</i>		
Dry goods and small wares,	495 46	
Furniture, upholstery, etc.,	2,106 82	
Kitchen and household wares,	3,935 10	
Laundry supplies and materials,	5,465 46	
Lavatory supplies and disinfectants,	2,195 83	
Table linen, paper napkins, towels, etc.,	1,451 02	
Freight,	105 87	
Electric lamps,	642 80	
	<hr/>	28,760 10
Medical and general care:—		
Books, periodicals, etc.,	\$407 10	
Entertainments, games, etc.,	560 75	
Funeral expenses,	904 00	
Gratuities,	85 61	
Ice and refrigeration,	294 09	
Laboratory supplies and apparatus,	364 38	
Manual training supplies,	28 31	
Medicines (supplies and apparatus),	3,784 42	
Medical attendance (extra),	805 86	
Patients boarded out,	6,013 50	
Return of runaways,	223 52	
Sputum cups, etc.,	34 86	
Tobacco, pipes, matches,	2,088 67	
Water,	6,901 84	
Freight,	70 43	
	<hr/>	22,567 34
Heat, light and power:—		
Coal,	\$91,825 67	
Freight on coal and other expenses,	10,808 46	
Electricity,	78 82	
Gas,	788 65	
Oil,	263 11	
Operating supplies for boilers and engines,	321 16	
Freight,	10 36	
	<hr/>	104,096 23
Farm and stable:—		
Bedding materials,	\$229 22	
Blacksmithing and supplies,	626 01	
Carriages, wagons and repairs,	632 68	
Dairy equipment and supplies,	48 50	
Fertilizers,	992 29	
Grain, etc.,	22,003 71	
Hay,	5,073 88	
Harnesses and repairs,	136 90	
Other live stock,	635 00	
Labor (not on pay roll),	107 37	
Rent,	250 00	
Spraying materials,	87 39	
Stable and barn supplies,	156 03	
	<hr/>	<hr/>
<i>Amounts carried forward,</i>	\$30,978 98	\$435,186 72

Amounts brought forward, \$30,978 98 \$435,186 72

Farm and stable — *Con.*

Tools, implements, machines, etc.,	2,417 47	
Trees, vines, seeds, etc.,	443 44	
Veterinary services, supplies, etc.,	580 05	
Freight,	447 47	
	<hr/>	34,867 41

Grounds: —

Fertilizers,	\$5 00	
Labor (not on pay roll),	265 52	
Tools, implements, machines, etc.,	50 61	
Trees, vines, shrubs, seeds, etc.,	162 11	
Freight,	7 87	
	<hr/>	491 11

Repairs, ordinary: —

Brick,	\$395 43	
Cement, lime, crushed stone, etc.,	85 88	
Electrical work and supplies,	376 78	
Hardware, iron, steel, etc.,	2,019 33	
Lumber, etc. (including finished products),	3,213 42	
Paint, oil, glass, etc.,	3,978 64	
Plumbing and supplies,	696 97	
Roofing and materials,	1,919 90	
Steam fittings and supplies,	652 57	
Tents, awnings, etc.,	3 00	
Tools, machines, etc.,	318 76	
Boilers, repairs,	623 78	
Engines, repairs,	336 02	
Freight,	41 30	
Machinery repairs,	117 25	
	<hr/>	14,779 03

Repairs and renewals: —

New shell for hot-water heater in boiler house,	\$835 00	
Vegetable steamers,	1,269 10	
Freight,	13 66	
Seam dampener,	78 00	
	<hr/>	2,195 76

Total expenses for maintenance, \$487,520 03

SPECIAL APPROPRIATIONS.

Balance Dec. 1, 1917,	\$5,135 77
Appropriations for fiscal year,	16,885 00
	<hr/>
Total,	\$22,020 77
Expended during the year,	6,666 83
	<hr/>
Balance Nov. 30, 1918,	\$15,353 94

RESOURCES AND LIABILITIES.

Resources.

Cash on hand,	\$3,409 62	
November cash vouchers (paid from advance money), account of maintenance,	11,590 38	
Due from treasury of Commonwealth from avail- able appropriation, account of November, 1918, schedule (maintenance industries),	17,452 76	
	<hr/>	\$32,452 76

Liabilities.

Schedule of November bills (maintenance industries),	\$32,452 76
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PER CAPITA.

During the year the average number of inmates has been 1,575.67.

Total cost for maintenance, \$487,520.03.

Equal to a weekly per capita cost of \$5.95.

Receipt from sales, \$5,475.05.

Equal to a weekly per capita of \$0.0668.

All other institution receipts, \$66,591.40.

Equal to a weekly per capita of \$0.8127.

INDUSTRIES.

Appropriation,	\$500 00
Expenditures, approved schedules (see statement annexed),	489 96
	<hr/>
Balance reverting to treasury of the Commonwealth,	\$10 04

Expenditures.

Tools and machinery:—

Awl,	\$0 20	
Bitstock,	2 87	
Hangers,	10	
Holders,	20	
Hooks,	19 42	
Hoops,	40	
Jeweler's saw,	1 98	
Knives,	2 23	
Needles,	21 81	
Patterns,	1 15	
Pens,	1 40	
Pliers,	1 73	
Shuttles,	85	
	<hr/>	\$54 34

Materials:—

Coir yarn,	\$45 50	
Dresses,	1 18	
Dyes,	71 21	
Gown,	85	
	<hr/>	

<i>Amounts carried forward,</i>	\$118 74	\$54 34
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<i>Amounts brought forward,</i>	\$118 74	\$54 34
Materials — <i>Con.</i>		
Handkerchiefs,	1 50	
Linen,	10 00	
Pillows,	1 18	
Pillow cases,	85	
Ribbons,	10 19	
Rings,	51	
Shades,	1 93	
Stamped material,	9 35	
Silk,	4 25	
Thread,	199 13	
Thrums,	30 00	
Twine,	10	
Waste cotton,	15 00	
Yarn,	27 99	
Figures,	4 90	
	<hr/>	435 62
		<hr/>
		\$489 96

Respectfully submitted,

B. HENRY MASON,
Acting Treasurer.

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

ALONZO B. COOK,
Auditor.

STATEMENT OF FUNDS.

PATIENTS' FUND.

Balance on hand Nov. 30, 1917,	\$6,217 15	
Receipts,	5,894 36	
Interest,	217 93	
		<u>\$12,329 44</u>
Refunded,	\$4,491 94	
Interest paid to State Treasurer,	482 27	
		<u>4,974 21</u>
		<u>\$7,355 23</u>

Investment.

Worcester County Institution for Savings,	\$2,000 00	
Worcester Five Cents Savings Bank,	1,000 00	
Worcester Mechanics Savings Bank,	1,000 00	
Balance Worcester Bank and Trust Company,	2,930 15	
Cash on hand Dec. 1, 1918,	425 08	
		<u>\$7,355 23</u>

LEWIS FUND.

Balance on hand Nov. 30, 1917,	\$1,600 45	
Income,	66 99	
		<u>\$1,667 44</u>
Expended for books, etc.,		18 30
		<u>\$1,649 14</u>

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent. bond,	\$926 36	
Worcester County Institution for Savings,	349 44	
Mechanics National Bank, savings department,	334 55	
Balance Worcester Bank and Trust Company,	38 79	
		<u>\$1,649 14</u>

WHEELER FUND.

Balance on hand Nov. 30, 1917,	\$6,089 21	
Income,	174 95	
Worcester National Bank in liquidation,	108 00	
	<hr/>	\$6,372 16
Expended for books, etc.,		103 91
		<hr/>
		\$6,268 25

Investment.

American Telephone and Telegraph Company collateral trust 4 per cent. bond,	\$712 50	
Worcester County Institution for Savings,	332 00	
Worcester Five Cents Savings Bank,	403 85	
Mechanics Savings Bank,	211 50	
Mechanics National Bank, savings department,	377 57	
Third Liberty Loan bonds,	4,000 00	
Balance Worcester Bank and Trust Company,	230 83	
	<hr/>	\$6,268 25

MANSON FUND.

Balance Worcester County Institution for Savings,	\$1,182 45	
Income,	47 76	
	<hr/>	\$1,230 21
Expended for entertainment, etc.,		83 75
		<hr/>
		\$1,146 46

Investment.

Worcester County Institution for Savings,	\$1,146 46
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Respectfully submitted,

B. HENRY MASON,

Acting Treasurer.

Nov. 30, 1918.

N. B. — The values assigned to the above securities are their respective purchase prices.

STATISTICAL TABLES

AS ADOPTED BY AMERICAN MEDICO-PSYCHOLOGICAL ASSOCIATION.

[PRESCRIBED BY MASSACHUSETTS COMMISSION ON MENTAL DISEASES.]



STATISTICAL TABLES.

TABLE 1. — *General Information.*

1. Date of opening as an institution for the insane: Jan. 18, 1833.	
2. Type of institution: State.	
3. Hospital plant: —	
Value of hospital property: —	
Real estate, including buildings,	\$1,911,721 09
Personal property,	250,714 92
Total,	\$2,162,436 01

Total acreage of hospital property, 578.15.
 Acreage under cultivation during year, 201 $\frac{1}{4}$.

4. Medical service: —			
Superintendents (acting),	Men.	Women.	Total.
Assistant physicians,	1	—	1
Medical internes,	2	3	5
Clinical assistants,	—	—	—
Clinical assistants,	—	—	—
Total,	3	3	6

5. Employees on pay roll (not including physicians): —			
Graduate nurses,	Men.	Women.	Total.
Other nurses and attendants,	—	14	14
All other employees,	54	47	101
All other employees,	71	69	140
Total employees,	125	130	255

6. Patients employed in industrial classes or in general hospital work on date of report,	Men.	Women.	Total.
7. Patients in institution on date of report (excluding paroles),	226	194	420
.	819	759	1,578

TABLE 2. — *Financial Statement.*

See treasurer's report for data requested under this table.

TABLE 3. — Movement of Patient Population for the Year ending Sept. 30, 1918.

	INSANE.			SANE, VOLUNTARY.			INEBRIATE.			TOTAL ON BOOKS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Patients on books of institution Sept. 30, 1917,	921	850	1,771	3	—	3	—	—	—	924	850	1,774
Admissions during year: —												
(a) First admissions,	220	166	386	—	—	—	—	—	—	220	166	386
(b) Readmissions,	149	92	241	—	—	—	—	—	—	149	92	241
Total admissions,	369	258	627	—	—	—	—	—	—	369	258	627
(c) Transfers from other institutions for the insane,	2	4	6	—	—	—	—	—	—	2	4	6
2. Total received during year,	371	262	633	—	—	—	—	—	—	371	262	633
3. Total under treatment during year,	1,292	1,112	2,404	3	—	3	—	—	—	1,295	1,112	2,407
Discharged from books during year: —												
(a) As recovered,	33	23	56	—	—	—	—	—	—	33	23	56
(b) As improved,	27	39	66	—	—	—	—	—	—	27	39	66
(c) As unimproved,	48	27	75	—	—	—	—	—	—	48	27	75
(d) As not insane,	31	10	41	1	—	1	—	—	—	32	10	42
(e) Transferred to other institutions for the insane,	26	38	64	—	—	—	—	—	—	26	38	64
(f) Died during year,	109	100	209	—	—	—	—	—	—	109	100	209
(g) Nominally dismissed for change of status,	—	—	—	1	—	1	—	—	—	1	—	1
4. Total discharged from books during year,	274	237	511	2	—	2	—	—	—	276	237	513
5. Patients remaining on books of institution Sept. 30, 1918,	1,018	875	1,893	1	—	1	—	—	—	1,019	875	1,894
<i>Supplementary Data.</i>												
6a. Average daily number of patients on books during the year,	971.50	860.46	1,831.96	2.88	—	2.88	—	—	—	974.38	860.46	1,834.84
6b. Average daily number of patients actually in the institution during the year,	826.72	703.48	1,530.20	1.30	—	1.30	—	—	—	828.02	703.48	1,531.50
7a. Average daily number of patients in family care,	—	44.67	44.67	—	—	—	—	—	—	—	44.67	44.67
7b. Average daily number of patients on visit and escape,	144.78	112.31	257.09	1.58	—	1.58	—	—	—	146.36	112.31	258.67
8. Number of voluntary patients admitted during year,	4	5	9	—	—	—	—	—	—	4	5	9
9. Number of temporary-care cases admitted during the year,	107	52	159	—	—	—	—	—	—	107	52	159

TABLE 4.—*Nativity of First Admissions and of Parents of First Admissions.*

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
United States,	108	79	187	46	49	95	40	36	76
Africa,	-	-	-	-	-	-	-	-	-
Asia,	-	-	-	-	-	-	-	-	-
Atlantic Islands,	-	-	-	-	-	-	-	-	-
Australia,	-	-	-	-	-	-	-	-	-
Austria,	4	3	7	5	5	10	3	3	6
Belgium,	-	-	-	-	-	-	-	-	-
Bohemia,	-	-	-	-	-	-	-	-	-
Canada,	15	21	36	27	27	54	27	31	58
Central America,	-	-	-	-	-	-	-	-	-
China,	-	-	-	1	1	2	-	-	-
Cuba,	-	-	-	-	-	-	-	-	-
Denmark,	-	1	1	-	-	-	2	2	4
England,	7	4	11	8	7	15	9	6	15
Europe,	-	-	-	-	-	-	-	-	-
Finland,	10	4	14	10	10	20	4	4	8
France,	-	-	-	-	1	1	-	-	-
Germany,	2	2	4	2	3	5	2	2	4
Greece,	5	2	7	5	5	10	2	2	4
Hawaii,	-	-	-	-	-	-	-	-	-
Holland,	-	1	1	-	-	-	-	-	-
Hungary,	-	-	-	-	-	-	-	-	-
India,	-	-	-	-	-	-	-	-	-
Ireland,	25	19	44	54	49	103	28	30	58
Italy,	7	3	10	7	7	14	3	3	6
Japan,	-	-	-	-	-	-	-	-	-
Mexico,	-	-	-	-	-	-	-	-	-
Norway,	3	-	3	3	3	6	-	-	-
Philippine Islands,	-	-	-	-	-	-	-	-	-
Poland,	3	6	9	3	3	6	6	6	12
Porto Rico,	-	-	-	-	-	-	-	-	-
Portugal,	2	-	2	2	2	4	-	-	-
Roumania,	-	-	-	-	-	-	-	-	-
Russia,	12	13	25	13	13	26	13	13	26
Scotland,	4	2	6	3	3	6	3	3	6
South America,	-	-	-	-	-	-	-	-	-
Spain,	-	-	-	-	-	-	-	-	-
Sweden,	6	4	10	9	9	18	6	6	12
Switzerland,	-	-	-	-	-	-	-	-	-
Turkey in Asia,	-	-	-	-	-	-	-	-	-
Turkey in Europe,	4	-	4	4	4	8	-	-	-
Wales,	-	-	-	-	1	1	1	1	2
West Indies,	1	-	1	1	1	2	-	-	-
Other countries,	-	-	-	-	-	-	1	1	2
Born at sea,	-	-	-	-	-	-	-	-	-
Total foreign born,	110	85	195	157	154	311	110	113	223
Unascertained,	2	2	4	17	17	34	16	17	33
Grand total,	220	166	386	220	220	440	166	166	332

TABLE 5. — *Citizens of First Admissions.*

	Males.	Females.	Totals.
Citizens by birth,	108	79	187
Citizens by naturalization,	5	7	12
Aliens,	24	8	32
Citizenship unascertained,	83	72	155
Total,	220	166	386

TABLE 6. — *Psychoses of First Admissions.*

PSYCHOSES.						
	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	-	-	-	-	-	-
2. Senile, total,	15	14	29	22	33	55
(a) Simple deterioration,	-	-	-	-	-	-
(b) Presbyophrenic type,	-	2	2	-	-	-
(c) Delirious and confused states,	2	3	5	-	-	-
(d) Depressed and agitated states in addition to deterioration,	5	14	19	-	-	-
(e) Paranoid states in addition to deterioration,	-	-	-	17	6	23
3. With cerebral arteriosclerosis,	-	-	-	20	8	28
4. General paralysis,	-	-	-	2	4	6
5. With cerebral syphilis,	-	-	-	1	-	1
6. With Huntington's chorea,	-	-	-	-	-	-
7. With brain tumor,	-	-	-	1	2	3
8. With other brain or nervous diseases, total,	-	-	-	-	-	-
Cerebral embolism,	-	-	-	-	-	-
Paralysis agitans,	-	-	-	-	-	-
Tubercular or other forms of meningitis,	-	-	-	-	-	-
Multiple sclerosis,	-	-	-	-	-	-
Tabo-paresis,	1	-	1	-	-	-
Acute chorea,	-	-	-	-	-	-
Other conditions,	-	2	2	-	-	-
9. Alcoholic, total,	-	-	-	37	5	42
(a) Pathological intoxication,	-	-	-	-	-	-
(b) Delirium tremens,	4	-	4	-	-	-
(c) Acute hallucinosis,	18	2	20	-	-	-
(d) Acute paranoid type,	2	-	2	-	-	-
(e) Korsakow's psychosis,	-	1	1	-	-	-
(f) Chronic hallucinosis,	1	2	3	-	-	-
(g) Chronic paranoid type,	8	-	8	-	-	-
(h) Alcoholic deterioration,	4	-	4	-	-	-
(i) Other types, acute or chronic,	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins, total,	-	-	-	-	2	2
(a) Morphine, cocaine, bromides, chloral, etc., alone or combined,	-	1	1	-	-	-
(b) Metals, as lead, arsenic, etc.,	-	-	-	-	-	-
(c) Gases,	-	-	-	-	-	-
(d) Other exogenous toxins,	-	1	1	-	-	-
11. With pellagra,	-	-	-	-	-	-
12. With other somatic diseases, total,	-	-	-	5	9	14
(a) Delirium with infectious diseases,	-	-	-	-	-	-
(b) Post-infectious psychoses,	-	-	-	-	-	-
(c) Exhaustion delirium,	-	9	9	-	-	-
(d) Delirium of unknown origin,	-	-	-	-	-	-
(e) Diseases of the ductless glands,	-	-	-	-	-	-
(f) Cardiorenal disease,	5	-	5	-	-	-
(g) Cancer,	-	-	-	-	-	-
(h) Pernicious anæmia,	-	-	-	-	-	-

TABLE 6. — *Psychoses of First Admissions* — Concluded.

PSYCHOSES.						
	Males.	Females.	Totals.	Males.	Females.	Totals.
13. Manic-depressive, total,				7	9	16
(a) Manic type,	3	1	4			
(b) Depressive type,	3	8	11			
(c) Stupor,	—	—	—			
(d) Mixed type,	1	—	1			
(e) Circular type,	—	—	—			
14. Involution melancholia,				2	11	13
15. Dementia præcox, total,				62	50	112
(a) Paranoid type,	23	16	39			
(b) Katatonic type,	9	18	27			
(c) Hebephrenic type,	20	13	33			
(d) Simple type,	10	3	13			
16. Paranoia and paranoic conditions,				1	5	6
17. Psychoneuroses, total,				—	—	—
(a) Hysterical type,	—	—	—			
(b) Psychasthenic type,	—	—	—			
(c) Neurasthenic type,	—	—	—			
18. With mental deficiency,				5	2	7
19. With constitutional psychopathic inferiority,				2	—	2
20. Epileptic, total,				5	4	9
(a) Deterioration,	1	1	2			
(b) Clouded states,	3	3	6			
(c) Other conditions,	1	—	1			
21. Undiagnosed,				3	5	8
22. Not insane, total,				28	11	39
(a) Epilepsy without psychosis,	2	—	2			
(b) Alcoholism without psychosis,	12	2	14			
(c) Drug addiction without psychosis,	—	—	—			
(d) Constitutional psychopathic inferiority without psychosis,	4	5	9			
(e) Mental deficiency without psychosis,	10	3	13			
(f) Others,	—	1	1			
Total,				220	166	386

TABLE 8. — Age of First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	YEARS.																				
	TOTAL.			15-20.			20-25.			25-30.			30-35.			35-40.			40-45.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	22	1	23	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Senile,	33	55	88	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. With cerebral arteriosclerosis,	17	6	23	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
4. General paralysis,	20	8	28	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
5. With cerebral syphilis,	2	4	6	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor,	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases,	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
9. Alcoholic,	37	5	42	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins,	1	2	3	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra,	5	9	14	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases,	7	9	16	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive,	2	11	13	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
14. Involutional melancholia,	62	50	112	7	4	11	15	11	26	17	6	23	13	13	26	7	7	14	1	4	5
15. Dementia præcox,	1	5	6	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
16. Paranoia and paranoic conditions,	1	5	6	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
17. Psychoneuroses,	5	2	7	3	1	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
18. With mental deficiency,	5	2	7	3	1	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
19. With constitutional psychopathic inferiority,	5	4	9	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
20. Epileptic,	3	5	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
21. Undiagnosed,	3	5	8	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
22. Not insane,	28	11	39	1	1	2	5	5	10	4	4	8	5	5	10	2	2	4	3	3	6
Total,	220	166	386	1	1	2	22	13	35	25	8	33	28	24	52	24	16	40	15	14	29

TABLE 8. — Age of First Admissions classified with Reference to Principal Psychoses — Concluded.

PSYCHOSES.	YEARS.																	
	45-50.		50-55.		55-60.		60-65.		65-70.		70-75.		75-80.		OVER 80.			
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
2. Senile,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
3. With cerebral arteriosclerosis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
4. General paralysis,	3	1	4	4	3	7	3	4	7	3	4	7	3	4	7	3	4	7
5. With cerebral syphilis,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
6. With Huntington's chorea,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
7. With brain tumor,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
8. With other brain or nervous diseases,	7	1	8	6	1	7	2	1	3	2	1	3	2	1	3	2	1	3
9. Alcoholic,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
10. Due to drugs and other exogenous toxins,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
11. With pellagra,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
12. With other somatic diseases,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive,	1	3	4	1	3	4	1	1	2	1	1	2	1	1	2	1	1	2
14. Involutional melancholia,	2	2	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
15. Dementia precox,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
16. Paranoia and paranoid conditions,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
17. Psychoneuroses,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
18. With mental deficiency,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
19. With constitutional psychopathic inferiority,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
20. Epileptic,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
21. Undiagnosed,	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2
22. Not insane,	17	13	30	17	14	31	14	10	24	14	9	23	12	14	26	9	9	18
Total,	17	13	30	17	14	31	14	10	24	14	9	23	12	14	26	9	9	18
																4	7	11
																6	6	12

TABLE 9. — Degree of Education of First Admissions classified with Reference to Psychoses.

PSYCHOSES.	TOTAL.		ILLITERATE.		READS AND WRITES.		COMMON SCHOOL.		HIGH SCHOOL.		COLLEGE.		UNASCERTAINED.		
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	
1. Traumatic,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
2. Senile,	22	33	7	6	3	3	9	12	2	2	1	1	6	9	
3. With cerebral arteriosclerosis,	17	6	—	—	3	—	9	3	1	2	—	—	3	2	
4. General paralysis,	20	8	—	—	3	—	12	4	3	1	—	—	2	3	
5. With cerebral syphilis,	2	4	—	—	2	—	1	2	1	—	—	—	1	—	
6. With Huntington's chorea,	1	—	—	—	—	—	—	—	—	—	—	—	—	—	
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
8. With other brain or nervous diseases,	1	3	—	—	—	—	1	—	1	—	—	—	6	1	
9. Alcoholic,	37	5	2	3	11	1	17	1	1	1	—	—	—	—	
10. Due to drugs and other exogenous toxins,	—	2	—	—	—	—	2	2	—	—	—	—	—	—	
11. With pellagra,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
12. With other somatic diseases,	5	9	1	1	1	—	2	7	1	1	—	—	2	2	
13. Manic-depressive,	7	9	1	1	—	—	1	2	1	1	—	—	2	1	
14. Involution melancholia,	2	11	1	1	2	2	1	5	1	1	—	—	2	1	
15. Dementia precox,	62	50	7	8	9	9	32	24	4	3	7	—	9	6	
16. Paranoia and paranoid conditions,	1	5	1	2	—	—	—	1	—	—	—	—	—	2	
17. Psychoneuroses,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
18. With mental deficiency,	5	2	1	1	2	1	2	—	—	—	—	—	—	—	
19. With constitutional psychopathic inferiority,	2	2	—	—	—	—	—	—	—	—	—	—	—	—	
20. Epileptic,	5	4	1	1	—	—	3	1	—	—	—	—	1	—	
21. Undiagnosed,	3	5	1	1	—	—	1	4	—	—	—	—	—	—	
22. Not insane,	28	11	3	2	6	1	15	5	2	5	—	—	1	1	
Total,	220	166	20	27	41	22	109	79	13	11	24	2	2	35	25
					63		188				4				60

TABLE 10. — *Environment of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			URBAN.			RURAL.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
	1. Traumatic,	22	33	55	13	19	32	9	14	23	—	—
2. Senile,	17	6	23	17	3	20	—	3	3	—	—	—
3. With cerebral arteriosclerosis,	20	8	28	18	5	23	2	3	5	—	—	—
4. General paralysis,	2	4	6	2	3	5	—	1	1	—	—	—
5. With cerebral syphilis,	1	—	1	1	—	1	—	—	—	—	—	—
6. With Huntington's chorea,	1	—	1	—	—	—	—	—	—	—	—	—
7. With brain tumor,	1	2	3	1	1	2	—	1	1	—	—	—
8. With other brain or nervous diseases,	37	5	42	31	3	34	6	2	8	—	—	—
9. Alcoholic,	—	2	2	—	2	2	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra,	5	9	14	4	4	8	1	1	2	—	—	—
12. With other somatic diseases,	7	9	16	7	5	12	—	4	4	—	—	—
13. Manic-depressive,	2	11	13	2	8	10	—	3	3	—	—	—
14. Involution melancholia,	62	50	112	40	42	82	22	8	30	—	—	—
15. Dementia praecox,	1	5	6	1	3	4	—	2	2	—	—	—
16. Paranoia and paranoid conditions,	—	—	—	—	—	—	—	—	—	—	—	—
17. Psychoneuroses,	5	2	7	5	2	7	—	—	—	—	—	—
18. With mental deficiency,	2	—	2	1	—	1	1	—	1	—	—	—
19. With constitutional psychopathic inferiority,	5	4	9	3	4	7	2	—	2	—	—	—
20. Epileptic,	3	5	8	2	5	7	1	—	1	—	—	—
21. Undiagnosed,	28	11	39	24	7	31	4	4	8	—	—	—
22. Not insane,	—	—	—	—	—	—	—	—	—	—	—	—
Total,	220	166	386	172	120	292	48	46	94	—	—	—

TABLE 11. — *Economic Condition of First Admissions classified with Reference to Principal Psychoses.*

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
	1. Traumatic,	—	—	—	8	19	27	7	8	15	7	6	13	—	—
2. Senile,	22	33	55	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis,	17	6	23	—	2	2	7	2	9	10	2	12	—	—	—
4. General paralysis,	20	8	28	1	1	2	7	4	11	7	3	15	—	—	—
5. With cerebral syphilis,	2	4	6	—	2	2	—	1	1	2	1	3	—	—	—
6. With Huntington's chorea,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	1	—	1	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	2	3	—	—	—	1	1	2	—	—	—	—	—	—
9. Alcoholic,	37	5	42	2	—	2	13	5	18	21	1	21	1	—	1
10. Due to drugs and other exogenous toxins,	—	2	2	—	—	—	—	1	1	1	1	1	—	—	—
11. With pellagra,	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	5	9	14	—	—	—	4	3	7	1	6	7	—	—	—
13. Manic-depressive,	7	9	16	1	—	1	4	4	8	2	2	5	—	—	—
14. Involution melancholia,	2	11	13	—	1	1	—	7	8	7	3	10	—	—	—
15. Dementia præcox,	62	50	112	7	9	16	31	25	56	24	16	40	—	—	—
16. Paranoia and paranoic conditions,	1	5	6	—	—	—	—	3	3	1	2	3	—	—	—
17. Psychoneuroses,	—	—	—	—	2	2	—	—	—	—	—	—	—	—	—
18. With mental deficiency,	5	2	7	3	2	5	1	—	1	1	—	1	—	—	—
19. With constitutional psychopathic inferiority,	2	—	2	1	2	3	1	1	2	3	1	4	—	—	—
20. Epileptic,	3	5	8	—	—	—	—	2	3	2	2	3	—	—	—
21. Unrecognized,	—	—	—	3	1	4	14	5	19	11	5	16	—	—	—
22. Not insane,	28	11	39	—	—	—	—	—	—	—	—	—	—	—	—
Total,	220	166	386	26	39	65	93	72	165	100	55	155	1	—	1

TABLE 12. — Use of Alcohol by First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.			ABSTINENT.			TEMPERATE.			INTERTEMPERATE.			UNASCERTAINED.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,															
2. Senile,	22	33	55				7	29	36				4	1	5
3. With cerebral arteriosclerosis,	17	6	23				8	5	13				4	4	8
4. General paralysis,	20	8	28	3		3	5	2	7				7	5	12
5. With cerebral syphilis,	2	4	6	1		1	5	2	2				1	1	2
6. With Huntington's chorea,	1	1	2	1		1							1		1
7. With brain tumor,	1	2	3										1		1
8. With other brain or nervous diseases,	37	5	42										37	5	42
9. Alcoholic,		2	2												
10. Due to drugs and other exogenous toxins,		2	2												
11. With pellagra,		5	5												
12. With other somatic diseases,	5	9	14	1		1	2	8	10				1		1
13. Manic-depressive,	7	9	16	2		2	4	8	12				1		1
14. Involution melancholia,	2	11	13				1	9	10				2		2
15. Dementia precox,	62	50	112	7		7	30	35	65				24	4	28
16. Paranoia and paranoid conditions,	1	5	6										1	1	2
17. Psychoneuroses,		2	2												
18. With mental deficiency,	5	2	7				2	1	3				1		1
19. With constitutional psychopathic inferiority,	2	4	6				2	2	2				1		1
20. Epileptic,	5	3	8				3	3	6				1		1
21. Undiagnosed,	3	5	8				3	4	7				1		1
22. Not insane,	28	11	39	1		1	12	8	20				14	2	16
Total,	220	166	386	18	3	21	79	117	196	97	22	119	26	24	50

TABLE 13. — Marital Condition of First Admissions classified with Reference to Principal Psychoses.

PSYCHOSES.	TOTAL.		SINGLE.		MARRIED.		WIDOWED.		SEPARATED.		DIVORCED.		UNASCERTAINED.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Traumatic,	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile,	22	33	7	3	8	4	7	24	—	—	—	—	—	—
3. With cerebral arteriosclerosis,	17	6	3	1	8	1	6	4	—	—	—	—	—	—
4. General paralysis,	20	8	5	5	13	7	2	1	—	—	—	—	—	—
5. With cerebral syphilis,	2	4	1	2	1	1	1	1	—	—	—	—	—	—
6. With Huntington's chorea,	1	1	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	2	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic,	37	5	15	—	14	5	1	1	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins,	—	2	—	—	—	2	—	—	—	—	—	—	—	—
11. With pellagra,	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases,	5	9	2	1	4	6	2	2	—	—	—	—	—	—
13. Manic-depressive,	7	9	3	2	4	7	4	2	—	—	—	—	—	—
14. Involution melancholia,	2	11	2	2	8	10	—	—	—	—	—	—	—	—
15. Dementia precox,	62	112	45	23	17	24	41	2	—	—	—	—	—	—
16. Paranoia and paranoid conditions,	1	5	1	2	1	2	3	—	—	—	—	—	—	—
17. Psychoneuroses,	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. With mental deficiency,	5	2	4	2	1	—	—	—	—	—	—	—	—	—
19. With constitutional psychopathic inferiority,	2	2	1	1	—	—	—	—	—	—	—	—	—	—
20. Epileptic,	5	4	3	2	2	2	4	—	—	—	—	—	—	—
21. Undiagnosed,	3	5	1	1	2	5	7	—	—	—	—	—	—	—
22. Not insane,	28	11	12	4	12	4	16	3	—	—	—	—	—	—
Total,	220	166	102	44	87	79	166	29	39	68	1	1	1	1

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.						
	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,						
2. Senile, total,				3	3	6
(a) Simple deterioration,	1		1			
(b) Presbyophrenic type,						
(c) Delirious and confused states,	1	1	2			
(d) Depressed and agitated states in addition to deterioration,						
(e) Paranoid states in addition to deterioration,	1	2	3			
3. With cerebral arteriosclerosis,				6	3	9
4. General paralysis,				19	3	22
5. With cerebral syphilis,				4	2	6
6. With Huntington's chorea,						
7. With brain tumor,						
8. With brain or nervous diseases, total,				1		1
Cerebral embolism,						
Paralysis agitans,						
Tubercular or other forms of meningitis,						
Multiple sclerosis,						
Tabo-paresis,	1		1			
Acute chorea,						
Other conditions,						
9. Alcoholic, total,				20	1	21
(a) Pathological intoxication,						
(b) Delirium tremens,	1	1	2			
(c) Acute hallucinosis,	9		9			
(d) Acute paranoid type,	2		2			
(e) Korsakow's psychosis,						
(f) Chronic hallucinosis,	2		2			
(g) Chronic paranoid type,	3		3			
(h) Alcoholic deterioration,	3		3			
(i) Other types, acute or chronic,						
10. Due to drugs and other exogenous toxins, total,						
(a) Morphine, cocaine, bromides, chloral, etc., alone or combined,						
(b) Metals, as lead, arsenic, etc.,						
(c) Gases,						
(d) Other exogenous toxins,						
11. With pellagra,						
12. With other somatic diseases, total,						
(a) Delirium with infectious diseases,						
(b) Post-infectious psychoses,						
(c) Exhaustion delirium,						
(d) Delirium of unknown origin,						
(e) Diseases of the ductless glands,						
(f) Cardiorenal disease,						
(g) Cancer,						
(h) Other diseases or conditions,						
13. Manic-depressive, total,				7	20	27
(a) Manic type,	3	9	12			
(b) Depressive type,	3	9	12			
(c) Stupor,						
(d) Mixed type,	1	2	3			
(e) Circular type,						
14. Involution melancholia,					5	5
15. Dementia præcox, total,				67	40	107
(a) Paranoid type,	20	19	39			
(b) Katatonic type,	11	15	26			
(c) Hebephrenic type,	26	6	32			
(d) Simple type,	10		10			
16. Paranoia and paranoic conditions,				1	2	3
17. Psychoneuroses, total,						
(a) Hysterical type,						
(b) Psychasthenic type,						
(c) Neurasthenic type,						
18. With mental deficiency,				3	3	6
19. With constitutional psychopathic inferiority,				1	1	2
20. Epileptic, total,				6	2	8
(a) Deterioration,	2	1	3			
(b) Clouded states,	4	1	5			
(c) Other conditions,						

TABLE 14. — *Psychoses of Readmissions* — Concluded.

PSYCHOSES.	Males.	Females.	Totals.	Males.	Females.	Totals.
	21. Undiagnosed,	5	4	9
22. Not insane, total, . . . . .	.	.	.	6	3	9
(a) Epilepsy without psychosis, . . . . .	.	.	.
(b) Alcoholism without psychosis,	2	—	2			
(c) Drug addiction without psychosis,	—	—	—			
(d) Constitutional psychopathic inferiority without psychosis,	1	1	2			
(e) Mental deficiency without psychosis,	3	2	5			
(f) Others,	—	—	—			
Total,				149	92	241

TABLE 15. — Discharges of Patients classified with Reference to Principal Psychoses and Condition of Discharge.

PSYCHOSES.	TOTAL.		RECOVERED.		IMPROVED.		UNIMPROVED.		NOT INSANE.	
	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.	Males.	Females.
1. Traumatic,	1	1	1	1	1	1	1	1	1	1
2. Senile,	7	4	1	1	3	3	4	1	1	1
3. With cerebral arteriosclerosis,	4	1	1	1	1	1	3	1	4	1
4. General paralysis,	—	5	—	—	—	—	—	—	5	—
5. With cerebral syphilis,	—	—	—	—	—	—	—	—	4	—
6. With Huntington's chorea,	—	—	—	—	—	—	—	—	—	—
7. With brain tumor,	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases,	1	1	1	1	1	1	1	1	1	1
9. Alcoholic,	39	4	28	2	8	2	3	3	3	3
10. Due to drugs and other exogenous toxins,	—	1	—	—	—	—	—	—	1	—
11. With pellagra,	1	1	1	1	—	—	—	—	1	1
12. With other somatic diseases,	1	3	1	1	—	1	—	1	—	—
13. Manic-depressive,	6	25	3	18	2	3	1	4	5	—
14. Involutional melancholia,	2	4	1	1	—	2	2	1	2	—
15. Dementia praecox,	33	34	10	23	10	23	23	11	34	—
16. Paranoia and paranoid conditions,	—	—	—	—	—	—	—	—	—	—
17. Psychoneuroses,	—	—	—	—	—	—	—	—	—	—
18. With mental deficiency,	9	4	—	—	2	2	4	7	9	—
19. With constitutional psychopathic inferiority,	—	1	—	—	—	—	—	2	—	—
20. Epileptic,	4	5	—	—	—	3	4	4	1	—
21. Undiagnosed,	1	3	—	—	—	—	—	2	—	—
22. Not insane,	32	10	—	—	1	—	—	2	—	—
42. Total,	140	99	33	23	27	39	48	27	75	32
42. Total,	239	56	33	23	27	39	48	27	75	32
42. Total,	239	56	33	23	27	39	48	27	75	32

TABLE 17. — Age of Patients at Time of Death classified with Reference to Principal Psychoses — Concluded.

PSYCHOSES.	YEARS.																				
	45-50.		50-55.		55-60.		60-65.		65-70.		70-75.		75-80.		OVER 80.						
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.						
1. Traumatic,																					
2. Senile,																					
3. With cerebral arteriosclerosis,																					
4. General paralysis,																					
5. With cerebral syphilis,	6	1	7	3	1	4	3	2	5	4	3	7	3	1	4	4					
6. With Huntington's chorea,				1	1	2			1	1	2				1	1					
7. With brain tumor,																					
8. With other brain or nervous diseases,				1	1	2															
9. Alcoholic,				1	1	2															
10. Due to drugs and other exogenous toxins,																					
11. With pellagra,																					
12. With other somatic diseases,	2	2	4	1	1	2	3	5	8	5	10	15	11	16	27	38					
13. Manic-depressive,				3	1	4	3	5	8	10	18	13	17	30	43	57					
14. Involutional melancholia,	1	1	2	1	1	2															
15. Dementia præcox,	1	1	2	3	1	4	3	2	5	4	8	5	9	11	20	29					
16. Paranoia and paranoid conditions,	2	2	4																		
17. Psychoneuroses,																					
18. With mental deficiency,																					
19. With constitutional psychopathic inferiority,																					
20. Epileptic,	1	1	2	1	1	2															
21. Undiagnosed,	1	1	2	1	1	2															
22. Not insane,																					
Total,	9	8	17	10	8	18	10	12	22	14	16	30	9	11	20	5	12	17	8	7	15

TABLE 18. — Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses.

PSYCHOSES.	TOTAL.		MONTHS.												YEARS.					
	Males.	Females.	LESS THAN 1.			1-3.			4-7.			8-12.			1-2.		3-4.			
			Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.			
1. Traumatic,	14	31	2	4	6	2	3	5	1	4	5	1	3	4	2	7	9	2	3	5
2. Senile,	16	14	4	1	5	7	1	3	2	1	3	3	6	6	2	6	11	2	2	4
3. With cerebral arteriosclerosis,	39	5	5	1	6	4	1	4	4	1	5	3	3	6	5	6	15	7	2	8
4. General paralysis,	2	2	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
5. With cerebral syphilis,	1	1	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
6. With Huntington's chorea,	2	2	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
7. With brain tumor,	2	2	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
8. With other brain or nervous diseases,	5	1	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
9. Alcoholic,	2	2	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
10. Due to drugs and other exogenous toxius,	2	2	1	1	2	1	2	1	1	1	1	1	1	1	1	1	1	1	1	1
11. With pellagra,	9	11	1	8	9	1	1	1	1	1	1	1	1	1	2	2	4	4	2	6
12. With other somatic diseases,	2	9	1	1	2	1	2	1	1	1	1	2	1	3	4	2	6	2	4	6
13. Manic-depressive,	13	10	2	1	3	1	2	1	1	1	1	2	1	3	4	2	6	2	4	6
14. Involutional melancholia,	4	4	1	1	2	1	2	1	1	1	1	2	1	3	4	2	6	2	4	6
15. Dementia precox,	4	4	1	1	2	1	2	1	1	1	1	2	1	3	4	2	6	2	4	6
16. Paranoia and paramanic conditions,	2	1	1	1	2	1	2	1	1	1	1	2	1	3	4	2	6	2	4	6
17. Psychoneuroses,	2	1	1	1	2	1	2	1	1	1	1	2	1	3	4	2	6	2	4	6
18. With mental deficiency,	1	1	1	1	2	1	2	1	1	1	1	2	1	3	4	2	6	2	4	6
19. With constitutional psychopathic inferiority,	1	2	1	1	2	1	2	1	1	1	1	2	1	3	4	2	6	2	4	6
20. Epileptic,	3	3	2	1	3	1	2	1	1	1	1	2	1	3	4	2	6	2	4	6
21. Undiagnosed,	1	1	1	1	2	1	2	1	1	1	1	2	1	3	4	2	6	2	4	6
22. Not insane,	109	100	19	18	37	15	9	24	8	7	15	9	13	22	28	19	47	12	11	23
Total,	109	100	19	18	37	15	9	24	8	7	15	9	13	22	28	19	47	12	11	23

TABLE 18. — Total Duration of Hospital Life of Patients dying in Hospital classified according to Psychoses — Concluded.

PSYCHOSES.	YEARS.														
	5-10.		10-15.		15-20.		20-25.		25-30.		30-35.		35-40.		
	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals.
1. Traumatic,	4	3	7	1	1	2	1	1	2	1	1	2	1	1	2
2. Senile,															
3. With cerebral arteriosclerosis,															
4. General paralysis,															
5. With cerebral syphilis,															
6. With Huntington's chorea,															
7. With brain tumor,															
8. With other brain or nervous diseases,															
9. Alcoholic,															
10. Due to drugs and other exogenous toxins,															
11. With pellagra,															
12. With other somatic diseases,	4	1	5	1	1	2	1	1	2	1	1	2	1	1	2
13. Manic-depressive,															
14. Involutional melancholia,	2	3	5	3	3	6	1	3	4	1	3	4	1	3	4
15. Dementia precox,		1	1		2	2		2	2		2	2		2	2
16. Paranoia and paranoid conditions,															
17. Psychoneuroses,															
18. With mental deficiency,															
19. With constitutional psychopathic inferiority,															
20. Epileptic,															
21. Undiagnosed,															
22. Not insane,															
Total,	10	8	18	2	7	9	1	5	6	1	2	3	2	1	3

TABLE 19. — *Family-care Department.*

	Males.	Females.	Totals.
Remaining Sept. 30, 1917,	-	45	45
Admitted within the year,	-	24	24
Nominally returned from visit for discharge,	-	-	-
Whole number of cases within the year,	-	69	69
Dismissed within the year,	-	26	26
Returned to institution,	-	16	16
Discharged,	-	-	-
Died,	-	5	5
Visit,	-	4	4
Escaped,	-	1	1
Remaining Sept. 30, 1918,	-	43	43
Supported by the State,	-	33	33
Private,	-	7	7
Self-supporting,	-	3	3
Number of different persons within the year,	-	61	61
Number of different persons admitted,	-	16	16
Number of different persons dismissed,	-	26	26
Daily average number,	-	44.67	44.67
State,	-	32.55	32.55
Private,	-	7.10	7.10
Self-supporting,	-	5.02	5.02

