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The Commonwealth of Massachusetts

ANNUAL REPORT

OF

THE TRUSTEES

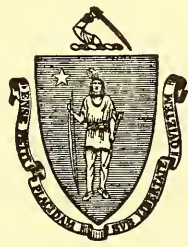
OF THE

WORCESTER STATE HOSPITAL

FOR THE

YEAR ENDING NOVEMBER 30, 1923

DEPARTMENT OF MENTAL DISEASES



PUBLICATION OF THIS DOCUMENT APPROVED BY THE COMMISSION ON ADMINISTRATION AND FINANCE

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MAUDE ROSE, *Head Occupational Therapist.*

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The Commonwealth of Massachusetts

TRUSTEES' REPORT.

To His Excellency, the Governor, and the Honorable Council:

The Trustees of the Worcester State Hospital respectfully submit the ninety-first report of the Hospital, with a record of the various departments as given by the Superintendent, Dr. William A. Bryan, and a report of the Treasurer, Miss Jessie M. D. Hamilton.

During the year Mrs. Anna C. Tatman of Worcester was appointed as Trustee.

The Superintendent's comprehensive monthly reports show careful consideration of the health of the patients, physical as well as mental. Much has been done to improve conditions by examination or by treatment, medical or surgical.

A re-organization of medical work for more efficient service to the patient has been made. Especially active work has been done by the hydrotherapeutic department. Stress has been placed upon the importance of constant employment or pleasant, continuous occupation for destructive and disturbed patients; also upon the value for all of occupational therapy, gymnastics, the industrial department work and that of the group, thought being given as to the result to be obtained in the life of the individual employed.

A training school for occupational teachers, small but enthusiastic, has been organized. The out-patient department, hospital, nutrition and habit forming clinics have been successful and form an acknowledged bond between the hospital and social agencies and the general public. The real value of social service cannot be overestimated.

The three years of Dr. Bryan's service at the hospital have been most successful and he has the confidence of the Trustees as well as their active coöperation whenever possible. The budget principle is sound and that of coöperative buying, but the Trustees concur in the opinion of many who have given careful thought to the matter that, while economy in all State affairs is most desirable, it is to be deplored that the law, intended to be of great value to the State, has been construed and acted upon in such a manner that it has worked out detrimentally, at least to that part of the State's interests coming under the observation of the Trustees.

The present standards of work in Massachusetts cannot be maintained by such rigid economy. The care of the patients and the best interests of our institution in every way demand that the policies of the institution be formulated by those who understand the work, who have been trained in such work and know its needs. Coöperation should be the watchword in every advance step and special attention should be paid to the building up of the morale of the service. This cannot be done on a too limited, biased plan. Men of initiative and vision in any direction will not give of their best if there is to be no avenue for the working out of those visions, if financial stringency hinders the consummation of ideals and warps initiative. The possibility of being able to carry out constructive plans is necessary to stimulate and give incentive. The best plans, resulting in the best work of not only the Head but of the workers in all departments, can often only be made where expense is necessarily involved.

The trustees also again respectfully call attention to the imperative need of consideration of the fire hazard at the Worcester State Hospital. For many years the subject has been reiterated. There is still the same need of added fire protection, fire escapes, fireproof stairways and a sprinkler system.

The Trustees are firm in their belief that the serious break threatened in the accomplishment of the best results in the work of the Worcester State Hospital, will be averted by quick and decisive action on the part of those in authority.

Respectfully submitted,

EDWARD F. FLETCHER.
WILLIAM J. DELAHANTY.
JOHN G. PERMAN.
LUTHER C. GREENLEAF.

HOWARD W. COWEE.
ANNA C. TATMAN.
CAROLINE M. CASWELL.

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 November 30, 1923, it being the ninety-first annual report.

There remained on the hospital books, October 1, 1922, 2,447 patients, 1,270 men and 1,177 women. During the year ending September 30, 1922, there were admitted 506 patients—274 men and 232 women. Six hundred and three patients—311 men and 292 women—were discharged from this hospital. Of this number 368 patients—191 men and 177 women—were discharged; 213 patients—110 men and 103 women, died; and 16 patients—9 men and 7 women—were transferred, leaving at the end of the statistical year 2,579 patients—1,372 men and 1,207 women. Two thousand one hundred and thirty patients—1,081 men and 1,049 women—were actually in the hospital. Of this number 1943 were supported by the State, 84 by friends and 103 as reimbursing patients. Of the patients discharged, 45 were reported as recovered, 198 as improved and 80 as not improved. Forty-five patients—25 men and 20 women—were discharged as not insane. Three men were transferred by the Department of Mental Diseases to the State Infirmery, 2 men to the Danvers State Hospital, 2 men to the Bridgewater State Hospital, 1 man to McLean Hospital, 1 man to the Monson State Hospital, 1 woman to Herbert Hall Hospital, 2 women to the Medfield State Hospital, 1 woman to the Boston State Hospital, 1 woman to Glenside Hospital, 1 woman to the Gardner State Hospital and 1 woman to the School for Feeble-Minded. Twenty-two men and 13 women were removed from the State, and 17 men and 9 women were deported.

There remained in the hospital at the end of the year 114 more patients than at the beginning. The smallest number under treatment on any day was 2,017 patients and the largest 2,163. The daily average was 2,075.51.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 7.46; calculated upon the number of admissions 6.12. The death rate was 6.69, calculated on the whole number of patients under treatment; and 10.26 calculated on the daily average number.

EX-SERVICE MEN.

During the year, there were 35 ex-service men committed to the hospital, 24 returned from trial visit, 13 returned from escape, 22 went out on a trial visit, 19 left the hospital without permission; 5 died and 11 were discharged, leaving at the end of the year 66 ex-service men in the institution.

To all who have contributed gifts and entertainments for the ex-service men, I hereby extend my hearty thanks.

STAFF CHANGES.

The following changes have taken place on the medical staff of the hospital:—

Resignations.

Louis Paré, M.D., resigned June 11, 1923.

Lloyd E. Byrd, D.M.D., resigned June 6, 1923.

Appointments.

Dr. Ransom H. Sartwell, was appointed Assistant Superintendent September 1, 1923.

Dr. Paul DeCary was appointed Assistant Physician September 10, 1923.

Dr. Carl A. Oberg was appointed Resident Dentist June 16, 1923.

Dr. Donald B. Cheetham was appointed Assistant Physician October 16, 1923.

STUDENT INTERNES.

The following served as Internes during the past summer:—

Benjamin H. Rutledge, Jr.	John Hopkins University.
Charles R. Wilson	University of Michigan.
C. Kenneth Cook	University of Michigan.
Richard C. Travis	University of Michigan.
Elmer Wakefield	University of Michigan.
Thomas H. Miller	University of Michigan.
Frank R. Smith, Jr.	John Hopkins University.

REPORT OF MEDICAL WORK.

A complete re-organization of the medical staff along radically different lines has been attempted during the year and while the change has not been in effect sufficiently long to be able to say accurately as to whether it is a more efficient way of handling the medical work, we do believe that it has already resulted in better treatment for our patients. The medical work has been divided into two distinct divisions—Psychiatric and Medical. Under the old plan of organization there were two services in the hospital—male and female—each presided over by a senior assistant physician with two assistants. These officers were responsible for the entire examination of the patient, both physically and mentally. Under the new organization plan a third service has been inaugurated, the function of which is the study of the purely physical. This service is headed by a senior physician with two assistants and all of the physical examinations, both in new cases and patients already in the hospital, are carried out by this service. When a patient is admitted to the hospital a preliminary physical examination is made by the staff member who receives him. On the third day a member of the medical service makes a complete physical examination and is responsible for all laboratory procedures and other work connected with the study of the physical aspect of the patient. After this work is completed the Psychiatric service then makes the psychiatric diagnosis, taking into consideration the physical findings. In this way we have been able to find many physical conditions which we have been able to remedy. While many of these have no bearing upon the psychosis, it seems obvious that the first consideration in any mental disease should be to remedy any existing physical abnormality.

The report of the Medical Service will indicate the amount of work done on patients entering the hospital. The following medical report is submitted by the senior in charge of the medical service, Dr. Henry Weyler:—

X-Ray Department (No. of Patients).

Arm, 8; Bladder, 1; Chest, 89; Hand, 35; Leg, 11; Precordia, 1; Skull, 80; Toe, 1; Gastro-Intestinal, 16; Elbow, 10; Knee, 11; Ankle, 27; Wrist, 10; Fluorascopia, 15; Foot, 18; Hip, 24; Nose, 9; Vertebrae, 1; Ribs, 11; Head, 8; Finger, 5; Spine, 11; Jaw, 11; Femur, 1; Arm, 2; Sinuses, 1; Shoulders, 13; Tibia, 1; Colon, 5; Mandible, 1; Heart, 1; Thymus, 1.

Surgical Cases.

Major Operations, 28; Minor Operations, 22.

Eye Clinics.

Patients Examined, 76; Examined and Glasses Fitted, 66.

Neurological Clinic.

Cases Examined, 23.

Treatments.

Arsphenamine, 621; Swift-Ellis, 184.

LABORATORY REPORT.

The laboratory work for the year 1923 has largely been of the usual routine material. The statistical report gives a fair idea of the amount of work done. From the beginning of the year to October 15th, the pathologist, Dr. Clarence Whitcomb, had charge also of the syphillis clinic and of the routine examinations of eyes, nose and throat. The reports of his activities in these other lines are, therefore, included in this report, although they are not strictly laboratory work. From October 15th to the end of the year Dr. Root has been pathologist. He has also had charge of the Out-Patient clinic, not included in this report.

The personnel of the laboratory has consisted of, during the greater part of the year, the Pathologist and two assistants. We were fortunate in having as one of the assistants a trained chemist who did practically all of the spinal fluid examinations and all of the blood chemistry.

The following is a report of the laboratory work:—

Autopsies, 53; Bacterial Cultures, 33; Bacterial Smears, 101; Blood Counts, 61; Blood Counts—Red, 421; Blood Counts—White, 78; Blood Cultures, 9; Blood-Haemoglobin Determination, 320; Blood-Count Differential, 39; Blood-Urea Nitrogen, 8; Blood Total Nitrogen, 9; Blood Sugar, 9; Blood Creatin, 7; Blood Creatinin, 7; Blood Ulric Acid, 6; Animal Inoculations, 2; Gastric Analysis, 4; Sputum, 236; Lumbar Punctures, 84; Cistern Punctures, 20; Withdrawal of blood for Wassermann Examinations, 280; Withdrawal of blood for Spinal Fluid Examination, 267; Renal Function (Phenolphthalein), 53; Lange Colloidal Gold Reaction, 412; Spinal Fluid Cell Count and Protein Determination, 501; Salvarsan Injections, 573; Mercury Injections, 59; Swift-Ellis Treatment, 184; Ophthalmoscopic Examination, 266; Ear, Nose and Throat Examinations, 238; Ear, Nose and Throat Treatments, 123; Urine Analysis, 1,491; Feces, 15; Vaccines, 3; Microscopic Sections-Preparation, 833; Microscopic Sections Examinations, 20; Lectures, 10; Widal, 17; Spinal Drainage, 5; Saliva Drainage, 1; Blood Chemistry, 79; Erythrocyte Counts, 16; Differential Leucocyte Counts, 17; Leucocyte Counts, 21; Blood Bleeding Time, 1; Blood Coagulation Time, 1; Blood Fragility Test, 1; Scabies Examination, 5; Albumin and Globulin, 41; Liver Functions, 1; Determination of Metabolic rate, 10; Throat Culture, 5; Vaginal Smears, 2.

I wish to take this opportunity of expressing my thanks to the members of the profession who have rendered such valuable assistance during the year by serving on our visiting staff. They have been at all times coöperative and have worked assiduously for the best interest of the patient and the hospital. I feel very definitely that the organization of any mental hospital depends upon the appointment of a large and active visiting staff and it is our purpose and plan to add to this visiting staff as rapidly as possible. Our patients have received the benefit of a high degree of medical skill and I am sure that it will assist us in eventually working out the problem of mental diseases.

We have continued our study of special conditions during the year. At the present time we are using the fluoroscope on the chest as a routine measure in newly admitted cases. It is our custom to take a procedure of this kind and use it as a routine until we have accumulated the records of a hundred or two hundred cases. We then decide whether a sufficient amount of good has been done and information obtained to justify continuing it as a regular thing.

The following report is submitted by our resident dentist, Carl A. Oberg:—
 Number of Patients Examined, 3,511; Cleanings, 2,821; Fillings, 1,245; Plates, 34; Treatments, 154; Teeth Extracted, 1,245; Repaired Plates, 24; Impacted Teeth, 13.

TRAINING SCHOOL REPORT.

The following report of the training school activities is submitted by Miss Florence M. Wooldridge, R.N., Supt. of Nurses:—

Class work for eight seniors and fifteen juniors was carried on with much difficulty on account of a shortage of nurse and attendant help.

Graduation took place on June 29th when eight were presented diplomas, seven of this number stayed with us for six months and four are with us still, having received promotions. The opening of a diet kitchen under the direction of the training school has given our nurses a splendid opportunity. The value of the experience in our operating room, X-ray, electrotherapy, hydrotherapy and occupational departments, as well as clinics, cannot be overestimated.

The Alumnae Association has been active, meeting at the hospital every three months, having at each meeting a speaker on some of the newer and important matters concerning nursing and nurses. The Association has pledged a prize of \$10.00, called the Linda Richard's prize, to the member of each graduating class who writes the best paper on any phase of psychiatric nursing. Also a prize of \$10.00 to the member of each graduating class who makes the highest marks.

The classes of thirty hours practical instruction for women and men attendants have been carried on by the training school staff, entailing much work with very few staying long enough to finish the course or render better service for having taken it. However, we have a more promising class of women attendants at the present time.

It is highly desirable that more intensive instruction be given the probationers. This would call for a larger teaching staff. The Worcester branch of the Guild of St. Barnabas organized in October, 1922, has been a source of much pleasure to our nurses, fifteen of whom are members. The training school entertained the Guild at the hospital. The school has been represented at all State and County meetings.

I appreciate the willing coöperation on the part of each member of the medical staff and heads of departments, who have helped to make the school a success.

HYDROTHERAPY REPORT.

Our Hydrotherapy Department continues to be one of the most important departments in the hospital. We have constantly assigned to this department a hydrotherapist and eight nurses on the female side and a hydrotherapist and two assistants on the male side. We have made some change during the year in our pack room in the female wards and have added five continuous bath tubs. We now have in operation thirteen continuous tubs, four on the male side and nine on the female side. These tubs are in operation 24 hours a day and the pack room is used the same. The following report will indicate the amount of work carried on during the year:—

	<i>Men</i>	<i>Women</i>
Foot Baths as Prep. Treatment	3,101	1,912
Foot Baths	533	706
Salt Glows	514	1,569
Saline Baths	88	1,050
Electric Light Cabinet Baths	451	938
Fomentations	—	945
Tub Shampoos	407	839
Sitz Baths	—	614
Fan douche	2,264	10,000
Needle Spray	2,388	9,993
Hot and Cold to Spine	342	942
Table Shampoos	102	70
Hair Shampoos	460	1,213

	<i>Men</i>	<i>Women</i>
Wet Mitt Friction	60	393
Scotch douche	-	342
Rain douche	-	726
Jet douche	20	323
Hot Blanket Pack for Class Work	-	4
Wet Drip Sheet	-	5
Throat Compresses	-	3
Neptune Girdle	-	8
Affusions	-	4
Continuous Baths	250	827
Wet Packs	276	984

The Occupational Therapy Department has developed considerably in many ways. Over three hundred patients are enrolled in classes. Some new ward classes have been started and old ones which were more or less intermittent have been stabilized by better organization. This has been made possible partly by the training school pupils being utilized as assistants to supervise patient teachers and partly by hiring more attendants to help with the classes. We now have six classes taught by patients under the supervision of a paid worker. One patient teacher was added to the pay roll and is doing good work.

A ward working class for the younger men, largely ex-service men, whose psychosis is of the acute type, was formed in May. A definite course of instruction was worked out and the class has been very successful.

The need for more trained workers in a hospital of this size has been heavily felt. Partly to meet this need and partly because it seems that occupational therapists in mental hospitals should be trained to work with mental cases, a school for training occupational therapists was started September 17th. The course is comprehensive and broad enough to give the pupils a general training which will make them useful members of the occupational department in a general hospital as well as in mental hospitals, should they prefer that after graduation. The course occupies a full year, and includes lectures by the medical staff, the occupational therapist and the superintendent of nurses. Three pupils are enrolled and are making a good record.

There are four classes with employees as teachers on the female service and two on the male service.

The middle of October a class was formed composed of the most destructive of patients on the female wards. These patients were given occupation from 7 A.M. and 5 P.M. each day, excepting Sunday, until January 12th. A light lunch was served at ten o'clock and at three each day. During this time the amount of destruction was decreased about three-fourths. The total destruction of dresses alone during August and September amounted to about three hundred and fifty dollars. In December after the class had been in operation about six or eight weeks the destruction of dresses amounted to seventy-eight dollars.

The class was discontinued January 12th partly as a test and because there were not teachers enough to relieve for the long hours. In January the destruction of dresses amounted to one hundred and forty-four dollars. This seems to prove rather conclusively that occupational therapy has an economic value which should appeal where its therapeutic value is unrecognized.

With the department growing at its present rate, better accommodations in the way of work rooms is a necessity. The class rooms are over-crowded and the equipment for storing and caring for supplies is very inadequate. The patients should have a large sunny, airy room in which to work, made attractive by the use of plants, pictures and comfortable furniture. The equipment for storing supplies should be such that they can be kept free from dust and in the case of the reed much waste could be avoided by the proper kind of racks for storage. Since occupation is considered one of the most important therapeutic measures used in the cure of mental diseases, could funds be used more profitably than in procuring modern equipment and an adequate staff of trained workers to carry on the work of this department?

PSYCHOLOGICAL REPORT.

The following report is submitted by our Psychologist, Dr. Grace Kent:—

The most obvious and generally recognized function of a psychological department in a State Hospital is the application of mental measurement tests to selected patients referred to us by the physicians, especially cases suspected of mental deficiency, court cases, and various cases in which there is special need of making the mental examination as thorough as possible. It is not necessary that all incoming patients should be tested, nor would this be possible with our present working force. But the psychological test is a routine procedure in the Out-Patient clinics and the juvenile and adolescent subjects who are brought to these clinics for examination are tested with the utmost care and thoroughness.

Unfortunately, we have no adequate means of mental measurement for insane or defective subjects. The Binet scale is fairly satisfactory for testing normal children and because of its successful use in schools it has come to occupy an important place in public confidence. But when used in the clinic it does not yield any such consistent results as are generally attributed to it, and we are in great need of a system of mental measurement better adapted to clinical requirements. This hospital, including its Out-Patient department, offers exceptional opportunities for trying out new methods and the development of a system of tests for use in psychological clinics is probably the most valuable contribution our department can make to clinical psychology.

This project is well under way, and it is this opportunity for constructive work that makes the position an attractive one. Although it is a research proposition that will require several years for its completion, it has already been in use for about six months. The system is being built up gradually and every new unit that is added to it makes our method of testing more trustworthy and more nearly valid. Two preliminary studies of the plan have been presented, one published in the *Journal of Applied Psychology* and the other read at the annual meeting of the American Psychological Association. We have received excellent cooperation from various psychologists engaged in the development of educational tests, and with their aid we have borrowed several thousand records of tests that were made upon school children. The forms we have constructed from these records have made three new tests available for our use.

More than half the apparatus used in our laboratory has been made by us. Psychological equipment is very high priced because of the limited demand for it, and for this reason it has seemed best to make our apparatus as far as possible. A set of tools was added to our equipment early in the year, and we have not asked for anything that could be made here. Our present permanent equipment for testing consists of fifteen pieces valued at \$121.00 and nineteen standard pieces made by ourselves. These home-made puzzles would have no considerable value if placed on sale, but they have a replacement value of \$152.00.

The work of the department is rich with educational possibilities, and it is to be hoped that we shall be able in the future, as this year, to find young women who will consider it worth while to spend a few months assisting with the routine training which they can receive here.

In addition to formal psychological work, we have undertaken to make intensive personality studies of selected patients who are in need of individual attention beyond what their physicians can give them. Women patients frequently feel the need of a close personal friend in whom they can confide freely. We make a practice of holding as confidential any information not already on record that is given us in confidence, the primary purpose of the study being not so much to make the case history complete as to help the patient to make the adjustments needed for life in society. In the selection of the limited number of patients for this intensive work, preference is given to those who give fair promise of being recoverable cases, those who are amenable to reason, and those who are in need of special instruction or of moral influence. It is to be expected that most of these patients will leave the hospital after a comparatively short stay, and it is not of great importance to shorten

the period of hospital care. Our aim is rather to give them better preparation for community life, and thus diminish the chances of their return to the hospital. In some cases this work is supplemented by the Social Service. While the patient is being trained in our laboratory to understand herself and to adapt herself to the conditions of the home, the social worker takes up the matter with the other members of the family and helps them to understand what adjustments are needed to make the home environment favorable to the patient.

SOCIAL SERVICE REPORT.

The following report of our Social Service activities is submitted by Miss Jennie A. Harrington, Social Worker:—

In February Mrs. George Caldicott resigned and the work of the department was conducted for eight months by one worker. In October the services of Miss Theodora Land was secured. Miss Land came to us from the Family Welfare Society of Brooklyn, N. Y. She brings to her task much enthusiasm and devotion which we believe will prove successful in the department.

The work has been carried on during the year very much as outlined in previous reports. Of the 393 cases referred during the year 76 were referred for histories, 56 for investigation of conduct disorders, 32 for employment, 19 for investigation of home conditions, 24 for investigation of patients' statements, 29 for investigation of statements of others, 125 for supervision, 6 for care of patient's family and 25 for personal service.

The outstanding social problems in the above cases were disease, sex, personality, environment, education and legal problems. These problems have been solved by obtaining better environmental conditions, both in home and industry, bringing about changes in point of view and behavior of the patient, adjusting him to his family and community and using every available social resource. Much has been accomplished in the homes by educating the patient and relatives in the simple principles of hygiene and by giving cheer and encouragement.

There were at the beginning of the year 23 patients boarded in private families and at the close of the year 20 were in family care. The visits paid to this group of patients during the year were 84.

A course of four lectures was given to the senior nurses of the hospital, one to Clark University students and two to interested community groups. The social worker is present at the community clinics. An attempt is being made to make some adjustment for this interesting group made up of backward or feeble-minded children, constitutionally psychopathic children, juvenile delinquents and behavior problems. Much can be accomplished by home investigations, school visits and the coöperation of other social agencies.

In review of the year's task, the worth-while work is shown in the lives of a few individuals with whom an intensive work has been done. Through this department 26 patients who had no relatives or coöperating friends were returned to the community and became self-supporting through adjustments made by social service. The following table shows the length of hospital residence of these 26 patients prior to their visit from the hospital:—

Number in hospital 12 years or over,	2.
Number in hospital from 5 to 10 years,	4.
Number in hospital from 1 to 5 years,	10.
Number in hospital less than 1 year,	10.
Aggregate time in hospital of these 26 patients,	77 yrs.
Cost to State on per capita basis for support of 26 patients for 77 years,	\$698,537.84.
Number of patients still self-supporting in the community,	21.
Cost to State of the 21 patients who are not out, remained in hospital 1 year more,	\$7,327.32.
Approximate cost of Social Service for past year,	\$1,822.00.

Therefore, Social Service has saved the State by this work alone \$5,505.32. It is almost futile to attempt to cover so large a territory or to do the work

in a serviceable way without the use of an automobile and a larger staff of workers.

I wish to express my appreciation for the helpfulness of the medical staff and the coöperation received from outside agencies.

REPORT OF OUT-PATIENT CLINICS.

There are at present three clinics. The personnel of all is identical:—Dr. Manly B. Root in charge, Dr. Grace H. Kent, Psychologist, and Miss Theodora Land and Miss Jennie A. Harrington, Social Workers. Miss Justine Adams and Miss Dorothy Corbett have rendered valuable service assisting Dr. Kent. Dr. William A. Bryan, Supt. of this hospital, and Dr. E. C. Sanford, Professor of Psychology of Clark University, act in advisory capacity.

The out-patient clinic at the Summer Street Department of this hospital was discontinued August 18, 1923. Patients disliked coming to this hospital, which is known all over Worcester as a place for Incurable Insane. The first of the new clinics, which we call the Mental Hygiene Clinic, was established May 3, 1923. It is held each Tuesday at 2 P.M. at the Out-Patient Dispensary of the Memorial Hospital, 14 Oak Street. Mrs. Anna Strickland who is in charge of this dispensary has kindly placed all its facilities at our disposal and on the whole arrangements are quite satisfactory. A nurse is provided to assist in the examinations of female patients. Equipment is provided for a physical examination. There are several rooms which we use so that two or three patients can be seen at once. The main objections to this dispensary are the facts that the rooms are not sound-proof and we feel hardly safe in leaving valuable equipment there.

For a while girls from the Girls' Welfare Society were examined at the Memorial Hospital. Most of the patients, however, being unmarried mothers, were embarrassed and diffident. We, therefore, have for several months gone Tuesday mornings to the Girls' Welfare Society's Home and examined the girls there. On the whole this arrangement has been more satisfactory. However, there are no rooms at this home really suitable for these examinations. There is a great deal of distracting noise outside.

The third clinic is known as the Habit Clinic and was established November 14, 1923. It is held each Wednesday at 2 P.M. at the Temporary Home and Day Nursery, 14 Edwards Street. Miss Charlotte Emerson, Superintendent of this home, has kindly placed at our disposal two large rooms which have been furnished satisfactorily. The rooms are really too large, however, and there is no equipment for physical examinations except a scale and a yard stick.

In all these clinics we have attempted to make well rounded studies of these social, physical, psychological and mental conditions present. It is an accepted dictum that proper evaluation prognosis and treatment of cases of delinquency, mental deficiency, peculiar conduct, neuroses and psychoses can be made only after a complete study. As the statistical report shows, most of the cases have been brought in by social workers representing the various charitable organizations. On the whole they have brought in excellent histories taken by our own social workers. We examine most of the patients physically ourselves. The unmarried mothers and some of the other patients have been examined by other physicians before they come to us. Most of the mental examinations consist mainly of getting the patient's story of his or her life and of the particular difficulty. A careful search for incipient neuroses and psychoses is, of course, made. The psychological examination is in the able hands of Dr. Kent. In practically all cases an attempt at an approximate intellectual estimation is made. It has been found impossible in a great many cases to give an accurate "mental age" or "intelligence quotient." Many of the social workers have been trained to expect an exact numerical intelligence report and have expressed disappointment at not receiving it. For the sake of pleasing the agencies and giving them what they want we have attempted to give out mental ages as often as possible. In addition to intelligence estimation some attempt has been made to make vocational tests and to learn of special abilities and disabilities. This function of the clinic can be developed more and more. The Psychologist, furthermore, assists in a personality study where possible.

The Habit Clinic has problems of its own. Examinations of children is rather difficult. The history is, of course, more important in these cases than the examination. We have had few cases as the report shows but have been successful with these. These children are of the pre-school age and have been brought by parents. The problems presented here have been bed-wetting, temper tantrums, mental deficiency, refusal to eat and epilepsy. The other clinic problems have been delinquencies, mental deficiency, neuroses, psychoses and peculiar conduct.

Each Friday at 3 P.M. the cases of the week are discussed in the Director's room of the Public Library, the use of which has been very kindly given us by Mr. Shaw, the Librarian. The clinic personnel attends the conferences. The social workers of the city agencies are invited and have attended freely. Names of patients are withheld and discussion is free and informal. These conferences have proven very interesting and helpful. Stenographic notes are taken of the conference.

The report to the agencies is given in the form of a letter. Various types of letters have been written. A letter modeled in general after the summary in the reports of the Judge Baker Foundation, of Boston, has proven most satisfactory. In all letters a summary of the case is given and attempt is made to explain causative factors. Prognosis and recommendations are then offered. We have seen several cases for further interviews and have actively followed a few. An attempt to obtain notes at frequent intervals as to the progress of all cases is made.

Recently thirty-six letters were sent to as many charitable societies explaining in some detail the nature of the clinics and asking for further coöperation. Replies to some of these letters have been most gratifying. During the coming year we intend to make the Out-Patient Department a real factor for good in the city of Worcester. The director of the clinic will attempt to make more and more contacts with agencies, churches, industrial establishments and courts with the idea of extending our usefulness. The Out-Patient Department will, in addition, take over the function now in the hands of the social service, of supervising hospital patients on visit. Attempts will be made to enlist the aid of agencies, churches and industrial establishments in providing work and supervision for patients just released from the hospital. In this way we hope to be able to release more patients than formerly. In so far as time permits, attempts will be made to study social and industrial conditions in the light of their possible relation to the cause and to the relief of mental disease.

We have been greatly handicapped by the lack of a stenographer and it is hoped that one can be provided.

In the near future a clinic will be established in the Out-Patient Department of the City Hospital. This will receive only adult patients. The age limit will probably arbitrarily be set at twenty-one. The same personnel have charge of this clinic.

LIBRARIAN'S REPORT.

The year 1923 has one outstanding feature, that of opening up the library as a center of activity for both patients and employees.

We began the year by moving into our new "quarters," which consist of one large room about 45 X 35 for the general library and two smaller ones for the use of the medical staff. The move was unquestionably a wise one, but now that the usefulness has grown, and the activities of both libraries promise further expansion, we need more space. This probably would be easily solved could we procure a large room for the medical staff and library in a nearby locality for supervision. It would also solve the problem of housing magazines and journals of value. Our parole patients very quickly found out that they had a large bright and cheery Reading Room to which they could come any time of the day and on Sundays. It is well patronized by patients and employees. We have an average monthly attendance of 263 patients and 314 employees. The circulation of books has been gratifying, these being the average figures for a month:—

Books and magazines taken from Reading Room, 715.
 Books and magazines distributed on Wards, 226.
 Total, 941.

The general library has about 4,000 volumes, the greater part of which is general literature. Our patients do not and will not read books out of date or small print. The medical library has about 900 volumes and 300 reprints, most of the books having been classified and catalogued within the year, according to the system compiled by Mr. Ballard, Librarian of the Boston Medical Library. For the year 1923 we subscribed for 70 magazines: General 29, Medical 22, Technical 20.

In May a few patients and employees met in the library and organized "The Club," the members being all patients and employees using the library—to be the center where they can meet for literary and musical recreation. Once a month we plan to have an informal entertainment in the Reading Room. In November we had a benefit dance for the employees to raise money to buy a Victrola for use in the library, at stated times, and also to take to the wards when the occasion occurs. We were fortunate in clearing the price of the machine and in buying a few records. The machine has proved a source of recreation for all and now we need more records as the more varied the music is the more enjoyable it is. Occasionally there is a half-hour's dance after lunch.

One item I ought to have added is the fact that twice a week 12 or 16 patients from the Industrial Department (Folsom 1) come in and the increased interest they find and take in the room is gratifying. Instead of standing still and looking rather vacant, they help themselves to reading matter and look at magazines. They enjoy the music too.

RECOMMENDATIONS AND REQUIREMENTS.

I would again call attention to the necessity for a rearrangement of our present method of food distribution. At the present time there is a dining room on every ward in the hospital, 42 in all, and the food which is prepared in the general kitchen has to be transported to the end of the building for some wards and up four floors. It is impossible to serve this food in a proper manner. Our food elevators are entirely too small to permit insulated containers to be used, although we have been experimenting along this line. A congregate dining room would seem to be the only solution of this problem.

I again wish to mention the necessity for a modern refrigerating plant. Our equipment for the storage of food is entirely inadequate and our space for general storage is not sufficient to take care of supplies in the quantities in which they are being purchased at the present time.

I again call attention to the necessity of replacing our wooden stair-cases with stair-cases of fire proof construction and also the advisability of sprinkling systems both at the Main Hospital and Summer Street. There is also an urgent need of additional fire escapes, both at the Main Hospital and the Summer Street Department. At the Summer Street Department two fire escapes lead only to the first floor and allow no egress from there to the ground. We should have fire escapes on the following groups of wards at the Main Hospital:—Woodward, Hooper Hall, Folsom, Thayer, Gage Hall and Quinby. These points have been covered in the recent inspection of our hospital by the State Department of Public Safety, and certain recommendations have been made which should be carried out.

PROJECTS COMPLETED.

During the year all of our continuous tubs and our general bath house have been equipped with power regulators, and additional ones are being installed on all bath tubs, other than the ones mentioned. New lights have been placed in the attic of the Main Hospital. The following wards have been re-painted and renovated during the year:—Washburn 2 and Washburn 3, Salisbury 2, and we are at present working on Appleton 4. A cement floor has been put in through the entire male basement and our basement is now cement throughout. The renovation of the Lincoln toilets is almost complete. The Howe toilets have been completed and are now in operation. A new floor has been put in the operating room and the entire operating suite renovated and re-painted.

The minor repairs have been carried on in both departments, but certain things have necessarily had to be neglected on account of the lack of sufficient

money to carry on the work. I refer particularly to the condition of our roofs. A complete over-hauling of these roofs is necessary and the longer this matter is delayed the more expensive such repairs will be. It will require approximately \$7,000 to put our roofs in a first class condition and a yearly outlet of approximately \$2,000 is necessary to keep them in the proper state of repair.

At the Summer Street Department the principal project of the year was the completion of the cement floor in the old heat shaft and the replacement of the antiquated kitchen equipment of a more modern type. Two insulated food carts have been put into service to supply the male dining room and it is our intention to place two more in commission this year. The arrangement at the Summer Street Department lends itself very nicely to the use of these food carts.

It seems proper at this time to call attention to the fact that the buildings, both at the Main Hospital and at the Summer Street Department are old and a considerable sum is needed each year to keep up the minor repairs. If these repairs are neglected any one year the expense is much heavier the following year. The buildings should be kept in a good state of repair in order to conserve them. The supervision of these repairs under our present repair system is excellent and we have begun during the year the installation of a cost system on repairs, which will give us fairly accurately the amount of money needed to maintain our buildings in first class condition.

I wish to take this opportunity of acknowledging the splendid loyalty and coöperation of the medical staff, heads of departments, officers and employees of the hospital. It is very largely through their splendid coöperation and ability that we have been able to make such progress as we have. I have found at all times a willingness to put aside personal consideration for the good of the hospital. I wish to acknowledge the kindness and courtesy of the various organizations in the city of Worcester who have contributed so generously of their time and energies in the entertainment of our patients. The Veterans' organizations have been coöperative, helpful and ready and willing to assist us at all times.

In conclusion, I wish to express my gratitude to the members of the Board of Trustees for the support and coöperation given me during the year. I have not hesitated to call upon all of them for advice and assistance and they have been always ready and willing to give freely of their time and energies in working out the problems of this hospital.

TREASURER'S REPORT.

To the Department of Mental Diseases.

I respectfully submit the following report of the finances of this institution for the fiscal year ending November 30, 1923.

CASH ACCOUNT.		
Balance December 1, 1922		\$26,519 32
	<i>Receipts.</i>	
<i>Income.</i>		
Board of inmates:—		
Private	\$32,548 99	
Reimbursements, insane	47,184 02	
	\$79,733 01	
Personal services:		
Reimbursement from Board of Retirement		212 84
Sales:		
Travel, transportation and office expenses	\$34 07	
Food	206 78	
Clothing and materials	146 33	
Furnishings and household supplies	82 51	
Medical and general care	152 39	
Heat, light and power	123 17	
Farm:		
Hides	\$29 43	
Sundries	1 48	
	30 91	
Repairs, ordinary	408 12	
	1,184 28	
<i>Amounts carried forward</i>		\$81,130 13
		\$26,519 32

<i>Amounts brought forward</i>	\$81,130 13	\$26,519 32
Miscellaneous:		
Interest on bank balances	\$1,221 10	
Rent	1,365 00	
	<u>2,586 10</u>	83,716 23
Other receipts:		
Refunds of previous year	\$9 15	
Refunds on account of wages unclaimed	38 78	
	<u>47 93</u>	47 93
<i>Receipts from Treasury of Commonwealth.</i>		
Maintenance appropriations:		
Balance of 1922	\$6,738 64	
Advance money (amount on hand November 30)	40,000 00	
Approved schedules of 1923	576,694 14	
	<u>623,432 78</u>	623,432 78
Special appropriations:		
Balance of 1922	\$243 05	
Approved schedules of 1923 (paid by State Treasurer, \$4,788.37)	6,851 19	
	<u>7,094 24</u>	7,094 24
Total		\$740,810 50

Payments.

To treasury of Commonwealth:		
Institution income	\$83,716 23	
Refunds on account maintenance	348 00	
Refunds of previous year	9 15	
Refunds on account wages unclaimed	38 78	
	<u>\$84,112 16</u>	\$84,112 16
Maintenance appropriations:		
Balance of schedules of previous year (November schedule, \$52,002.12; less advance, \$18,502.26)	\$33,499 86	
Approved schedules of 1923	\$576,694 14	
Less returned	348 00	
	<u>576,346 14</u>	
November advances	17,977 37	
	<u>627,823 37</u>	627,823 37
Special appropriations:		
Balance of schedules of previous year	\$243 05	
Approved schedules of 1923	\$6,851 19	
Less advances, last year's report	241 90	
	<u>6,609 29</u>	6,852 34
Balance November 30, 1923:		
In bank	\$21,449 77	
In office	572 86	
	<u>22,022 63</u>	22,022 63
Total		\$740,810 50

MAINTENANCE.

Balance from previous year, brought forward	\$80 13
Appropriation, current year	731,489 39
Total	\$731,569 52
Expenses (as analyzed below)	717,484 28
Balance reverting to treasury of Commonwealth	\$14,085 24

Analysis of Expenses.

Personal services	\$315,867 80
Religious instruction	1,840 00
Travel, transportation and office expenses	8,029 87
Food	135,145 61
Clothing and materials	17,674 98
Furnishings and household supplies	39,652 25
Medical and general care	31,515 81
Heat, light and power	95,495 01
Farm	27,329 57
Garage, stable and grounds	5,266 34
Repairs, ordinary	22,332 91
Repairs and renewals	17,344 13
Total expenses for maintenance	\$717,484 28

SPECIAL APPROPRIATIONS.

Balance December 1, 1922	\$12,660 95
Amounts from previous year	470 35
Total	\$13,131 30
Expended during the year (see statement below)	\$12,534 97
Reverting to treasury of Commonwealth	125 98
	<u>12,660 95</u>
Balance November 30, 1923, carried to next year	\$470 35

OBJECT.	Act or Resolve.	Whole Amount.	Expended during Fiscal Year.	Total expended to Date.	Balance at end of Year.
Remodeling heating system	Chap. 126, Acts 1922	\$3,114 24	-	\$2,643 89	\$470 35
Alterations in heating shaft	Chap. 203, Acts 1921	16,000 00	-	15,874 02	125 98*
		\$19,114 24	-	\$18,517 91	\$596 33

* Balance reverting to treasury of the Commonwealth	\$125 98
Balance carried to next year	470 35
Total as above	\$596 33

RESOURCES AND LIABILITIES.

Resources.

Cash on hand	\$22,022 63
November cash vouchers (paid from advance money), on account of maintenance	17,977 37
	\$40,000 00

Liabilities.

Outstanding schedules of current year:	
Advance money 1923	\$40,000 00

PER CAPITA.

During the year the average number of inmates has been 2,113.09.
 Total cost for maintenance, \$717,484.28.
 Equal to a weekly per capita cost of \$6.5296.
 Receipt from sales, \$1,184.28.
 Equal to a weekly per capita of \$0.0107.
 All other institution receipts, \$82,531.95.
 Equal to a weekly per capita of \$0.7511.
 Net weekly per capita \$5.7677.

Respectfully submitted,

JESSIE M. D. HAMILTON,
Treasurer.

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

JAMES C. McCORMICK,
Comptroller.

VALUATION.

Nov. 30, 1923.

REAL ESTATE.

Land (589 acres)	\$416,357 00
Buildings	2,182,731 49

\$2,599,088 49

PERSONAL PROPERTY.

Travel, transportation and office supplies	\$11,164 20
Food	19,224 65
Clothing and materials	31,561 41
Furnishings and household supplies	259,362 68
Medical and general care	23,747 12
Heat, light and power	38,335 31
Farm	26,802 43
Garage, stable and grounds	11,412 71
Repairs	26,647 59

\$448,258 10

Summary.

Real estate	\$2,599,088 49
Personal property	448,258 10

\$3,047,346 59

STATEMENT OF FUNDS.

PATIENT'S FUND.

Balance on hand November 30, 1922	\$9,184 62	
Receipts	10,371 58	
Interest	421 49	
		\$19,977 69
Refunded	\$7,122 08	
Interest paid to State treasury	421 49	
		<u>7,543 57</u>
		\$12,434 12

Investment.

Worcester County Institution for Savings	\$2,000 00	
Worcester Five Cents Savings Bank	2,000 00	
Worcester Mechanics Savings Bank	2,000 00	
People's Savings Bank	2,000 00	
Balance Worcester Bank and Trust Company	4,055 93	
Cash on hand December 1, 1923	378 19	
		<u>\$12,434 12</u>

LEWIS FUND.

Balance on hand November 30, 1922	\$1,563 93	
Income	65 50	
		\$1,629 43
Expended for entertainments, etc.		<u>36 00</u>
		\$1,593 43

Investment.

American Telephone and Telegraph Company collateral trust 4% bond	\$926 36	
Fourth Liberty Loan bonds	600 00	
Balance Worcester Bank and Trust Company	67 07	
		<u>\$1,593 43</u>

WHEELER FUND.

Balance on hand November 30, 1922	\$6,127 75	
Income	265 24	
		\$6,392 99
Expended for entertainments and magazines		<u>5 00</u>
		\$6,387 99

Investment.

American Telephone and Telegraph Company collateral trust 4% bond	\$712 50	
Third Liberty Loan Bonds	4,000 00	
Fourth Liberty Loan Bonds	1,300 00	
Balance Worcester Bank and Trust Company	375 49	
		<u>\$6,387 99</u>

MANSON FUND.

Balance on hand November 30, 1922	\$1,127 50	
Income	46 75	
		\$1,174 25
Expended for entertainments		<u>25 00</u>
		\$1,149 25

Investment.

Fourth Liberty Loan Bonds	\$1,100 00	
Balance Worcester Bank and Trust Company	49 25	
		<u>\$1,149 25</u>

Respectfully submitted,

JESSIE M. D. HAMILTON,
Treasurer.

Nov. 30, 1923.

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

STATISTICAL TABLES.

AS ADOPTED BY AMERICAN PSYCHIATRIC ASSOCIATION.

PRESCRIBED BY MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES.

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		\$2,586,980	53
Personal property		392,769	17
Total		\$2,979,749	70
Total acreage of hospital, 589.16.			
Acreage under cultivation during previous year, 263.75.			
4. Medical service:	M.	F.	T.
Superintendent	1	-	1
Assistant physicians	11	-	11
Medical internes	-	-	-
Dentist	1	-	1
Total physicians	13	-	13
5. Employees on pay roll (not including physicians):	M.	F.	T.
Graduate nurses	2	29	31
Other nurses and attendants	118	93	211
All other employees	91	80	171
Total employees	211	202	413
6. Patients employed in industrial classes or in general hospital work on date of report	M.	F.	T.
7. Patients in institution on date of report (excluding paroles)	733	734	1,467
	1,079	1,066	2,145

TABLE 2. — FINANCIAL STATEMENT.

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

TABLE 3. — Movement of Patient Population for the Year ending September 30, 1923.

	INSANE.			TEMPORARY CARE.			SANE, VOLUNTARY.			TOTAL ON BOOKS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	1. Patients on books of institution Sept. 30, 1922	1,298	1,172	2,440	2	5	7	-	-	-	1,270	1,177
Admissions during year:												
(a) First admissions	246	216	462	27	15	42	1	1	2	274	232	506
(b) Readmissions	67	55	122	10	9	19	-	-	-	77	64	141
Total admissions	313	271	584	37	24	61	1	1	2	351	296	647
(c) Transfers from other institutions for the insane	62	26	88	37	24	61	1	1	2	62	26	88
2. Total received during year	375	297	672	39	29	68	1	1	2	413	322	735
3. Total under treatment during year:	1,643	1,469	3,112							1,683	1,490	3,182
Discharged from books during year:												
(a) As recovered	19	12	31	11	3	14	-	-	-	30	15	45
(b) As improved	87	106	193	4	1	5	-	-	-	91	107	198
(c) As unimproved	44	30	74	1	5	6	-	-	-	45	35	80
(d) As not insane	10	11	21	15	9	24	-	-	-	25	20	45
(e) Transferred to other institutions for the insane	9	7	16	-	-	-	-	-	-	9	7	16
(f) Died during year	108	100	208	2	2	4	1	1	1	110	103	213
(g) Nominally discharged for change of status	-	-	-	1	5	6	-	-	-	1	5	6
(h) Total discharged from books during year	277	246	543	34	25	59	1	1	1	311	292	603
4. Total discharged from books during year	1,366	1,263	2,569	5	4	9	1	1	1	1,372	1,207	2,579
5. Patients remaining on books of institution Sept. 30, 1923												
<i>Supplementary Data.</i>												
6a. Average daily number of patients on books during year	1,308.15	1,178.90	2,487.05	5.40	3.91	9.31	.36	.19	.55	1,313.91	1,183.00	2,496.91
6b. Average daily number of patients actually in the institution during year	1,048.82	1,016.83	2,065.65	5.40	3.91	9.31	.36	.19	.55	1,054.58	1,020.93	2,075.51
7a. Average daily number of patients in family care	-	20.69	20.69	-	-	-	-	-	-	-	20.69	20.69
7b. Average daily number of patients on visit and escape	259.33	141.38	400.71	-	-	-	-	-	-	259.33	141.38	400.71
8. Number of voluntary patients admitted during year	2	1	3	-	-	-	1	1	2	3	2	5
9. Number of temporary cases admitted during year	1,075	1,045	2,120	123	107	230	1	1	1	123	107	230
10. Number of patients actually remaining in institution Sept. 30, 1923	947	942	1,889	5	4	9	1	1	1	1,081	1,049	2,130
State	105	42	147	5	4	9	1	1	1	105	42	147
Reimbursing	23	61	84	-	-	-	-	-	-	23	61	84
Private	-	19	19	-	-	-	-	-	-	-	19	19
11. Number of patients in family care, Sept. 30, 1923	-	11	11	-	-	-	-	-	-	-	11	11
State	-	3	3	-	-	-	-	-	-	-	3	3
Reimbursing	-	5	5	-	-	-	-	-	-	-	5	5
Private	-	-	-	-	-	-	-	-	-	-	-	-
12. Number of non-insane patients in institution at end of year	-	-	-	-	-	-	1	1	1	1	1	1
(a) All other cases	-	-	-	-	-	-	1	1	1	1	1	1
(b) Persons given treatment in out-patient department during year	-	-	-	-	-	-	-	-	-	93	124	217

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

NATIVITY.	PATIENTS.			PARENTS OF MALE PATIENTS.			PARENTS OF FEMALE PATIENTS.		
	M.	F.	T.	F. ¹	M. ²	Both.	F. ¹	M. ²	Both.
United States	103	112	215	39	40	79	51	49	100
Albania	4	—	4	4	4	8	—	—	—
Asia	1	—	1	1	1	2	—	—	—
Australia	—	—	—	1	—	1	—	—	—
Austria	2	3	5	2	2	4	3	4	7
Canada	27	26	53	35	31	66	32	34	66
Cuba	1	—	1	—	1	1	—	—	—
England	8	13	21	10	7	17	9	12	21
Finland	3	1	4	4	4	8	1	1	2
France	1	1	2	1	1	2	2	2	4
Germany	2	1	3	2	2	4	1	—	1
Greece	6	—	6	6	6	12	—	—	—
Holland	—	1	1	1	2	3	1	1	2
Ireland	19	30	49	46	49	95	58	55	113
Italy	12	6	18	13	13	26	7	7	14
Norway	2	—	2	2	2	4	—	—	—
Philippine Islands	1	—	1	1	1	2	—	—	—
Poland	15	6	21	17	16	33	7	7	14
Portugal	2	—	2	2	2	4	—	—	—
Russia	27	8	35	29	30	59	8	8	16
Scotland	2	2	4	5	4	9	5	5	10
Sweden	6	2	8	8	9	17	5	5	10
West Indies	1	2	3	1	1	2	2	2	4
Total foreign born	142	102	244	191	188	379	141	143	284
Unascertained	1	2	3	16	18	34	24	24	48
Grand totals	246	216	462	246	246	492	216	216	432

¹ Fathers.² Mothers.TABLE 5. — *Citizenship of First Admissions.*

	M.	F.	T.
Citizens by birth	103	112	215
Citizens by naturalization	25	14	39
Aliens	91	57	148
Citizens unascertained	27	33	60
Totals	246	216	462

TABLE 6. — *Psychoses of First Admissions.*

PSYCHOSES.	M.	F.	T.	M.	F.	T.
	1. Traumatic, total	—	—	—	—	—
2. Senile, total	—	—	—	15	24	39
Simple deterioration	10	18	28			
Delirious and confused types	1	—	1			
Depressed and agitated types	1	—	1			
Paranoid types	3	6	9			
3. With cerebral arteriosclerosis	—	—	—	26	17	43
4. General paralysis	—	—	—	21	6	27
5. With cerebral syphilis	—	—	—	1	3	4
6. With Huntington's chorea	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—
8. With other brain or nervous diseases, total	—	—	—	2	—	2
Other diseases	2	—	2			
9. Alcoholic, total	—	—	—	45	2	47
Pathological intoxication	2	—	2			
Delirium tremens	7	—	7			
Korsakow's psychosis	1	1	2			
Acute hallucinosis	18	—	18			
Chronic hallucinosis	10	—	10			
Acute paranoid type	4	1	5			
Alcoholic deterioration	3	—	3			
10. Due to drugs and other exogenous toxins, total	—	—	—	—	—	—
Other exogenous toxins (to be specified)	—	—	—			
11. With pellagra	—	—	—	—	—	—
12. With other somatic diseases, total	—	—	—	2	12	14
Delirium with infectious diseases	—	2	2			
Post-infectious psychosis	—	2	2			
Exhaustion delirium	1	3	4			
Cardio-renal diseases	1	4	5			
Diseases of the ductless glands	—	1	1			
Other diseases or conditions (to be specified)	—	—	—			
13. Manic-depressive, total	—	—	—	14	30	44
Manic type	3	7	10			
Depressed type	6	22	28			
Mixed type	5	1	6			
14. Involution melancholia	—	—	—	3	7	10
15. Dementia præcox, total	—	—	—	40	53	93
Paranoid type	17	29	46			
Catatonic type	11	9	20			
Hebephrenic type	8	12	20			
Simple type	4	3	7			
16. Paranoia or paranoid conditions	—	—	—	6	12	18
17. Epileptic, total	—	—	—	1	—	1
Epileptic deterioration	1	—	1			
18. Psychoneuroses and neuroses, total	—	—	—	2	6	8
Hysterical type	2	2	4			
Neurasthenic type	—	1	1			
Anxiety neuroses	—	3	3			
19. With psychopathic personality	—	—	—	—	—	—
20. With mental deficiency	—	—	—	3	5	8
21. Undiagnosed	—	—	—	50	34	84
22. Without psychosis, total	—	—	—	15	5	20
Alcoholism	2	—	2			
Psychopathic personality	7	2	9			
Mental deficiency	5	3	8			
Others	1	—	1			
Totals				246	216	462

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses.*

RACE.	TOTAL.			SENILE.			WITH CEREBRAL ARTERIO-SCLEROSIS.			GENERAL PARALYSIS.			WITH CEREBRAL SYPHILIS.			WITH OTHER BRAIN OR NERVOUS DISEASES.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	5	5	10	-	-	-	1	-	1	1	-	1	-	1	1	-	-	-
Albanian (Turkish)	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cuban	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
East Indian	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	14	13	27	-	2	2	3	-	3	2	-	2	-	-	-	-	-	-
Finnish	3	1	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French	22	22	44	1	2	3	4	-	4	1	1	2	-	-	-	-	-	-
German	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
Greek	7	-	7	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Hebrew	10	3	13	1	-	1	2	-	2	1	-	1	-	-	-	-	-	-
Irish	51	57	108	5	9	14	6	6	12	3	-	3	-	1	1	-	-	-
Italian	12	8	20	-	-	-	3	-	3	5	-	5	-	-	-	-	-	-
Lithuanian	10	4	14	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Portuguese	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian	10	5	15	1	1	2	1	1	2	1	-	1	-	-	-	-	-	-
Scotch	4	6	10	-	2	2	-	-	-	1	-	1	-	-	-	-	-	-
Slavonic	28	10	38	-	-	-	-	1	1	1	-	1	-	-	-	-	-	-
Turkish	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	45	61	106	7	7	14	6	6	12	4	5	9	1	-	1	-	-	-
Race unascertained	12	17	29	-	1	1	-	2	2	-	-	-	1	-	1	-	-	-
Totals	246	216	462	15	24	39	26	17	43	21	6	27	1	3	4	2	-	2

TABLE 7. — *Race of First Admissions classified with Reference to Principal Psychoses*
— Continued.

RACE.	ALCOHOLIC.			WITH OTHER SOMATIC DISEASES.			MANIC-DEPRESSIVE.			INVOLUTION MELANCHOLIA.			DEMENTIA PRÆCOX.			PARANOIA AND PARANOID CONDITIONS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	2	-	2	-	-	-	-	-	-	-	-	-	1	4	5	-	-	-
Albanian (Turkish)	-	-	-	-	-	-	2	1	3	-	-	-	1	-	1	-	-	-
Cuban	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Dutch and Flemish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
East Indian	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
English	3	-	3	-	-	-	1	5	6	1	-	1	1	3	4	-	-	-
Finnish	2	-	2	-	-	-	1	1	1	-	-	-	-	-	-	-	-	-
French	4	-	4	2	1	3	2	3	5	-	1	1	3	8	11	-	-	-
German	1	-	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Greek	-	-	-	-	-	-	-	-	-	1	-	1	2	-	2	-	-	-
Hebrew	-	-	-	-	-	-	1	-	1	-	-	-	4	1	5	-	-	-
Irish	16	2	18	-	3	3	1	6	7	1	4	5	3	14	17	2	5	7
Italian	-	-	-	-	-	-	-	1	1	-	-	-	2	4	6	1	-	1
Lithuanian	6	-	6	1	1	-	-	1	1	-	-	-	1	1	2	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	1	-	1
Scandinavian	1	-	1	1	1	-	1	1	2	-	-	-	3	-	3	-	-	-
Scotch	2	-	2	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
Slavonic	5	-	5	-	-	-	2	1	3	-	-	-	7	4	11	1	1	2
Turkish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Mixed	3	-	3	-	4	4	3	9	12	-	1	1	8	11	19	-	4	4
Race unascertained	-	-	-	-	1	1	-	1	1	-	-	-	-	3	3	1	2	3
Totals	45	2	47	2	12	14	14	30	44	3	7	10	40	53	93	6	12	18

TABLE 7. — Race of First Admissions classified with Reference to Principal Psychoses — Concluded.

RACE.	EPILEPTIC PSYCHOSES.			PSYCHO-NEUROSES AND NEUROSES.			WITH MENTAL DEFICIENCY.			UNDIAGNOSED PSYCHOSES.			NOT INSANE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Albanian (Turkish)	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Cuban	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
East Indian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	-	-	-	-	1	1	-	-	-	2	2	4	1	-	1
Finnish	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
French	-	-	-	-	1	1	-	-	-	4	5	9	1	-	1
German	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greek	-	-	-	-	-	-	-	-	-	2	-	2	1	-	1
Hebrew	-	-	-	-	-	-	1	1	2	-	1	1	-	-	-
Irish	1	-	1	-	2	2	1	1	2	10	4	14	2	-	2
Italian	-	-	-	-	1	1	-	-	-	1	1	2	-	1	1
Lithuanian	-	-	-	-	-	-	-	-	-	3	-	3	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian	-	-	-	-	-	-	-	-	-	2	1	3	-	-	-
Scotch	-	-	-	1	-	1	-	1	1	-	1	1	-	-	-
Slavonic	-	-	-	-	-	-	1	-	1	8	2	10	3	1	4
Turkish	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
West Indian	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-
Mixed	-	-	-	1	-	1	-	2	2	10	10	20	2	2	4
Race unascertained	-	-	-	-	1	1	-	-	-	6	4	10	5	1	6
Totals	1	-	1	2	6	8	3	5	8	50	34	84	15	5	20

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

PSYCHOSES.	TOTAL.			UNDER 15 YEARS.			15-20 YEARS.			20-25 YEARS.			25-30 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	15	24	39	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	26	17	43	-	-	-	-	-	-	-	-	-	1	-	1
4. General paralysis	21	6	27	-	-	-	-	-	-	-	-	-	-	-	-
5. With cerebral syphilis	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	2	-	2	-	-	-	1	-	1	-	-	-	-	-	-
9. Alcoholic	45	2	47	-	-	-	-	-	-	1	-	1	3	-	3
10. Due to drugs or other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	2	12	14	-	-	-	-	-	-	-	2	2	1	1	2
13. Manic-depressive	14	30	44	-	-	-	2	1	3	4	4	8	1	5	6
14. Involution melancholia	3	7	10	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia præcox	40	53	93	-	-	-	4	1	5	11	6	17	12	14	26
16. Paranoia or paranoid condition	6	12	18	-	-	-	1	-	1	-	-	-	-	-	-
17. Epileptic	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	2	6	8	-	-	-	-	1	1	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	3	5	8	-	-	-	1	-	1	-	1	1	1	1	2
21. Undiagnosed	50	34	84	1	-	1	4	2	6	4	2	6	4	5	9
22. Without psychoses	15	5	20	-	1	1	2	1	3	3	2	5	2	1	3
Totals	246	216	462	1	1	2	15	6	21	23	17	40	25	27	52

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

PSYCHOSES.	30-35 YEARS.			35-40 YEARS.			40-45 YEARS.			45-50 YEARS.			50-55 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis	3	1	4	3	1	4	5	2	7	5	-	5	1	-	1
5. With cerebral syphilis	-	-	-	-	-	-	-	1	1	1	-	1	-	1	1
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous dis- eases	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
9. Alcoholic	8	-	8	7	-	7	9	-	9	6	-	6	5	2	7
10. Due to drugs or other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	2	2	-	3	3	-	2	2	2
13. Manic-depressive	2	5	7	5	5	3	1	4	-	1	1	1	1	5	6
14. Involution melancholia	-	-	-	-	-	-	3	3	1	2	3	1	1	2	2
15. Dementia præcox	7	8	15	3	10	13	2	6	8	1	6	7	-	2	2
16. Paranoia or paranoid condition	-	2	2	1	1	1	-	-	-	1	1	2	1	5	6
17. Epileptic	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	2	2	1	-	1	-	-	-	1	1	2	-	1	1
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	1	1	1	1	2	-	-	-	1	1	-	-	-	-
21. Undiagnosed	6	7	13	5	2	7	7	7	14	4	4	8	5	-	5
22. Without psychoses	2	-	2	1	-	1	-	-	-	1	-	1	1	-	1
Totals	29	26	55	21	20	41	27	22	49	21	19	40	15	19	34

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

PSYCHOSES.	55-60 YEARS.			60-65 YEARS.			65-70 YEARS.			70-75 YEARS.			75 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	1	1	1	3	4	3	3	6	9	5	14	2	12	14
3. With cerebral arteriosclerosis	4	2	6	8	5	13	7	2	9	2	6	8	4	2	6
4. General paralysis	2	1	3	1	1	2	1	-	1	-	-	-	-	-	-
5. With cerebral syphilis	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous dis- eases	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	2	-	2	3	-	3	-	-	-	1	-	1	-	-	-
10. Due to drugs or other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	1	1	-	-	-	1	1	2	-	-	-	-	-	-
13. Manic-depressive	-	2	2	-	1	1	1	-	1	-	-	-	-	-	-
14. Involution melancholia	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia præcox	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
16. Paranoia or paranoid condition	2	2	4	-	1	1	-	-	-	1	-	1	-	-	-
17. Epileptic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed	4	2	6	1	1	2	2	1	3	1	-	1	2	1	3
22. Without psychoses	1	-	1	2	-	2	-	-	-	-	-	-	-	-	-
Totals	16	13	29	16	13	29	15	7	22	14	11	25	8	15	23

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.	
	M.	T.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Traumatic	15	24	2	5	7	4	9	10	1	1	—	—	—	—
2. Senile	26	17	2	4	6	8	8	20	—	—	—	—	—	—
3. With cerebral arteriosclerosis	21	6	2	2	2	4	12	5	17	—	—	—	—	—
4. General paralysis	1	3	—	—	—	—	—	1	1	—	—	—	—	—
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	2	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	45	2	7	—	7	8	27	2	29	1	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	12	—	—	1	—	2	9	11	—	—	—	—	—
13. Manic-depressive	14	30	—	—	—	—	2	9	22	—	—	—	—	—
14. Involution melancholia	3	7	1	—	1	1	2	5	5	3	—	—	—	—
15. Dementia precox	40	53	2	2	4	5	25	36	61	6	4	10	1	2
16. Paranoia and paranoid condition	6	12	1	—	1	—	1	9	10	1	2	3	2	1
17. Epileptic	2	6	—	—	—	—	—	5	5	—	—	—	—	—
18. Psychoneuroses and neuroses	1	8	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	3	5	1	1	2	1	—	2	2	—	—	—	—	—
20. With mental deficiency	50	34	6	3	9	9	22	23	45	5	2	7	1	2
21. Undiagnosed	15	5	2	1	3	4	8	3	11	—	—	—	—	—
22. Not insane	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	246	216	26	18	44	47	128	140	268	19	13	32	20	24
			402	402	44	47	63	268	268	19	13	32	20	24

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

PSYCHOSES.	TOTALS.			URBAN.			RURAL.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	15	24	39	15	22	37	—	2	2	—	—	—
3. With cerebral arteriosclerosis	26	17	43	23	13	36	3	4	7	—	—	—
4. General paralysis	21	6	27	19	6	25	2	—	2	—	—	—
5. With cerebral syphilis	1	3	4	1	3	4	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	—	2	2	—	2	—	—	—	—	—	—
9. Alcoholic	45	2	47	39	2	41	6	—	6	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	12	14	—	9	9	2	3	5	—	—	—
13. Manic-depressive	14	30	44	10	28	38	4	2	6	—	—	—
14. Involution melancholia	3	7	10	3	7	10	—	—	—	—	—	—
15. Dementia præcox	40	53	93	38	40	78	2	13	15	—	—	—
16. Paranoia or paranoid condition	6	12	18	4	9	13	2	3	5	—	—	—
17. Epileptic	1	—	1	1	—	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	6	8	2	6	8	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	3	5	8	3	5	8	—	—	—	—	—	—
21. Undiagnosed	50	34	84	40	31	71	10	3	13	—	—	—
22. Not insane	15	5	20	11	5	16	4	—	4	—	—	—
Totals	246	216	462	211	186	397	35	30	65	—	—	—

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

PSYCHOSES.	TOTAL.			DEPENDENT.			MARGINAL.			COMFORTABLE.			UNASCERTAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	15	24	39	—	1	1	4	10	14	11	13	24	—	—	—
3. With arteriosclerosis	26	17	43	—	—	—	13	8	21	13	9	22	—	—	—
4. General paralysis	21	6	27	—	—	—	9	2	11	12	4	16	—	—	—
5. With cerebral syphilis	1	3	4	—	—	—	1	3	4	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	2	—	2	—	—	—	—	—	—	2	—	2	—	—	—
9. Alcoholic	45	2	47	—	—	—	22	1	23	23	1	24	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	2	12	14	—	2	2	2	2	4	—	8	8	—	—	—
13. Manic-depressive	14	30	44	—	—	—	3	8	11	11	22	33	—	—	—
14. Involution melancholia	3	7	10	—	—	—	3	3	6	—	4	4	—	—	—
15. Dementia præcox	40	53	93	1	—	1	10	20	30	29	33	62	—	—	—
16. Paranoia or paranoid condition	6	12	18	—	2	2	4	10	14	2	—	2	—	—	—
17. Epileptic	1	—	1	—	—	—	1	—	1	—	—	—	—	—	—
18. Psychoneuroses and neuroses	2	6	8	—	2	2	2	4	6	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	3	5	8	1	1	2	2	1	3	—	3	3	—	—	—
21. Undiagnosed	50	34	84	4	1	5	20	10	30	26	23	49	—	—	—
22. Without psychosis	15	5	20	1	2	3	7	2	9	7	1	8	—	—	—
Totals	246	216	462	7	11	18	103	84	187	136	121	257	—	—	—

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

PSYCHOSES.	TOTAL.			ABSTINENT.			TEM- PERATE.			INTEM- PERATE.			UNASCER- TAINED.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	15	24	39	1	1	2	8	15	23	5	-	5	1	8	9
3. With cerebral arteriosclerosis	26	17	43	4	-	4	15	15	30	3	-	3	4	2	6
4. General paralysis	21	6	27	3	-	3	12	6	18	4	-	4	2	-	2
5. With cerebral syphilis	1	3	4	-	-	-	1	2	3	-	-	-	-	1	1
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous dis- eases	2	-	2	2	-	2	-	-	-	-	-	-	-	-	-
9. Alcoholic	45	2	47	-	-	-	-	-	-	45	2	47	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	2	12	14	-	2	2	2	9	11	-	-	-	-	1	1
13. Manic-depressive	14	30	44	2	1	3	8	23	31	2	-	2	2	6	8
14. Involution melancholia	3	7	10	-	-	-	3	6	9	-	-	-	-	1	1
15. Dementia præcox	40	53	93	8	2	10	22	45	67	2	-	2	8	6	14
16. Paranoia or paranoid condition	6	12	18	2	-	2	1	10	11	-	-	-	3	2	5
17. Epileptic	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
18. Psychoneuroses and neuroses	2	6	8	1	-	1	-	6	6	-	-	-	1	-	1
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
20. With mental deficiency	3	5	8	-	-	-	2	5	7	-	-	-	1	-	1
21. Undiagnosed	50	34	84	6	3	9	26	25	51	7	1	8	11	5	16
22. Without psychosis	15	5	20	3	-	3	8	5	13	2	-	2	2	-	2
Totals	246	216	462	32	9	41	109	172	281	70	3	73	35	32	67

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

PSYCHOSES.	TOTAL.			SINGLE.			MARRIED.			WIDOWED.			SEPARATED.			DIVORCED.			UNASCERTAINED.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
	1. Traumatic	15	24	39	4	9	13	4	1	5	6	12	18	1	1	2	1	1	1	1	2	1
2. Senile	26	17	43	5	2	7	10	8	18	7	7	14	2	2	4	2	1	1	1	1	1	1
3. With cerebral arteriosclerosis	21	6	27	6	1	7	14	3	17	2	2	4	1	1	2	1	1	1	1	1	1	1
4. General paralysis	1	3	4	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1
5. With cerebral syphilis	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1
6. With Huntington's chorea	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1	1	1	1
7. With brain tumor	2	2	4	2	2	4	2	2	4	2	2	4	2	2	4	2	2	4	2	2	4	2
8. With other brain or nervous diseases	45	2	47	24	1	25	14	1	15	4	4	8	4	1	5	1	1	2	2	3	5	2
9. Alcoholic	1	1	2	1	1	2	1	1	2	1	2	3	1	1	2	1	1	2	1	2	3	1
10. Due to drugs and other exogenous toxins	2	12	14	1	2	3	5	13	18	1	2	3	8	8	12	1	1	9	17	24	32	11
11. With pellagra	14	30	44	9	10	19	5	13	18	1	5	6	8	13	18	2	5	7	12	17	22	29
12. With other somatic diseases	3	37	40	1	1	2	1	4	5	2	2	4	4	5	9	2	2	4	6	8	12	20
13. Manic-depressive	40	53	93	31	32	62	9	20	29	1	1	2	2	3	5	7	12	19	28	37	46	55
14. Involution melancholia	6	12	18	1	1	2	5	7	12	1	1	2	3	4	7	1	1	2	3	4	7	10
15. Dementia precox	1	1	2	1	1	2	1	1	2	1	1	2	3	4	5	1	1	2	3	4	5	6
16. Paranoid and paranoid condition	2	6	8	1	2	3	1	3	4	1	1	2	3	4	5	1	1	2	3	4	5	6
17. Epileptic	1	1	2	1	1	2	1	1	2	1	1	2	3	4	5	1	1	2	3	4	5	6
18. Psychoneuroses and neuroses	3	5	8	3	1	4	14	12	26	3	5	8	11	16	21	1	1	2	3	4	5	6
19. With psychopathic personality	50	34	84	30	13	43	14	12	26	3	5	8	11	16	21	1	1	2	3	4	5	6
20. With mental deficiency	15	5	20	11	3	14	3	2	5	1	1	2	3	4	5	1	1	2	3	4	5	6
21. Undiagnosed	246	216	462	128	78	206	81	86	167	24	42	66	3	1	4	7	3	10	3	6	9	12
22. Without psychosis																						
Totals	246	216	462	128	78	206	81	86	167	24	42	66	3	1	4	7	3	10	3	6	9	12

TABLE 14. — *Psychoses of Readmissions.*

PSYCHOSES.	M.	F.	T.	M.	F.	T.
	1. Traumatic, total				1	-
Traumatic constitution	1	-	1			
2. Senile, total				-	3	3
Simple deterioration	-	2	2			
Delirious and confused types	-	-	-			
Paranoid types	-	1	1			
Other types	-	-	-			
3. With cerebral arteriosclerosis				-	3	3
4. General paralysis				3	-	3
5. With cerebral syphilis				-	-	-
6. With Huntington's chorea				-	-	-
7. With brain tumor				-	-	-
8. With other brain or nervous diseases, total				-	-	-
9. Alcoholic, total				8	-	8
Acute hallucinosis	1	-	1			
Chronic hallucinosis	3	-	3			
Chronic paranoid type	1	-	1			
Alcoholic deterioration	3	-	3			
10. Due to drugs and other exogenous toxins, total				-	1	1
Opium (and derivatives), cocaine, bromides, chloral, etc., alone or combined (to be specified)	-	1	1			
11. With pellagra				-	-	-
12. With other somatic diseases, total				-	1	1
Delirium with infectious diseases	-	1	1			
13. Manic-depressive, total				12	24	36
Depressed type	8	5	13			
Stuporous type	4	15	19			
Circular type	-	3	3			
Other types	-	1	1			
14. Involution melancholia				1	-	1
15. Dementia præcox, total				27	10	37
Paranoid type	9	4	13			
Catatonic type	4	2	6			
Hebephrenic type	7	3	10			
Simple type	7	1	8			
16. Paranoia or paranoid condition				1	-	1
17. Epileptic, total				-	-	-
18. Psychoneuroses and neuroses, total				-	-	-
19. With psychopathic personality				-	1	1
20. With mental deficiency				3	1	4
21. Undiagnosed				10	7	17
22. Without psychosis, total				1	4	5
Psychopathic personality	1	4	5			
Totals				67	55	122

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

PSYCHOSES.	TOTAL.			RECOVERED.			IMPROVED.			UNIM-PROVED.			NOT INSANE.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	1. Traumatic	1	-	1	1	-	1	-	-	-	-	-	-	-	-
2. Senile	5	6	11	-	-	-	2	2	4	3	4	7	-	-	-
3. With cerebral arteriosclerosis	2	4	6	-	-	-	-	2	2	2	2	4	-	-	-
4. General paralysis	3	-	3	-	-	-	2	-	2	1	-	1	-	-	-
5. With cerebral syphilis	1	2	3	-	-	-	1	1	2	-	1	1	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-
9. Alcoholic	24	4	28	13	2	15	10	2	12	1	-	1	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	1	6	7	1	1	2	-	4	4	-	1	1	-	-	-
13. Manic-depressive	15	42	57	2	5	7	10	31	41	3	6	9	-	-	-
14. Involution melancholia	7	5	12	-	1	1	7	4	11	-	-	-	-	-	-
15. Dementia præcox	50	41	91	-	-	-	28	34	62	22	7	29	-	-	-
16. Paranoia or paranoid condition	2	1	3	-	-	-	1	1	2	1	-	1	-	-	-
17. Epileptic	2	1	3	-	-	-	1	1	2	1	-	1	-	-	-
18. Psychoneuroses and neuroses	1	2	3	-	-	-	1	2	3	-	-	-	-	-	-
19. With psychopathic personality	2	2	4	-	-	-	1	2	3	1	-	1	-	-	-
20. With mental deficiency	2	12	14	-	-	-	2	9	11	-	3	3	-	-	-
21. Undiagnosed	31	20	51	2	3	5	21	11	32	8	6	14	-	-	-
22. Without psychosis	10	11	21	-	-	-	-	-	-	-	-	-	10	11	21
Totals	160	159	319	19	12	31	87	106	193	44	30	74	10	11	21

TABLE 16. — Causes of Death of Patients classified with Reference to Principal Psychoses — Concluded.

CAUSE OF DEATH.	MANIC-DEPRESSIVE.		INVOLUTION MELANCHOLIA.		DEMENTIA PRAECOX.		PARANOID OR PARANOID CONDITIONS.		EPILEPTIC.		WITH PSYCHOPATHIC PERSONALITY.		WITH MENTAL DEFICIENCY.		UNDIAGNOSED.		WITHOUT PSYCHOSIS.		
	M.	F.	M.	T.	M.	F.	M.	T.	M.	F.	M.	T.	M.	F.	M.	F.	M.	T.	
<i>General Diseases.</i>																			
Facial erysipelas	1	2			4	5									2				
Pulmonary tuberculosis		3				9										2			
Delirium tremens																			
Carcinoma of liver																			
Carcinoma of thymus																			
Carcinoma of bladder					1	1													
Gangrene of left foot					1	2													
Exhaustion from acute delirium	2	2			2	2													
Exhaustion from chronic mental disease																			
<i>Diseases of the Nervous System.</i>																			
Cerebral hemorrhage					1	1		1							1	1			
General paralysis of the insane																			
Cerebral spinal syphilis															1	1			
Epilepsy					1														
<i>Diseases of the Circulatory System.</i>																			
Acute endocarditis																			
Chronic endocarditis						1	1								2	1	3		
Chronic myocarditis					1	4	4									1	1		1
Mitral regurgitation																			
Aortic insufficiency					1	1	1								1	1	1		
Angina pectoris																			
General arteriosclerosis		1	1			1	1								1	1			1
Cerebral arteriosclerosis							2							1					
Cardio vascular renal disease		1	1			2	3	5						1	1				
Infection thrombosis of left leg					2	1	1			1									
Aortic stenosis																			
<i>Diseases of the Respiratory System.</i>																			
Acute bronchitis																			
Lobar pneumonia		1	1			1	1								1	1			
Bronchopneumonia					1	4											2		

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

PSYCHOSES.	45-50 YEARS.			50-55 YEARS.			55-60 YEARS.			60-65 YEARS.			65-70 YEARS.			70-75 YEARS.			75 YEARS AND OVER.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
	1. Traumatic	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
2. Senile	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
3. With cerebral arteriosclerosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
4. General paralysis	4	1	5	5	2	7	3	3	6	4	2	6	4	2	6	4	4	3	7	4	3	7
5. With cerebral syphilis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
6. With Huntington's chorea	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
7. With brain tumor	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
8. With other brain or nervous diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
9. Alcoholic	—	—	—	1	1	2	—	1	—	2	2	—	2	1	—	1	—	—	—	—	—	—
10. Due to drugs and other exogenous toxins	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
11. With pellagra	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
12. With other somatic diseases	—	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
13. Manic-depressive	—	1	1	1	1	2	—	2	2	2	—	—	—	—	—	—	—	—	—	—	—	—
14. Involution melancholia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
15. Dementia præcox	—	2	2	—	4	4	3	3	6	1	1	2	—	2	2	1	2	3	2	2	2	4
16. Paranoia or paranoid condition	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
17. Epileptic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
18. Psychoneuroses and neuroses	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
19. With psychopathic personality	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
20. With mental deficiency	—	1	2	3	1	1	2	2	1	3	1	—	—	—	—	—	—	—	—	—	—	—
21. Undiagnosed	—	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
22. Without psychosis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	5	10	15	8	11	19	17	14	31	15	6	21	8	7	15	13	12	25	13	22	25	35

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

PSYCHOSES.	TOTAL.			LESS THAN 1 MONTH.			1-3 MONTHS.			4-7 MONTHS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	8	24	32	-	2	2	-	3	3	4	4	8
3. With cerebral arteriosclerosis	20	14	34	5	3	8	4	2	6	2	1	3
4. General paralysis	33	6	39	3	-	3	2	1	3	5	-	5
5. With cerebral syphilis	-	2	2	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	1	-	1	1	-	1	-	-	-	-	-	-
9. Alcoholic	9	1	10	2	-	2	-	1	1	1	-	1
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	1	5	6	1	3	4	-	1	1	-	1	1
13. Manic-depressive	3	8	11	-	1	1	1	-	1	-	2	2
14. Involution melancholia	1	4	5	-	-	-	-	1	1	-	-	-
15. Dementia præcox	17	24	41	2	-	2	-	-	-	-	1	1
16. Paranoia or paranoid condition	1	-	1	-	-	-	-	-	-	-	-	-
17. Epileptic	1	-	1	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	1	-	1	-	-	-	-	-	-	-	-	-
20. With mental deficiency	2	-	2	-	-	-	-	-	-	-	-	-
21. Undiagnosed	10	7	17	4	-	4	2	1	3	-	-	-
22. Without psychosis	-	5	5	-	-	-	-	-	-	-	-	-
Totals	108	100	208	18	9	27	9	10	19	12	9	21

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

PSYCHOSES.	8-12 MONTHS.			1-2 YEARS.			3-4 YEARS.			5-10 YEARS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	1	3	4	2	5	7	-	1	1	1	4	5
3. With cerebral arteriosclerosis	2	1	3	4	3	7	-	1	1	2	1	3
4. General paralysis	4	1	5	11	2	13	4	1	5	2	1	3
5. With cerebral syphilis	-	-	-	-	1	1	-	1	1	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-	2	-	2
9. Alcoholic	-	-	-	-	-	-	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-	-	-	-
13. Manic-depressive	-	2	2	1	-	1	-	-	-	1	2	3
14. Involution melancholia	-	-	-	-	1	1	-	-	-	-	1	1
15. Dementia præcox	2	-	2	1	1	2	1	5	6	4	4	8
16. Paranoia or paranoid condition	-	-	-	-	-	-	-	-	-	1	-	1
17. Epileptic	-	-	-	-	-	-	-	-	-	1	-	1
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	1	-	1
20. With mental deficiency	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed	2	1	3	2	4	6	-	-	-	-	1	1
22. Without psychosis	-	1	1	-	-	-	-	-	-	-	1	1
Totals	11	9	20	21	17	38	5	9	14	15	15	30

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

PSYCHOSES.	10-15 YEARS.			15-20 YEARS.			20 YEARS AND OVER.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	-	-	-	2	2
3. With cerebral arteriosclerosis	-	1	1	1	1	2	-	-	-
4. General paralysis	-	-	-	2	-	2	-	-	-
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	-	-	-
9. Alcoholic	3	-	3	-	-	-	1	-	1
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	-	-	-	-	-	-	-	-
13. Manic-depressive	-	1	1	-	-	-	-	-	-
14. Involution melancholia	-	-	-	-	-	-	1	1	2
15. Dementia præcox	2	6	8	1	5	6	4	2	6
16. Paranoia or paranoid condition	-	-	-	-	-	-	-	-	-
17. Epileptic	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	1	-	1
20. With mental deficiency	-	-	-	1	-	1	-	-	-
21. Undiagnosed	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	1	1	-	2	2
Totals	5	8	13	5	7	12	7	7	14

TABLE 19. — *Family Care Department.*

	M.	F.	T.
Remaining Sept. 30, 1922	-	23	23
Admitted within the year	-	6	6
Nominally returned from visit for discharge	-	-	-
Whole number of cases within the year	-	29	29
Dismissed within the year	-	10	10
Returned to the institution	-	4	4
Discharged	-	-	-
Died	-	-	-
Visit	-	6	6
Escaped	-	-	-
Remaining Sept. 30, 1923	-	19	19
Supported by State	-	11	11
Private	-	5	5
Self-supporting	-	3	3
Number of different persons within the year	-	27	27
Number of different persons admitted	-	4	4
Number of different persons dismissed	-	8	8
Daily average number	-	20.69	20.69
State	-	11.47	11.47
Private	-	5.00	5.00
Self-supporting	-	4.22	4.22

