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The Commonwealth of Massachusetts

ANNUAL REPORT

OF

THE TRUSTEES

OF THE

Mass. WORCESTER STATE HOSPITAL *(Newbury)*

FOR THE

YEAR ENDING NOVEMBER 30, 1928

DEPARTMENT OF MENTAL DISEASES



WORCESTER STATE HOSPITAL.

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PHILIP H. COOK, M.D., *Roentgenologist*.
OLIVER H. STANSFIELD, M.D., *Internal Medicine*.
E. C. MILLER, M.D., *Internal Medicine*.
LESTER M. FELTON, *Genito-Urinary Surgery*.
JOEL M. MELICK, M.D., *Gynecologist*.
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ANTON SVENSON, *Foreman Mechanic*.
WALLACE F. GARRETT, *Head Farmer*.
LILLIAN G. CARR, *Maion*.
ANNE F. McELHOLM, R.N., *Superintendent of Nurses and
Principal of Training School*.
MAURICE SCANNELL, *Supervisor, Male Department*.

1927
 TRUSTEES' REPORT.

To His Excellency the Governor, and the Honorable Council:

The Trustees of the Worcester State Hospital respectfully submit the ninety-sixth annual report of the hospital, together 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 two new members of the board were appointed. Mr. William J. Thayer of Worcester was appointed to fill the vacancy made by the death of Mr. Luther Greenleaf, and Mrs. Josephine Rose Dresser was appointed to fill the vacancy caused by the resignation of Miss Caroline M. Caswell.

The board has watched with a great deal of interest the operation of the new cafeteria dining room, which was opened in October, 1927. It is with much satisfaction that we comment on this marked improvement in the arrangements for the service of food. The menus served are varied, the food is well prepared, and the patients have almost unanimously registered their commendation of the new service.

There are two features of the medical service of this hospital which deserves mention and which the board is heartily in favor of. First, the enlargement of the program of teaching, which has been going on for the past two years. We are more and more of the opinion that the hospital can be developed into a teaching center for groups of individuals, who are in psychiatric work or general medical work. The courses being given Affiliating Nurses from General Hospitals, Psychiatric Social Workers from Smith College, the Occupational Therapists from the Boston School of Occupational Therapy, and Theological Students from the various seminaries have been productive of great good. The presence of a large number of students in the hospital organization has tended to raise the morale of the personnel, and we feel that these young men and women leave the hospital and go into the community with a better understanding of the work and ideals of a State Hospital.

The second point is the development and elaboration of the work which the hospital is doing in the community. The board desires to register satisfaction in the development of the Child Guidance Clinic. The clinic is an attempt to prevent the onset of mental disease at the time when such effort brings the greatest results. It is our recommendation that a further extension of this community work be carried out, and that some special appropriation be given for increased personnel and organization.

The policy of the Commonwealth in providing suitable quarters for medical officers is in the opinion of the board a proper one, and the two new cottages which were granted the hospital last year are rapidly nearing completion. It is recommended that a continuation of this program be carried out until the medical officers have been provided with proper living accommodations.

Attention is called to the necessity of revising the dining room accommodations at the Summer Street Department. A study of this matter should be made at an early date, and the cafeteria service be put into operation in that department. The present dining rooms could be abandoned and some additional space thus given for patients, and a central cafeteria established in the section of the building under the chapel. Some construction work will be necessary before this can be done, but it is our belief that the development of the cafeteria system of feeding should be continued until all departments of the hospital are using it.

Attention is again called to the necessity of a study of the storage facilities at this hospital. Our basement rooms where our stores are now located are not adequate, and a considerable loss is entailed from this source. It would seem that a proper store building would be in the interests of economy.

The board takes this opportunity of extending to the officers and employees of the hospital, its hearty thanks for their splendid co-operation and loyalty during the year.

Respectfully submitted,

EDWARD F. FLETCHER,
 JOSEPHINE ROSE DRESSER,
 HOWARD W. COWEE,
 WILLIAM J. THAYER,

WILLIAM J. DELAHANTY,
 ANNA C. TATMAN,
 JOHN G. PERMAN,

Trustees.

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, 1928, it being the ninety-sixth annual report.

There remained on the hospital books October 1, 1927, 2,630 patients, 1,323 men and 1,307 women. Six hundred and fifty-seven patients, 376 men and 281 women were discharged from the hospital. Of this number 328 patients, 192 men and 136 women were discharged; 290 patients, 159 men and 131 women died, and 39 patients, 25 men and 14 women were transferred, leaving at the end of the statistical year, 2,593 patients, 1,290 men and 1,303 women. Two thousand two hundred and twenty-two patients, 1,060 men and 1,162 women were actually in the institution. Of the patients discharged, 27 were reported as recovered; 185 as improved; 78 as unimproved; and 38 without psychosis.

Twenty-four men were transferred by the Department of Mental Diseases to the Veterans' Hospitals; 2 women to the Boston State Hospital; 3 women to Medfield State hospital; 2 women to Foxboro State Hospital; 2 women to Northampton State Hospital; 3 men to the State Infirmary; 1 woman to Westborough State Hospital; 1 man and 1 woman to the Gardner State Hospital; 3 women to Herbert Hall; and 1 man and 1 woman to Concord. Eleven men and 5 women were removed from the State, and 2 men and 5 women were deported.

There remained in the hospital at the end of the statistical year 37 patients less than at the beginning. The smallest number under treatment on any one day was 2,221 and the largest 2,306. The daily average was 2,248.32.

PRINCIPAL CAUSES OF DEATH.

Twenty-three percent of all deaths were due to arteriosclerosis; 10 percent to pulmonary tuberculosis; 9 percent to cardio vascular renal disease, and 8 percent each to general paralysis and nephritis.

EX-SERVICE MEN.

During the year there were 29 ex-service men admitted to the hospital; 1 died; 5 were discharged; 24 transferred to other institutions, and 14 dismissed, leaving at the end of the year 49 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.

Resignations.

Lewis B. Hill resigned to go to the State House, Sept. 3, 1928.

Henry B. Moyle resigned to go to Hartford May 30, 1928.

Arthur C. Brassau resigned to go to Memorial Hospital, December 12, 1927.

Auray Fontaine resigned to go to Delaware Hospital, July 31, 1928.

Sarah M. J. Ching resigned to go to St. Elizabeth's Hospital, Washington, D. C., October 31, 1928.

Olive N. Ehrenclou resigned to go to Johns Hopkins University, September 29, 1928.

Reginald P. McKinnon resigned to go into private practice, October 15, 1928.

Appointments.

Clifton T. Perkins appointed Senior Physician February 2, 1928.

Nathan Baratt appointed Assistant Physician June 25, 1928.

Morris Yorshis appointed Assistant Physician August 1, 1928.

Lyman Orton appointed Assistant Physician October 1, 1928.

Internes.

Bardwell H. Flower appointed Clinical Assistant September 1, 1928.

William F. Finnegan appointed Clinical Assistant October 1, 1928.

REPORT OF THE MEDICAL STAFF — PSYCHIATRIC SERVICE.

In addition to the routine psychiatric work of the hospital which has been increased very materially by the greater care with which patients have been studied, the plan of carrying on the training of various groups of students during the year has been continued.

The policy of having resident students is one that, in my opinion, is well worth

while. These students tend to raise the scientific spirit of the entire institution. Their influence reaches into all departments.

The same plan of organization of the Medical Staff has been continued, namely, the separation of the pure medical and surgical work from the psychiatric work; the latter being used as an added aid to the psychiatrist.

The following report of publications will indicate the lines along which our psychiatric interests have been developed during the year:

DR. LEWIS B. HILL — Hospital Social Service, XVIII, 1928, 447 — “The Value of Occupational Therapy in Mental Hospitals.”

MISS THEODORA LAND — Occupational Therapy and Rehabilitation, Vol. VII, No. 6, Dec., 1928 — “Psychiatric Social Work.” “Psychiatric Social Work and the State Hospitals” — Prepared by a committee of which Miss Land is chairman.

DR. JACOB GOLDWYN — Archives of Neurology and Psychiatry, Jan., 1928, Vol. 19 — “The Erythrocyte Sedimentation Reaction.”

American Journal of Psychiatry, Vol. VIII, No. 1, July, 1928 — “The Sedimentation Test.”

A. T. BOISEN — Alumni Bulletin of the Union Theological Seminary, Vol. III, No. 4 — “An Experiment in Theological Education.”

The Chicago Theological Seminary Register, Vol. XVII — “Explorations of the Inner World.”

Religious Education, April, 1928 — “The Study of Mental Disorders as a Basis for a Program of Moral and Religious Re-education.”

Religious Education, March, 1928 — “The Psychiatric Approach to the Study of Religion.”

The American Journal of Sociology, Vol. XXXIII, 1928 — “The Sense of Isolation in Mental Disorders: Its Religious Significance.”

D. SHAKOW AND G. H. KENT — Pedagogical Seminary and Journal of Genetic Psychology, 1928, 35, 595-618 — “Group Tests for Clinical Studies.”

REPORT OF MEDICAL AND SURGICAL SERVICE.

Movement of Population.

	Female.	Male.	Total.
Patients remaining Dec. 1, 1927	127	110	237
Admitted	440	506	946
Discharged	349	353	702
Deaths	99	122	221
Escapes	0	13	13
Patients remaining Dec. 1, 1928	119	128	247

69 more patients were taken care of on the medical wards this year than in the preceding year. Also, during the dysentery epidemic, one psychiatric ward, Woodward I, was taken over by the medical service and approximately 75 patients were cared for on this ward.

Reports of Clinics.

Ear, nose and throat examinations, 519; eye, 230; gynecological, 360; bloods, 840; vaccines, 1,334; lumbar punctures, 332; Wassermann, 241; Schick test, 12; Bromsulphthalein tests, 29; specific treatments, 1,713; ward dressings, 36,068. Total, 41,678.

In the Eye, Ear, Nose and Throat Clinic, 194 more examinations were made than in the preceding year, and 559 fewer inoculations were given than last year.

Other clinics maintained the average volume of work.

Malarial Inoculation.

Number of patients inoculated for first time, 31; number of “takes,” 29; number of “non-takes,” 2.

Number of patients now on visit, 2; number of relapses after visit of several months, 2; number of patients markedly improved but still in hospital, 7; number of patients slightly improved, 2; number of patients not improved, 11; number of deaths, 9.

Total number of deaths, 9; number directly attributed to malaria, 5, or 16%; number due to suicides, 2, or 6%; number due to pneumonia, 1, or 3%; number due to other condition (heart), 1, or 3%.

Report of Malarial Therapy.

Another case of rupture of the spleen, spontaneous, occurred during the past year which brings the total number of patients presenting this syndrome up to three, in a total of 110 patients given the malarial treatment for general paralysis of the insane.

This accident has only been reported in the literature three times, but our experience would suggest that the condition is not uncommon.

SURGICAL REPORT.

Hysterectomy, 9; pan-hysterectomy, 1; hysterectomy and appendectomy, 2; hemorrhoidectomy, 10; rib resection, 2; dilatation and curettage, 13; hydrocele, 1; herniorrhaphy, 8; double herniorrhaphy, 1; bilateral inguinal herniorrhaphy, 1; splenectomy, 1; appendectomy, 21; salpingectomy, 1; circumcision, 5; tonsillectomy, 74; breast amputation, 2; amputation of hand, 1; gastrotomy, 6; cholecystectomy, 3; gastro-enterostomy, 4; P. O. hemorrhage repair, 2; trachelorrhaphy, 6; trachelorrhaphy, perineorrhaphy and hemorrhoidectomy, 1; perineorrhaphy, 5; partial removal of scrotum, 2; exploratory laparotomy, 5; open reduction of humerus, 2; removal of ovarian cyst, 1; pylora-plasty, 2; excision of rectal fistula, 1; trachelorrhaphy and perineorrhaphy, 2; ventral suspension, 3; repair of prolapsed rectum, 2; removal of bands after open reduction, 1; mastoidectomy, 3; skin graft, 1; varicotomy, 1; simple enucleation O. D., 1; incision and drainage of peri-nephritic abscess, removal of kidney calculus, incision and drainage of peri-costal abscess and curettage of the rib; resection of right and left ovary, 1; sub-mucous resection, 4; incision and drainage of abscess, 12; incision and drainage, 1; excision of epithelioma of lip, 1; excision of ingrown toe-nail, 1; excision of carbuncle, 10; excision of carcinoma of vulva, 1; removal of nasal polypi, 1; incision hordeolum, 1; biopsy, 1; antra drained and irrigated, 4; resuturing abdominal incision, 4; curettement of incision, 2; incision of tendon sheath infection, 2; cauterization of cervix, 5; abdominal paracentesis, 1; thoracentesis, 1; excision of wen, 2; suturing of tonsil, 1; multiple puncture of penis, 1; ischio-rectal abscess and fistula in ano, 1; ether reduction of fracture and dislocation of shoulder, 1; suturing of laceration, 1; removal of chalazion, 1; application of casts, 13; slitting of canaliculus, 1; total, 282.

The total number of operations performed this year was 282 as compared with last year's 330 operations.

Obstetrical Report.

Number of obstetrical cases, 9; number of babies (two sets of twins), 11; number of still births, 1; abnormalities, 0; number of deaths of mothers or babies, 0.

DENTAL REPORT.

Patients, 3,580; cleanings, 1,761; examinations, 1,282; fillings, 1,963; extractions, 2,495; treatment of pyorrhea, 290; abscess and socket treatment, 290; bridges, 12; inlays, 23; crowns, 17; removal of cyst, 1; ectomy alveolar, 73; plates, 42; repairs to plates, 58; impactions, 25; set and wire fractured jaw, 2; pressure anesthesia, 15; apicoectomy, 1; ether cases, 7; X-ray, 89; treatments, 537; gas-oxygen cases, 1; gas-oxygen and other cases, 2; total, 12,566.

X-RAY REPORT.

	Patients.	Films.
Ankle	27	32
Chest	222	234
Femur	4	5
Elbow	9	10
G. I. Series	70	540
Mastoids	8	16
Humerus	5	6
Stomach	3	5
Shoulder	22	33
Sella	41	41
Skull	48	192
Sacro-iliac	2	10
Teeth	148	541

	Patients.	Films.
Leg	11	11
Hip	25	28
Wrist	8	8
Abdomen	8	10
Fingers	15	15
Hand	19	21
Heart	24	24
Pelvis	6	6
Rib	17	23
Sinuses	64	131
Appendix	1	1
Colon enema	4	4
Foot	12	19
Flat abdomen	1	1
Forearm	6	6
Gall bladder	21	115
Arm, upper	1	2
Knee	23	42
Lumbar spine	2	2
Kidneys	6	10
Spine	12	16
Arm	3	3
Mandible	3	4
Neck	1	1
Nose	2	3
Post-ethmoid sinuses	2	2
Thumb	9	9
Antra	2	4
Epiphyses	1	1
Spine lumbar and thorax	1	1
Toe	1	1
Thymus	4	6
Colon	9	24
Fluoroscopic examination	16	0
Clavicle	2	2
Lateral skull	1	2
Jaw	5	7
Os calsis	1	2
Total	959	2,232

The X-ray work in the past year has more than doubled over that of previous years. The quality of the work has been excellent and of inestimable benefit to the staff.

LABORATORY REPORT.

Alveolar CO, 157; autopsies, 121; bacterial cultures, 134; bacterial smears, 359; basal metabolism, 379; blood creatinin, 374; blood N.P.N., 518; blood sugar, 870; blood urea, 438; blood uric acid, 421; blood counts (red), 2,161; blood counts (white), 2,315; blood counts (differential), 2,315; clotting time, 191; galactose tolerance, 391; nitrogen partition, 349; plasmodia malaria, 94; renal function test, 342; spinal fluid albumin, 5; spinal fluid cell count, 319; spinal gold, 307; spinal globulin, 301; sputum, 205; stool, 289; urea curves, 105; urinalysis, 4,567; quantitative sugar, 39; milk bacteria count, 15; Mosenthal test, 19; haemoglobin, 205; animal inoculation, 1; stomach contents, 9; Widal test, 6; milk butter fat (%), 48; platelet count, 6; parasites, 4; blood cultures, 19; fragility test, 2; Van den Bergh, 108; icteric index, 18; vomitus, 2; vital capacity, 146; spinal fluid (sugar), 1; occult bloods, 70; agglutinins, 224; liver function test, 26. Total, 18,895.

The laboratory work for the past year has practically doubled. Most of this extra work has occurred as a result of the present routine handling of cases. Also, various research projects have increased the volume of work turned out by the laboratory. The Memorial Foundation for Neuro-Endocrine Research has

loaned a new Benedict Basal Metabolism apparatus, and also a new Bausch and Lomb Colorimeter. Thanks are due Dr. A. W. Rowe, Dr. B. S. Walker and Dr. R. T. Hunt of the Evans Memorial Hospital for technical advice on several occasions during this period.

PHYSICAL EXAMINATION OF EMPLOYEES.

On July 1, 1928, a system was established whereby each new employee is given a fairly complete physical examination on entry to the hospital service. The object of these examinations is twofold.

First, to eliminate immediately such applicants as are obviously too great physical risks in doing the work for which they are hired. As, for example, a farm-hand is not a good working risk if he has a hernia, a fireman with hypertension, an attendant with marked varicose veins or large cryptic tonsils, etc. Such potential disabilities, though not in themselves serious, might well lead to short frequent periods of disability and in the end seriously handicap the service.

Secondly, to have in the files a record of the general condition of each employee to refer to in event of future sickness. This is for the benefit of both the employee and the hospital, and in actual practice has been found very useful. We are slowly progressing in this system to a point whereby an applicant is accepted on trial, or probation for two weeks. During this time he receives his vaccine and physical examination. If his examination is satisfactory and his work acceptable, he is then considered as an employee. This, we hope, will ultimately lead to a healthier group of employees, a more stable population, and better service for the patients.

From July 1st to December 1st, a total of 136 such examinations were completed. It is too early for a statistical survey of any value on these employees.

Schick and Dick Tests.

Realizing the inestimable value of preventive medicine, applicable particularly to those handling patients in a large institution, we performed the Schick test for diphtheria and the Dick test for scarlet fever on 13 senior nurses in October, 1928. It is the intention of the medical service, with Co-operation from the Training School for Nurses, to Schick and Dick each nurse as she is accepted after the probation period, and where the tests indicate the necessity, to immunize them against diphtheria and scarlet fever. This will be not only to the benefit of the nurses but also to the hospital, in that should there be an outbreak of the above diseases at any time, our essential ward force would not be incapacitated.

All new employees have also had typhoid-para-typhoid inoculations.

The four o'clock employees' clinic has been continued, and found to be of definite value in that the employees do not now stop physicians while carrying out their duties, asking for personal medical advice.

Sick Employees Cared for on Medical Service.

Total number of employees cared for on ward, 128; total number of days ward treatment given: Male, 509 days; female, 351 days. Total, 860. Number of males sick, 65; number of females sick, 63.

Operations Performed on Employees.

Appendectomy, 2; herniorrhaphy, 1; circumcision, 2; dilatation and curettage, 1; resection of right ovary and left oophorosalingectomy, 1; left salpingectomy, 1; freeing of volvulus, exploratory laparotomy, 1; hemorrhoidectomy, 1; removal of gland under right arm, 1; biopsy, 1; suturing of laceration on lip, 1; incision and drainage of breast abscess, 1; excision of carbuncle, 2; tonsillectomies, 30.

Reports of Deaths and Autopsies.

Number of deaths at Bloomingdale, 234; number of deaths at Summer Street, 58; Total, 292.

Number of autopsies performed: By Worcester State Hospital Staff, 103; by State Pathologist, 18. Total number of autopsies, 121 (41.4 of total deaths).

Number of deaths every week, 5.6; number of autopsies every week, 2.3.

The total number of autopsies as well as the percentage of permits obtained increased over last year. In the coming year, we hope to markedly increase the amount of histological work done in the laboratory.

RESEARCH.

The hospital is co-operating with the Evans Memorial in a study of certain phases of blood chemistry and carbohydrate metabolism in dementia præcox.

In the past year, a very large amount of work has been done in the study of dementia præcox from several angles. We are in a position to state that several of the patients studied definitely have shown failure of certain endocrine glands, and some of these patients have responded favorably to indicated medication. This work has been done under the supervision of Dr. R. G. Hoskins, consultant in Therapeutic Research, and Dr. F. H. Sleeper of the resident staff, and has been participated in to some extent by nearly the entire staff. For many years exponents of the somatic school of psychiatry have attempted to tie up dementia præcox with various somatic conditions. Cotton, with intestinal pathology; McCarthy, with focal infection; Mott, with testicular pathology, and numerous others have mentioned the possibility of the glands of internal secretion being at fault without, however, producing any convincing proof of their theory.

Kopeloff and Kirby removed foci of infection from a large group of patients and used another group of the same size and same age suffering from the same type of psychosis as controls. There was no appreciable difference in the results obtained in the two groups. They concluded therefore that focal infection played a very small part in the development of the psychosis.

At the Worcester State Hospital we have removed foci of infection from upwards of one hundred præcox patients in the past year. Several patients seemed to improve following surgical removal of these foci. A few became well enough to return home. How much foci of infection plays a part in the etiology of the psychosis I am not prepared to say. The lymphocytosis, bradycardia, diminished metabolism and changes in carbohydrate tolerance all seem to offer promising endocrine leads. The necessity for research in præcox is indicated by the fact that approximately half of all state hospital beds are filled by this type of patient. In terms of money, approximately ten cents of every dollar paid in taxes goes to the maintenance and care of patients suffering from this disease. The greater part of the research which has been attempted in præcox has been limited to certain phases of the problem. For example, the explanation of the cyanosis which is so frequently encountered in the catatonic form of præcox; likewise frequently a series of blood chemistries or nitrogen partitions on the urine will be reported as an interesting piece of negative evidence. Research of this sort is not of a great deal of value in this particular problem. The individual patient must be studied as a whole from all possible angles at the same time and the findings correlated in order to obtain the best results. The plan of approach elaborated by Dr. A. W. Rowe of the Evans Memorial with certain deletions and additions form the basis for the work attempted at Worcester in this field.

A thorough history is obtained by the social service and by the doctor on the patient to be studied. Here is encountered one of our first difficulties. In a very large percentage of our patients, subjective evidence cannot be relied upon and it becomes necessary for us to depend to a very large extent upon information derived from relatives and friends and of course some of this is none too reliable. A thorough physical examination is done and here again difficulties are encountered. For example, in examining the patient's chest, we request him to breathe deeply and he holds his breath. We tell him to do one thing and he does exactly the opposite; an example of negativism. It becomes necessary to make repeated attempts in order to get satisfactory results. Teeth are thoroughly examined by a dentist. Certain X-ray studies are done routinely. The sinuses, sella turcica, chest, and gastro-intestinal tract are investigated by means of X-ray. Graham tests are performed if indicated. In the laboratory during a week to ten days study two phenolsulphophthalain tests are performed, complete blood morphology, complete blood chemistry, a nitrogen partition on two twenty-four hour urines with complete urinalysis, the urea curve is determined following the ingestion of 15 grams of urea. The salol test for gastric motility is performed. Urobilinogen is determined in the urine. The galactose tolerance test is performed. The Van den Bergh test is being performed routinely now as well as the icteric index on each patient. The basal metabolism is done, and in this respect it may be noted that frequently as many as ten tests are necessary before satisfactory results are obtained.

The Wassermann test is performed routinely and the spinal fluid examined for globulin, albumin, cell count, colloidal gold and Wassermann if indicated. Any special tests that seem to be indicated are performed. It is possible that tests for the autonomic nervous system and studies in colloidal chemistry may likewise be included in the routine tests. At the time the physical studies are being carried out, a thorough psychiatric status is established. Daily notes by psychiatrist showing the mental condition of the patient and the state of the emotions as well as can be determined are recorded. Up to the present time eighty patients have been thoroughly studied following out this line of procedure. Each patient's case has been thoroughly analyzed by the heads of the research, psychiatric and medical services and a joint conclusion arrived at. On this small series of cases, we are reluctant to publish any conclusions but we may say that a relatively high percentage of patients have been found to be endocrine. Several of these patients have been placed upon appropriate medication and from time to time the complete picture will be rechecked from all angles following therapy.

NURSING SERVICE.

The training school has been continued as usual and in my opinion is one of the most valuable projects in the hospital.

Miss Florence M. Wooldridge, who has been Superintendent of Nurses at this hospital for seven years, resigned during the year and Miss Anne McElholm was secured to carry on the work. Miss McElholm was the former Superintendent of Nurses at the Westboro State Hospital.

The probation class carried an enrollment of twelve women and seven men. The class of affiliated nurses was carried on during the year, these young ladies coming from the general hospitals in this community. The training of these nurses is becoming an increasingly important part of our psychiatric activity.

RELIGIOUS WORK.

The plan of offering to students of theology opportunity to obtain clinical experience in dealing with the maladies of the personality was begun in 1925. These students as their practical contribution to the work in the hospital have carried on baseball, volley ball, hikes, special case work and the publication of a semi-weekly news sheet and a weekly pictorial. For the benefit of this group of workers semi-weekly conferences of two hours each are held in which members of the medical staff have given generously of their time.

An important feature of the year's work has been the musical program developed under the direction of Rev. Donald Crawford Beatty, a recent graduate of the Boston University School of Theology, who came to this hospital as a theological student in the summer of 1927 and has remained for two years. Mr. Beatty is an exceptionally talented singer and choir director. He has taken an active part in the recreational program and has proved himself a most useful addition to the corps of workers in the hospital. He is soon to go as chaplain to the Mayview Hospital in Pittsburg, Pennsylvania.

For the most part the students who take advantage of this opportunity go into the ordinary pastorate. These men are cautioned against the danger of trying to deal unaided with the advanced disorders and they are warned against "religious healing." The aim is rather to enable them through the study of the disordered conditions to understand better the personal problems of ordinary people in the ordinary parish and to kindle their interest in the careful, painstaking, long-continued study of personal experience.

Some of these students, however, have decided to devote themselves to the disorders of the personality. In addition to Mr. Beatty, Miss Helen F. Dunbar, the first theological student to enlist, is this year finishing a regular course with the purpose of giving herself to psychiatry. Rev. Alexander D. Dodd, of the Class of 1922 in Union Seminary, who has for two years been doing work in this hospital, is now studying for the doctor of philosophy degree in Edinburgh. He is planning to take a hospital chaplaincy upon his return. Rev. Austin Philip Guiles, Union Seminary, 1925, is staying throughout the year, assisting in the Dementia Præcox research project and trying to lay a scientific basis for the problem of personal religious work.

In addition to teaching during the summer quarter at the Chicago Theological Seminary, the Chaplain, Mr. Boisen, will this year in conjunction with Dr. Lewis B. Hill, our former Assistant Superintendent, give a seminar course in psychopathology at the Boston University School of Theology. During the past year he has given six lectures at the Boston University School of Theology, four at the Episcopal Theological School in Cambridge, three at a summer conference at the Union Theological Seminary in New York. He has also lectured at the Crozer Theological Seminary in Chester, Pa., at the Virginia Theological School at Alexandria and has given papers at a church workers' conference at the University of Pennsylvania, at the National Conference of the Religious Education Association in Philadelphia and at the Research Council of the Religious Education Association in Chicago. At the national conference of the American Sociological Society in Washington in December, 1927, the experiment with the clinical year for theological students was presented by Dr. Lewis B. Hill.

Results of research work done in this department have appeared during the year in the American Journal of Sociology and in the Journal of Religious Education.

The religious services have proceeded as usual. All Saints Church in Worcester, under the leadership of Rev. Henry W. Hobson, has aided greatly by taking charge of the service once each month in both hospitals. In addition they have held a special communion service once a month on Wednesday mornings. These services have been much appreciated by the Episcopalian patients as well as by many who are not Episcopalians. An important part of the religious work is the friendly contact with the patients through regular visiting on the wards.

Our Catholic Chaplain, Father George Dacey, has been zealous in his work with Catholic patients.

SOCIAL SERVICE DEPARTMENT.

The work of this department has been characterized by a growing breadth of scope during the year of 1928. The development of our own work has brought to us the opportunity to pass on to others in similar work some of the fruits of our experiences here. It has been the growing conviction of the head worker that unless the hospital gives back to the community some of its findings as to the causes of personality difficulties it is failing in an important function. In the Child Guidance Clinic, conducted by the hospital, and in the hospital itself, our workers have an unusual opportunity to study some of the roots of personality maladjustment. We do not say that we have learned what causes mental disease, we do say that we are learning more and more from our patients regarding unwholesome mental attitudes and how these warp men's lives. And so we have welcomed every opportunity to speak before groups. To this end, twelve addresses were given to various community groups, four being in Boston, before groups of social workers or those in allied professions. The others were to clubs and church groups in Worcester and vicinity. At the hospital three sets of eight lectures were given to the three classes of nurses in training. A lecture was given to Occupational Therapy Students and one to Theological Students here for summer work. A number of addresses have been scheduled for the following year.

During the year ten visitors from England came to see the hospital. Most of them were engaged in some phase of social work or an allied profession and were eager to learn of the work of this department. It was a great joy to explain the work to such interested and appreciative visitors.

In the effort to raise the standards of social work a sub-committee was formed of the American Association of Psychiatric Social Workers, and as chairman of this group, the head worker has been able to draw on her experience here and on that of the Massachusetts hospital in analyzing the situation and in working out plans for better standards.

This year we have again co-operated with the Smith College School of Social Work in taking their students for training. Our quota of students was raised from two to four, and there has been a notable increase in the amount of work carried by the department because of the assistance of the students. The number of visits to patients "On Visit" from the hospital increased from 415 to 656, and to relatives of patients "On Visit" from 312 to 514. Aside from the actual contribution in service we feel that the students are pre-eminently worth the time given for

teaching them because of the stimulating ideas they bring to us, and because of the challenge which always comes with the presence of those eager to learn the ways of a new profession.

This year there were 764 cases referred to the department, about 150 of which the social service had previously known. The number of referrals is slightly less than last year, although the amount of work done on cases has been much greater; 141 cases were referred for histories, 164 for special investigations for diagnoses and 249 for investigations of the home situation prior to visit. There was an increase of about 100 in histories and special investigations. The usual number of "Visit" cases, about 240, were carried.

Among the types of problems found we note 96 as against 50 of a year ago in which employment was a serious factor, 49 as against 36 with financial problems, 31 as against last year's 48 with overt sex problems, 60 as against 64, in which friction and quarreling were outstanding, 52 as against 45 in which the marital difficulties were important. Alcoholism is still a definite problem here, there being 48 cases in which this was a factor, six more than the previous year.

The Child Guidance Clinic has continued to develop in effectiveness and members. The four Smith students divided their 9 months' field training, each having $4\frac{1}{2}$ months at clinic work and $4\frac{1}{2}$ months at hospital work. In September Miss Marion Wyman, trained at the N. Y. Institute for Child Guidance, came to take charge of the psychiatric social work, her salary being paid by the Welfare Federation. She is proving a very capable worker and undoubtedly the clinic will be greatly strengthened by the addition of so effective a person.

The Social Service seminars, under the able leadership of Dr. Lewis Hill, assistant superintendent, proved most stimulating and were valuable for the students as a link between theory and practice. Two hours a week evening sessions were held and were regularly attended, although attendance was not required.

Community Work.

Table of Cases Treated:

- Summer Street Out-Patient Clinic for Patients on visit, 228.
- Adult Guidance Clinic, 61.
- Traveling School Clinic for Retarded Children, 256.
- Worcester Child Guidance Clinic, 251.
- Total number of children and adults treated, 796.
- Total number of visitations, approximately, 1,250.

The work of the Summer Street Clinic for patients out on visit from the hospital was carried on as usual, on the afternoon and evening of the second Monday in each month. While there seems to be an attitude on the part of many, that the Out-Patient Physician's request to interview them was for the sole purpose of sending them back to the hospital, others considered it an opportunity to talk over their troubles and to obtain advice offered to meet certain difficult situations. Oftentimes relatives came along to seek advice.

Allied to this work is that done at the Adult Guidance Clinic. Regular hours on Tuesday and Thursday were set aside for interviews at the Memorial Hospital. Sixty-one visits were made, including twenty-seven young unmarried mothers, referred by the Girls' Welfare Society. Because of the pressure of the juvenile work, these Clinic hours at Memorial Hospital had to be given over to the Child Guidance Work. Appointment for Adult consultation, however, went on just the same, only the hours were held in the evening to fit in with the physician's time. This is an important branch of the Out-Patient activities, and the Clinic with regular hours will be resumed, it is hoped, next spring.

Perhaps the most significant department of the outside activities of this hospital is that devoted to the mental, emotional, and physical welfare of the child in the community. During the past year 507 children were examined and treated in our two clinics, namely, the Worcester Child Guidance Clinic, and the Traveling School Clinic. Approximately forty percent were referred from the school, and the rest from parents, physicians, the court, and the welfare agencies. There has been a marked increase in the number of children handled by the Clinic this year. More and more school children are being referred directly by the school teacher through

their principal, and several of the teachers and principals attend this hour of clinic conferences during the year.

A trained psychiatric social worker, Miss Marion Wyman, M.A., has been appointed. Miss Wyman is a graduate of the Smith College for Psychiatric Social Workers, having had her classical training at the Institute for Child Guidance in New York City. Her coming in September has enabled us to increase the number of Youth cases and also to extend the follow-up work which is so important. She has also strengthened our contact with the schools and agencies by frequent visitation. Her personality, training, and experience make her a valuable asset to the Clinic. Following Miss Leahey's resignation to assume new duties as psychologist at the newest Guidance Clinic, came a reorganization of the Psychological Department under Mr. David Shakow who with two student psychologists guaranteed us adequate efficient psychological service.

In November the Worcester Welfare Federation voted us an increase of fifteen hundred dollars, expenses of a stenographer and supplies. New equipment in the form of testing apparatus and material has been secured for the Clinic, for the use of the psychologist. A library of books bearing on our work has been loaned by the City Library for circulation among parents and others interested. Attractive desk, chairs, steel filing cabinets with book cases to match have been purchased for the Clinic. Near the end of the year the Worcester State Hospital Nurses Alumnae Association conducted a bazaar and presented to the Child Guidance Clinic the sum of two hundred dollars. This growing interest on the part of the nurses in their hospital is indeed a gratifying endorsement of our work.

On one or two days of each week of the School year the Out-Patient Physician with two Psychologists and a Social Worker conducted School Clinics on retarded children in neighboring towns. Physical, psychometric and psychiatric examinations were made on each child recommended by the Principal of the school, reports made on these cases, and recommendation to the school regarding each pupil. There were 256 children examined in the following towns: Marlborough, Uxbridge, East Douglas, Millbury, Westford, Shrewsbury, Hopkinton, Ashland, West Boylston, and Grafton. The results of these clinics are noticeable in placing children in their proper group and in facilitating the establishment of special classes.

During the past year as in former years the Out-Patient Department has been committed to the program of educating the community in matters of mental hygiene. Dr. Alfred Adler of Vienna spoke on Child Psychology at the High School under the auspices of the Child Guidance Clinic. The University Extension courses in mental hygiene in Fitchburg and Lowell were also conducted. These together with College Club courses on child psychology, Y.M.C.A. group on questional adjustment problems and miscellaneous lectures constituted avenues through which knowledge of mental health can be offered to the community.

GENERAL REPAIR WORK.

The regular repair work of the hospital has been kept up throughout the year, and the institution is in fairly good condition. Most of the wards in the hospital have been repaired during the year, and much general work has been done. The building for the cafeteria was completed in October, 1927, and the cafeteria for the patients and employees have been kept. We are now feeding approximately 1,200 patients out of the 1,600 in the main group at the cafeteria, and it is our opinion that this method of service is by far the best way of handling the food situation with large groups of patients. By this method of service, we are able to give patients much better food, and greater variety and with a choice, something which would be possible in no other method. We have been able to do this, and in addition have cut down the waste to an almost unbelievable point.

Recommendations: I am again recommending the establishment of a new farm unit, and a main hospital group. This recommendation has been made in previous reports, but the need is still urgent and should be taken care of at a very early date. Transportation is costly and difficult, particularly in the winter time, and the dairy equipment we have at the Hillside Farm is very poor and inefficient. I would again call attention to the necessity for the elimination of the remaining stairways of wooden construction. These stairs are a decided fire menace, and should be replaced by metal stairways.

We received in the early part of this year an appropriation of two officers' cottages, and these have been in the course of construction during the year. The work has proceeded rather slowly because we have built them entirely with our own mechanics, and at the same time have had to keep up the repair work of the hospital. This program should be continued until we have at least eight cottages along the avenue, housing members of the medical staff, and I will recommend that two more cottages be added to this group as early as possible.

I wish to express my sincere appreciation for the work of the visiting staff of the hospital. This visiting staff is made up of busy practitioners in the community, who have given freely of their time and knowledge in carrying on the work of the hospital. I also wish to commend the loyalty and general efficiency of the officers and employees of the hospital. No success in any organization is possible without such loyalty and I desire to express my appreciation to every officer and employee for their co-operation during the year. I also wish to thank the board of trustees for the support and encouragement which has been given me at all times.

VALUATION.

November 30, 1928.

REAL ESTATE.	
Land, 589 acres	\$438,200.00
Buildings	2,201,283.33
	<u>\$2,639,483.33</u>
PERSONAL PROPERTY.	
Travel, transportation and office expenses	\$7,984.14
Food	13,906.36
Clothing and materials	34,940.08
Furnishings and household supplies	274,278.89
Medical and general care	22,553.91
Heat, light and power	18,691.28
Farm	41,004.39
Garage, stables and grounds	13,780.87
Repairs	22,549.26
	<u>\$449,689.18</u>
SUMMARY.	
Real estate	\$2,639,483.33
Personal property	449,689.18
	<u>\$3,089,172.51</u>

FINANCIAL 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, 1928.

CASH ACCOUNT.

Receipts.	
Board of Patients	\$112,603.54
	<u>\$112,603.54</u>
Personal Services:	
Reimbursement from Board of Retirement	262.81
Sales:	
Food	\$854.29
Clothing and materials	76.92
Furnishings and household supplies	61.44
Medical and general care	27.52
Heat, light and power	40.50
Farm:	
Cows and calves	343.43
Pigs and hogs	17.34
Hides	203.74
Vegetables	113.05
Use of teams	-
Empties	2.15
Garage, stable and grounds	8.80
Repairs, ordinary	214.31
Total sales	<u>\$1,963.49</u>
Miscellaneous:	
Interest on bank balances	\$1,714.60
Rent	928.50
	<u>2,643.10</u>
Total income	<u>\$117,472.94</u>

MAINTENANCE.

Balance from previous year, brought forward	\$13,983.94
Appropriations, current year	825,120.00
Total	\$839,103.94
Expenses (as analyzed below)	820,840.26

Balance reverting to Treasury of Commonwealth \$18,263.68

Analysis of Expenses.

Personal services	\$411,877.26
Religious instruction	2,665.00
Travel, transportation and office expenses	9,872.76
Food	161,993.82
Clothing and materials	18,786.39
Furnishings and household supplies	38,450.96
Medical and general care	41,705.39
Heat, light and power	65,838.81
Farm	30,314.88
Garage, stable and grounds	5,426.31
Repairs, ordinary	21,322.07
Repairs and renewals	12,586.61
Total expenses for Maintenance	\$820,840.26

SPECIAL APPROPRIATIONS.

Balance December 1, 1927	\$26,801.39
Appropriations for current year	12,000.00
Total	\$38,801.39
Expended during the year (see statement below)	\$24,392.43
Reverting to Treasury of Commonwealth	14.50
	24,406.93
Balance November 30, 1928, carried to next year	\$14,394.46

OBJECT.	Act or Resolve.	Whole Amount.	Expended During Fiscal Year.	Total Expended to Date.	Balance at End of Year.
Automatic Refrigeration	1926-79	\$7,000.00	\$115.58	\$6,988.22	\$11.78*
Equipment for Dining Room	1926-79	5,000.00	112.70	4,997.28	2.72*
Boilers	1927-138	42,000.00	17,570.46	37,511.85	4,488.15
Water Supply, Hillside Colony	1927-138	4,500.00	-	-	4,500.00
Officers' Cottages	1928-127	12,000.00	6,593.69	6,593.69	5,406.31
		\$70,500.00	\$24,392.43	\$56,091.04	\$14,408.96

Balance reverting to Treasury of the Commonwealth during year (mark item with*)	\$14.50
Balance carried to next year	14,394.46
Total as above	\$14,408.96

PER CAPITA.

During the year the average number of inmates has been 2,248.32.
 Total cost for maintenance, \$820,840.26.
 Equal to a weekly per capita cost of \$6.9825 (52 weeks to year).
 Receipt from sales, \$1,963.49.
 Equal to a weekly per capita of \$.0167.
 All other institution receipts, \$115,509.45.
 Equal to a weekly per capita of \$.9822.
 Net weekly per capita, \$5.9836.

Respectfully submitted,
 JESSIE M. D. HAMILTON, *Treasurer.*

STATEMENT OF FUNDS.

PATIENT'S FUND.

Balance on hand November 30, 1927	\$15,889.06
Receipts	23,168.90
Interest	764.51
	\$39,822.47
Refunded	\$19,719.83
Interest paid to State Treasurer	764.51
	20,484.34
	\$19,338.13

Investment.

Worcester County Institution for Savings	\$2,000.00
Worcester Five Cents Savings Bank	2,000.00
Worcester Mechanics Savings Bank	2,000.00
Peoples Savings Bank	3,000.00
Bay State Savings Bank	3,000.00
Balance Worcester Bank and Trust Company	7,206.80
Cash on hand December 1, 1928	131.33
	\$19,338.13

LEWIS FUND.			
Balance on hand November 30, 1927		\$1,607.40	
Income		63.78	
Expended for entertainments, etc.			\$1,671.18
			108.19
			\$1,562.99
<i>Investment.</i>			
American Telephone and Telegraph Company collateral trust 4% bond		\$926.36	
Millbury Savings Bank		634.26	
Balance Worcester Bank and Trust Company		2.37	
			\$1,562.99
WHEELER FUND.			
Balance on hand November 30, 1927		\$6,197.01	
Income		241.53	
Expended for entertainments, etc.			\$6,438.54
			348.20
			\$6,090.34
<i>Investment.</i>			
American Telephone and Telegraph Company collateral trust 4% bond		\$712.50	
Grafton Savings Bank		4,000.00	
Millbury Savings Bank		1,374.22	
Balance Worcester Bank and Trust Company		3.62	
			\$6,090.34
MANSON FUND.			
Balance on hand November 30, 1927		\$1,171.53	
Income		43.60	
Expended for entertainments, etc.			\$1,215.13
			45.00
			\$1,170.13
<i>Investment.</i>			
Millbury Savings Bank		\$1,162.80	
Balance Worcester Bank and Trust Company		7.33	
			\$1,170.13

Respectfully submitted,
JESSIE M. D. HAMILTON, *Treasurer.*

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

NOVEMBER 30, 1928.

STATISTICAL TABLES.

AS ADOPTED BY THE AMERICAN PSYCHIATRIC ASSOCIATION.

PRESCRIBED BY THE MASSACHUSETTS DEPARTMENT OF MENTAL DISEASES.

TABLE 1. *General Information.*

Data correct at end of hospital year, November 30, 1928.

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		\$2,639,483.33	
Personal property		449,689.18	
Total			
Total acreage of hospital, 589.16. acres			\$3,089,172.51
Acreage under cultivation during previous year, 175.00 acres.			
4. Medical service:

	Men.	Women.	Totals.
Superintendent	1	—	1
Assistant Physicians	10	—	10
Medical internes	2	—	2
Dentist	1	—	1
Total physicians			
		14	—
		—	14
5. Employees on payroll (not including physicians):

	Men.	Women.	Totals.
Graduate nurses	1	33	34
Other nurses and attendants	101	129	230
All other employees	103	75	178
Total employees			
		205	237
		—	442
6. Patients employed in industrial classes or in general hospital work on date of report
7. Patients in institution on date of report (excluding paroles)

	Men.	Women.	Totals.
6. Patients employed in industrial classes or in general hospital work on date of report	703	917	1,620
7. Patients in institution on date of report (excluding paroles)	1,075	1,153	2,228

NOTE:— The following items, 8-13, inclusive, are for the year ended September 30, 1928.

3. Census of patient population at end of year:

	Actually in Hospital.			Absent from Hospital but Still on Books.		
	M.	F.	T.	M.	F.	T.
White:						
Insane	1,015	1,099	2,114	225	138	363
Epileptics	—	3	3	—	—	—
Mental defectives	13	26	39	1	—	1
Alcoholics	1	1	2	—	—	—
All other cases	5	3	8	—	—	—
Total	1,034	1,132	2,166	226	138	364
Other races:						
Insane	26	29	55	4	3	7
Mental defectives	—	1	1	—	—	—
Total	26	30	56	4	3	7
Grand Total	1,060	1,162	2,222	230	141	371

	Males.	Females.	Total.
9. Patients under treatment in occupational-therapy classes, including physical training, on date of report	78	301	379
10. Other patients employed in general work of hospital on date of report	610	619	1,229
11. Average daily number of all patients actually in hospital during year	1,094.59	1,150.53	2,245.12
12. Voluntary patients admitted during year	4	8	12
13. Persons given advice or treatment in out-patient clinics during year	408	388	796

TABLE 2. *Financial Statement.*

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

NOTE:—The following Tables 8-10, inclusive, are for the statistical year ended September 30, 1928.

TABLE 3. *Movement of Patient Population.*

	INSANE.			SANE VOLUNTARY.			TEMPORARY CARE AND OBSERVATION.			TOTAL ON BOOKS.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
Patients on books of Institution Sept. 30, 1927	1,308	1,299	2,607	4	4	8	11	4	15	1,323	1,307	2,630
Admissions during year:												
First admissions	214	188	402	4	7	11	76	21	97	294	216	510
Readmissions	36	37	73	-	1	1	6	6	12	42	44	86
Transfers from other hospitals for mental diseases	7	17	24	-	-	-	-	-	-	77	17	24
Total received during year	257	242	499	4	8	12	82	27	109	343	277	620
Total on books during year	1,565	1,541	3,106	8	12	20	93	31	124	1,666	1,584	3,250
Discharged from books during year:												
As recovered	3	2	5	-	-	-	17	5	22	20	7	27
As improved	80	78	158	1	5	6	16	3	19	97	88	185
As unimproved	39	30	69	-	-	-	8	1	9	47	31	78
As without psychosis	3	3	6	1	1	2	24	8	32	28	10	38
Transferred to other hospitals for mental diseases	25	14	39	-	-	-	-	-	-	25	14	39
Died during year	143	129	272	-	-	-	16	2	18	159	131	290
Total discharged, transferred and died during year	293	256	549	2	6	8	81	19	100	376	281	657
Insane patients remaining on books of hospital at end of hospital year:												
In hospital	1,044	1,145	2,189	6	6	12	10	11	21	1,060	1,162	2,222
On parole or otherwise absent	228	140	368	-	-	-	2	1	3	230	141	371
Total	1,272	1,285	2,557	6	6	12	12	12	24	1,290	1,303	2,593

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.	Fathers.	Mothers.	Both Parents.	Fathers.	Mothers.	Both Parents.
United States	124	109	233	57	66	52	55	62	47
Africa	1	-	1	1	1	1	1	-	-
Australia	-	2	2	-	1	-	2	2	2
Canada ¹	24	18	42	34	32	29	2	24	18
China	1	-	1	1	1	1	-	-	-
Czechoslovakia	1	-	1	1	1	1	-	-	-
Denmark	-	-	-	1	1	1	-	-	-
England	4	2	6	9	6	5	2	2	1
Finland	1	1	2	1	1	1	2	2	2
France	2	-	2	1	2	1	1	1	1
Germany	3	-	3	4	3	3	-	1	1
Greece	2	1	3	2	4	2	1	1	1
Holland	1	-	1	2	-	1	-	-	-
Hungary	-	-	-	-	1	-	-	-	-
Ireland	15	22	37	38	36	33	40	39	35
Italy	6	7	13	9	9	9	11	11	11
Norway	-	2	2	-	-	-	2	2	2
Poland	8	6	14	11	11	11	6	6	6
Portugal	1	1	2	1	1	1	1	1	1
Russia	2	2	4	5	3	3	3	3	3
Scotland	1	3	4	1	3	1	5	4	4
Spain	-	1	1	-	-	-	1	1	1
Sweden	9	4	13	12	11	11	6	6	6
Turkey in Europe	1	-	1	1	1	1	-	-	-
Wales	-	1	1	-	-	-	1	1	-
West Indies ²	-	1	1	-	-	-	-	1	1
Other countries	5	4	9	6	6	6	6	6	6
Unascertained	2	1	3	16	13	14	13	12	9
Total	214	188	402	214	214	188	188	188	158

¹ Includes Newfoundland.² Except Cuba and Porto Rico.

TABLE 5. *Citizenship of First Admissions.*

	Males.	Females.	Total.
Citizens by birth	124	109	233
Citizens by naturalization	26	28	54
Aliens	52	36	88
Citizenship unascertained	12	15	27
Total	214	188	402

TABLE 6. *Psychoses of First Admissions.*

PSYCHOSES.				M.	F.	T.	
	M.	F.	T.				
1. Traumatic psychoses					2	1	3
2. Senile psychoses					20	27	47
3. Psychoses with cerebral arteriosclerosis					15	7	22
4. General paralysis					19	5	24
5. Psychoses with cerebral syphilis					1	-	1
6. Psychoses with Huntington's chorea							
7. Psychoses with brain tumor							
8. Psychoses with other brain or nervous diseases, total					5	-	5
Other diseases	5	-	5				
9. Alcoholic psychoses, total					22	7	29
Delirium tremens	2	-					
Korsakow's psychosis	1	-	1				
Other types, acute or chronic	19	7	26				
10. Psychoses due to drugs and other exogenous toxins, total							
11. Psychoses with pellagra							
12. Psychoses with other somatic diseases, total					6	5	11
Exhaustion delirium		1	1				
Cardio-renal diseases	3	-	3				
Other diseases or conditions	3	4	7				
13. Manic-depressive psychoses, total					3	14	17
Manic type	1	8	9				
Depressive type	2	4	6				
Other types	-	2	2				
14. Involution melancholia					2	11	13
15. Dementia præcox (schizophrenia)					52	30	82
16. Paranoia and paranoid condition					1	5	6
17. Epileptic psychoses					4	1	5
18. Hysteroneuroses and neuroses, total					1	2	3
Hysterical type	-	1	1				
Other types	1	1	2				
19. Psychoses with psychopathic personality						5	7
20. Psychoses with mental deficiency					7	6	13
21. Undiagnosed psychoses					49	56	105
22. Without psychosis, total					3	6	9
Epilepsy without psychosis		1	1				
Psychopathic personality without psychosis	1	-	1				
Mental deficiency without psychosis	1	5	6				
Others	1	-	1				
Total					214	188	402

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

RACE.	Total.			Traumatic.			Senile.			With cerebral arterio-sclerosis.			General paralysis.			With cerebral syphilis.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	1	4	5	-	-	-	1	-	1	-	-	-	-	-	-	-	-	-
American Indian	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Armenian	4	-	5	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Chinese	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	8	7	15	-	-	-	-	-	-	2	1	3	2	-	2	-	-	-
Finnish	1	3	4	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
French	26	20	46	-	-	-	2	1	3	2	1	3	3	1	4	-	-	-
German	4	1	5	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Greek	3	2	5	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Hebrew	2	1	3	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Irish	41	41	82	1	-	1	4	12	16	4	1	5	1	1	2	-	-	-
Italian ¹	9	11	20	-	-	-	-	1	1	-	1	1	2	-	2	-	-	-
Lithuanian	2	4	6	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Portuguese	1	2	3	-	-	-	-	-	-	-	1	1	1	-	1	-	1	-
Scandinavian ²	17	8	25	1	-	1	1	1	2	2	-	2	-	-	1	-	1	-
Scotch	4	4	8	-	-	-	-	1	1	1	-	1	1	-	1	-	1	-
Slavonic ³	10	8	18	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Syrian	-	2	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian ⁴	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other specific races	2	-	2	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	68	63	131	-	1	1	13	9	22	3	2	5	7	3	10	-	-	-
Race unascertained	9	4	13	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Total	214	188	402	2	1	3	20	27	47	15	7	22	19	5	24	1	-	1

¹ Includes "North" and "South."² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.⁴ Except Cuban.TABLE 7. *Race of First Admissions Classified with Reference to Principal Psychoses — Continued.*

RACE.	With Huntington's chorea.			With brain tumor.			With other brain or nervous diseases.			Alcoholic.			Due to drugs and other exogenous toxins.			With pellagra.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
American Indian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Chinese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Dutch and Flemish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
English	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Finnish	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
French	-	-	-	-	-	-	-	-	-	4	-	4	-	-	-	-	-	-
German	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Greek	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Hebrew	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Irish	-	-	-	-	-	-	1	-	1	5	3	8	-	-	-	-	-	-
Italian ¹	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-
Lithuanian	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian ²	-	-	-	-	-	-	1	1	3	-	3	-	-	-	-	-	-	-
Scotch	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-
Slavonic ³	-	-	-	-	-	-	-	-	-	1	1	2	-	-	-	-	-	-
Syrian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
West Indian ⁴	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other specific races	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mixed	-	-	-	-	-	-	2	-	2	3	1	4	-	-	-	-	-	-
Race unascertained	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Total	-	-	-	-	-	-	5	-	5	22	7	29	-	-	-	-	-	-

¹ Includes "North" and "South."² Norwegians, Danes and Swedes.³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.⁴ Except Cuban.

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

RACE.	With other somatic diseases.			Manic-depressive.			Involution melancholia.			Dementia præcox.			Paranoia and paranoid conditions.			Epileptic psychoses.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-
American Indian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-
Chinese	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Dutch and Flemish	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
English	-	-	-	-	-	-	1	1	-	2	1	3	-	-	-	-	-	-
Finnish	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
French	2	1	3	-	1	1	-	2	2	1	6	7	-	-	-	-	-	-
German	1	-	1	-	-	-	1	-	1	1	-	1	-	-	-	-	-	-
Greek	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	1	1
Hebrew	-	-	-	-	-	-	-	-	-	2	1	3	-	-	-	-	-	-
Irish	-	2	2	2	-	2	-	3	3	12	4	16	-	-	-	1	-	1
Italian ¹	-	-	-	-	2	2	-	-	-	3	1	4	-	1	1	-	-	-
Lithuanian	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-	-	-	-
Portuguese	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Scandinavian ²	-	-	-	-	1	1	-	1	1	5	2	7	-	-	-	-	-	-
Scotch	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-
Slavonic ³	-	-	-	-	1	1	-	-	-	3	3	6	-	-	-	-	-	-
Syrian	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-
West Indian ⁴	-	-	-	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
Other specific races	-	-	-	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-
Mixed	2	2	4	1	6	7	1	3	4	16	8	24	-	4	4	2	-	2
Race unascertained	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-	-	1	1
Total	6	5	11	3	14	17	2	11	13	52	30	82	1	5	6	4	1	5

¹ Includes "North" and "South."

² Norwegians, Danes and Swedes.

³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

⁴ Except Cuban.

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

RACE.	Psycho-neuroses and neuroses.			With psychopathic personality.			With mental deficiency.			Un-diagnosed psychoses.			Without psychosis.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
African (black)	-	-	-	-	-	-	-	-	-	-	2	2	-	-	-
American Indian	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Armenian	-	-	-	-	-	-	1	1	1	-	1	-	-	-	
Chinese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Dutch and Flemish	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
English	-	-	-	-	-	-	-	-	-	2	4	6	-	-	
Finnish	-	-	-	-	-	-	-	-	-	-	-	-	-	2	2
French	-	2	2	-	-	-	2	-	2	9	5	14	1	-	1
German	-	-	-	-	-	-	-	-	-	-	1	1	-	-	
Greek	-	-	-	-	-	-	-	-	-	-	1	1	-	-	
Hebrew	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Irish	-	-	-	-	1	1	-	2	2	10	11	21	-	1	1
Italian ¹	-	-	-	-	-	-	-	1	1	2	4	6	-	-	
Lithuanian	-	-	-	-	-	-	-	-	-	-	2	2	1	-	1
Portuguese	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Scandinavian ²	-	-	-	-	-	-	-	-	-	3	3	6	1	-	1
Scotch	1	-	1	-	-	-	-	-	-	-	2	2	-	-	
Slavonic ³	-	-	-	-	-	-	1	-	1	5	1	6	-	1	1
Syrian	-	-	-	-	-	-	-	-	-	-	1	1	-	-	
West Indian ⁴	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Other specific races	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
Mixed	-	-	-	2	3	5	2	2	4	14	17	31	-	2	2
Race unascertained	-	-	-	-	1	1	2	-	2	3	2	5	-	-	
Total	1	2	3	2	5	7	7	6	13	49	56	105	3	6	9

¹ Includes "North" and "South."

² Norwegians, Danes and Swedes.

³ Includes Bohemian, Bosnian, Croatian, Dalmatian, Herzegovinian, Montenegrin, Moravian, Polish, Russian, Ruthenian, Servian, Slovak, Slovenian.

⁴ Except Cuban.

TABLE 8. *Age of First Admissions Classified with Reference to Principal Psychoses.*

PSYCHOSES.	Total.			Under 15 years.			15-19 years.			20-24 years.			25-29 years.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	2	1	3	-	-	-	-	-	-	1	1	2	1	-	1
2. Senile	20	27	47	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	15	7	22	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis	19	5	24	-	-	-	-	-	-	-	-	-	2	-	2
5. With cerebral syphilis	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	5	-	5	1	-	1	1	-	1	1	-	1	1	-	1
9. Alcoholic	22	7	29	-	-	-	-	-	-	1	-	1	-	1	1
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	6	5	11	-	-	-	-	-	-	-	-	-	-	1	1
13. Manic-depressive	3	14	17	-	-	-	1	1	2	-	3	3	1	1	2
14. Involution melancholia	2	11	13	-	-	-	-	-	-	-	-	-	-	-	-
15. Dementia præcox	52	30	82	-	-	-	2	5	7	11	2	13	11	3	14
16. Paranoia and paranoid conditions	1	5	6	-	-	-	-	-	-	-	-	-	-	1	1
17. Epileptic psychoses	4	1	5	-	-	-	1	-	1	1	1	2	-	-	-
18. Psychoneuroses and neuroses	1	2	3	-	-	-	-	-	-	1	1	1	1	-	1
19. With psychopathic personality	2	5	7	-	-	-	-	-	-	1	-	1	-	1	1
20. With mental deficiency	7	6	13	1	-	1	1	-	1	-	1	1	3	-	3
21. Undiagnosed psychoses	49	56	105	1	-	1	2	7	9	3	3	6	3	3	6
22. Without psychosis	3	6	9	-	-	-	-	1	1	1	2	3	-	-	-
Total	214	188	402	3	-	3	8	14	22	19	14	33	23	11	34

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

PSYCHOSES.	30-34 years.			35-39 years.			40-44 years.			45-49 years.			50-54 years.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	-	-	-	-	-	-	-	-	1	-	1
3. With cerebral arteriosclerosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
4. General paralysis	1	-	1	3	1	4	3	2	5	6	-	6	3	1	4
5. With cerebral syphilis	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	-	-	2	-	2	-	-	-	-	-	-
9. Alcoholic	3	-	3	2	1	3	3	1	4	3	1	4	5	1	6
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	-	1	1	-	-	-	-	-	-	2	-	2	-	1	1
13. Manic-depressive	1	4	5	-	2	2	-	-	-	-	-	-	-	1	1
14. Involution melancholia	-	-	-	-	1	1	-	2	2	-	4	4	-	2	2
15. Dementia præcox	8	3	11	10	4	14	5	4	9	2	3	5	1	3	4
16. Paranoia and paranoid conditions	-	-	-	-	-	-	-	2	2	-	-	-	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	1	-	1	-	-	-	1	-	1
18. Psychoneuroses and neuroses	-	1	1	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	1	1	-	2	2	-	1	1	-	-	-
20. With mental deficiency	2	-	2	-	2	2	-	2	2	-	-	-	-	1	1
21. Undiagnosed psychoses	3	3	6	3	8	11	8	3	11	6	1	7	2	8	10
22. Without psychosis	-	-	-	-	1	1	-	2	2	-	-	-	1	-	1
Total	18	12	30	18	21	39	22	20	42	20	10	30	14	18	32

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

PSYCHOSES.	55-59 years.			60-64 years.			65-69 years.			70 years and over.			Unascertained.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	1	1	2	4	6	4	5	9	13	17	30	-	-	-
3. With cerebral arteriosclerosis	1	1	2	3	1	4	3	3	6	8	2	10	-	-	-
4. General paralysis	1	-	1	-	1	1	-	-	-	-	-	-	-	-	-
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	2	3	1	-	1	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	2	1	3	1	-	1	-	-	-	1	1	2	-	-	-
13. Manic-depressive	-	1	1	-	-	-	-	1	1	-	-	-	-	-	-
14. Involution melancholia	1	1	2	-	-	-	1	1	2	-	-	-	-	-	-
15. Dementia præcox	-	3	3	1	-	1	1	-	1	-	-	-	-	-	-
16. Paranoia and paranoid conditions	-	1	1	1	-	1	-	-	-	-	1	1	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
20. With mental deficiency	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
21. Undiagnosed psychoses	2	4	6	3	6	9	1	3	4	12	7	19	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	1	-	1	-	-	-
Total	10	13	23	12	14	26	11	13	24	36	28	64	-	-	-

TABLE 9. Degree of Education of First Admissions Classified with Reference to Principal Psychoses.

PSYCHOSES.	Total.			Illiterate.			Reads and Writes. ¹			Common School.			High School.			College.			Unascertained.			
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
	1. Traumatic	2	1	3	1	1	2	1	2	3	2	14	2	1	1	1	1	1	1	1	1	1
2. Senile	20	27	47	1	7	8	3	3	6	11	10	1	3	3	6	3	3	3	1	1	1	2
3. With cerebral arteriosclerosis	15	7	22	1	2	3	3	3	6	10	1	11	1	3	4	3	3	4	1	1	1	2
4. General paralysis	19	5	24	3	3	6	2	1	3	9	4	13	4	4	8	4	4	4	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	2	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	2	1	1	1	1
7. With brain tumor	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1
8. With other brain or nervous diseases	5	7	12	1	1	2	1	1	2	3	3	6	1	1	2	1	1	2	1	1	1	1
9. Alcoholic	22	7	29	4	1	5	5	2	7	11	3	14	3	3	6	1	1	2	1	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	1	1	1	1
11. With pellagra	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1
12. With other somatic diseases	6	5	11	1	1	2	1	1	2	5	3	8	1	1	2	1	1	2	1	1	1	1
13. Manic-depressive	3	14	17	1	2	3	1	1	2	2	3	5	1	1	2	1	1	2	1	1	1	1
14. Involution melancholia	2	11	13	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	1
15. Dementia praecox	52	30	82	1	2	3	2	3	5	30	18	48	11	5	16	6	2	8	2	2	2	2
16. Paranoia and paranoid conditions	4	1	5	1	1	2	1	1	2	2	2	4	1	1	2	1	1	2	1	1	1	2
17. Epileptic psychoses	4	1	5	1	1	2	1	1	2	3	1	4	1	1	2	1	1	2	1	1	1	2
18. Psychoneuroses and neuroses	1	2	3	1	1	2	1	1	2	1	2	3	1	1	2	1	1	2	1	1	1	2
19. With psychopathic personality	2	5	7	1	1	2	1	1	2	1	1	2	1	1	2	1	1	2	1	1	1	2
20. With mental deficiency	7	6	13	2	3	5	1	1	2	3	2	5	1	1	2	1	1	2	1	1	1	2
21. Undiagnosed psychoses	49	56	105	7	7	14	4	5	9	27	27	54	4	4	9	3	2	5	4	4	6	10
22. Without psychosis	3	6	9	1	1	2	1	1	2	3	4	7	1	1	2	1	1	2	1	1	1	2
Total	24	188	402	21	25	46	21	19	40	124	95	219	25	27	52	11	10	21	12	12	12	24

¹ Includes those who did not complete fourth grade in school.

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

PSYCHOSES.	Total.			Urban.			Rural.			Unascertained.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	2	1	3	2	1	3	-	-	-	-	-	-
2. Senile	20	27	47	19	25	44	1	2	3	-	-	-
3. With cerebral arteriosclerosis	15	7	22	13	7	20	2	-	2	-	-	-
4. General paralysis	19	5	24	19	5	24	-	-	-	-	-	-
5. With cerebral syphilis	1	-	1	1	-	1	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	5	-	5	4	-	4	1	-	1	-	-	-
9. Alcoholic	22	7	29	20	7	27	2	-	2	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	6	5	11	4	5	9	2	-	2	-	-	-
13. Manic-depressive	3	14	17	2	13	15	-	1	1	1	-	1
14. Involution melancholia	2	11	13	2	11	13	-	-	-	-	-	-
15. Dementia præcox	52	30	82	50	27	77	1	3	4	1	-	1
16. Paranoia and paranoid conditions	1	5	6	1	5	6	-	-	-	-	-	-
17. Epileptic psychoses	4	1	5	3	1	4	1	-	1	-	-	-
18. Psychoneuroses and neuroses	1	2	3	1	2	3	-	-	-	-	-	-
19. With psychopathic personality	2	5	7	2	4	6	-	1	1	-	-	-
20. With mental deficiency	7	6	13	6	6	12	1	-	1	-	-	-
21. Undiagnosed psychoses	49	56	105	40	54	94	6	2	8	3	-	3
22. Without psychosis	3	6	9	2	6	8	1	-	1	-	-	-
Total	214	188	402	191	179	370	18	9	27	5	-	5

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

	Total.			Dependent.			Marginal.			Comfortable.			Unascertained.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	2	1	3	-	-	-	2	1	3	-	-	-	-	-	-
2. Senile	20	27	47	-	-	-	20	27	47	-	-	-	-	-	-
3. With cerebral arteriosclerosis	15	7	22	-	-	-	15	7	22	-	-	-	-	-	-
4. General paralysis	19	5	24	-	-	-	19	5	24	-	-	-	-	-	-
5. With cerebral syphilis	1	-	1	-	-	-	1	-	1	-	-	-	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	5	-	5	-	-	-	5	-	5	-	-	-	-	-	-
9. Alcoholic	22	7	29	-	-	-	22	7	29	-	-	-	-	-	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	6	5	11	-	-	-	5	5	10	1	-	1	-	-	-
13. Manic-depressive	3	14	17	-	-	-	3	14	17	-	-	-	-	-	-
14. Involution melancholia	2	11	13	-	-	-	2	11	13	-	-	-	-	-	-
15. Dementia præcox	52	30	82	-	1	1	52	29	81	-	-	-	-	-	-
16. Paranoia and paranoid conditions	1	5	6	-	-	-	1	5	6	-	-	-	-	-	-
17. Epileptic psychoses	4	1	5	-	-	-	4	1	5	-	-	-	-	-	-
18. Psychoneuroses and neuroses	1	2	3	-	-	-	1	2	3	-	-	-	-	-	-
19. With psychopathic personality	2	5	7	-	-	-	2	5	7	-	-	-	-	-	-
20. With mental deficiency	7	6	13	-	-	-	7	6	13	-	-	-	-	-	-
21. Undiagnosed psychoses	49	56	105	-	-	-	48	55	103	1	-	1	-	1	1
22. Without psychosis	3	6	9	-	-	-	3	6	9	-	-	-	-	-	-
Total	214	188	402	-	1	1	212	186	398	2	-	2	-	1	1

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

PSYCHOSES.	Total.			Abstinent.			Temperate.			Intemperate.			Unascertained.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
1. Traumatic	2	1	3	1	1	2	1	-	1	-	-	-	-	-	-
2. Senile	20	27	47	4	21	25	8	-	8	5	4	9	3	2	5
3. With cerebral arteriosclerosis	15	7	22	3	6	9	7	1	8	3	-	3	2	-	2
4. General paralysis	19	5	24	3	1	4	10	2	12	3	1	4	3	1	4
5. With cerebral syphilis	1	-	1	-	-	-	-	-	-	1	-	1	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	5	-	5	1	-	1	2	-	2	2	-	2	-	-	-
9. Alcoholic	22	7	29	-	-	-	-	1	1	21	6	27	1	-	1
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	6	5	11	-	4	4	2	-	2	3	-	3	1	1	2
13. Manic-depressive	3	14	17	2	13	15	-	1	1	-	-	-	1	-	1
14. Involution melancholia	2	11	13	1	10	11	1	1	2	-	-	-	-	-	-
15. Dementia præcox	52	30	82	23	25	48	15	3	18	7	1	8	7	1	8
16. Paranoia and paranoid conditions	1	5	6	1	3	4	-	1	1	-	-	-	-	1	1
17. Epileptic psychoses	4	1	5	2	1	3	-	-	-	1	-	1	1	-	1
18. Psychoneuroses and neuroses	1	2	3	-	2	2	-	-	-	1	-	1	-	-	-
19. With psychopathic personality	2	5	7	1	3	4	1	-	1	-	-	-	-	2	2
20. With mental deficiency	7	6	13	4	4	8	2	1	3	-	-	-	1	1	2
21. Undiagnosed psychoses	49	56	105	14	36	50	10	3	13	12	5	17	13	12	25
22. Without psychosis	3	6	9	1	5	6	-	1	1	2	-	2	-	-	-
Total	214	188	402	61	135	196	59	15	74	61	17	78	33	21	54

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

PSYCHOSES.	Total.		Single.		Married		Widowed.		Separated.		Divorced.		Unascertained.		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.
1. Traumatic	2	1	2	1	-	-	-	-	-	-	-	-	-	-	-
2. Senile	20	27	5	9	10	4	5	14	-	-	-	-	-	-	
3. With cerebral arteriosclerosis	15	7	2	2	9	1	3	7	-	-	-	-	-	-	
4. General paralysis	19	5	6	4	11	4	2	1	-	-	-	-	-	-	
5. With cerebral syphilis	1	-	-	-	-	-	-	-	-	-	-	-	-	-	
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
7. With brain tumor	5	-	-	-	-	-	-	-	-	-	-	-	-	-	
8. With other brain or nervous diseases	22	7	10	1	11	5	-	-	-	-	-	-	-	-	
9. Alcoholic	-	-	-	-	-	-	-	-	-	-	-	-	-	-	
10. Due to drugs and other exogenous toxins	6	5	-	-	-	-	-	-	-	-	-	-	-	-	
11. With pellagra	3	14	2	2	5	3	1	-	-	-	-	-	-	-	
12. With other somatic diseases	3	14	2	5	7	8	1	-	-	-	-	-	-	-	
13. Manic-depressive	2	11	2	5	3	7	1	-	-	-	-	-	-	-	
14. Involution melancholia	52	30	42	17	6	9	2	3	5	1	2	-	-	-	
15. Dementia praecox	1	5	1	2	3	2	-	-	-	-	-	-	-	-	
16. Paranoia and paranoid conditions	4	1	3	-	1	1	-	-	-	-	-	-	-	-	
17. Epileptic psychoses	1	5	3	-	1	2	-	-	-	-	-	-	-	-	
18. Psychoneuroses and neuroses	2	5	1	3	1	2	-	-	-	-	-	-	-	-	
19. With psychopathic personality	7	6	6	5	1	1	-	-	-	-	-	-	-	-	
20. With mental deficiency	49	56	24	22	15	19	9	12	21	-	1	2	3	-	
21. Undiagnosed psychoses	3	6	1	5	1	1	-	-	-	-	-	-	-	-	
22. Without psychosis	214	188	108	79	78	67	22	36	58	1	1	3	4	7	
Total	214	188	108	79	187	145	58	7	2	1	2	4	7	3	

TABLE 14. *Psychoses of Readmissions.*

PSYCHOSES.	Males.		Females.		Total.
1. Traumatic psychoses		2		-	2
2. Senile psychoses		3		2	5
3. Psychoses with cerebral arteriosclerosis		-		-	-
4. General paralysis		-		1	1
5. Psychoses with cerebral syphilis		-		-	-
6. Psychoses with Huntington's chorea		-		-	-
7. Psychoses with brain tumor		-		-	-
8. Psychoses with other brain or nervous diseases		1		1	2
9. Alcoholic psychoses		2		1	3
10. Psychoses due to drugs and other exogenous toxins		-		1	1
11. Psychoses with pellagra		-		-	-
12. Psychoses with other somatic diseases		-		3	3
13. Manic-depressive psychoses		1		1	2
14. Involution melancholia		13		-	13
15. Dementia præcox		-		17	17
16. Paranoia and paranoid conditions		-		-	-
17. Epileptic psychoses		1		-	1
18. Psychoneuroses and neuroses		-		-	-
19. Psychoses with psychopathic personality		-		1	1
20. Psychoses with mental deficiency		4		1	5
21. Undiagnosed psychoses		7		8	15
22. Without psychosis		2		-	2
Total		36		37	73

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

PSYCHOSES.	Total.			Recovered.			Improved.			Unimproved.		
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
	1. Traumatic	3	-	3	-	-	-	3	-	3	-	-
2. Senile	2	2	4	-	-	-	1	1	2	1	1	2
3. With cerebral arteriosclerosis	1	2	3	-	-	-	1	2	3	-	-	-
4. General paralysis	9	4	13	-	-	-	8	2	10	1	2	3
5. With cerebral syphilis	-	2	2	-	-	-	-	2	2	-	-	-
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	1	1	2	-	-	-	-	-	-	1	1	2
9. Alcoholic	19	3	22	1	1	2	11	1	12	7	1	8
10. Due to drugs and other exogenous toxins	-	1	1	-	-	-	-	1	1	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	3	6	9	-	-	-	2	4	6	1	2	3
13. Manic-depressive	11	22	33	-	-	-	8	20	28	3	2	5
14. Involution melancholia	-	5	5	-	-	-	-	3	3	-	2	2
15. Dementia præcox	48	33	81	2	-	2	26	21	47	20	12	32
16. Paranoia and paranoid conditions	3	5	8	-	-	-	3	4	7	-	1	1
17. Epileptic psychoses	2	1	3	-	-	-	2	1	3	-	-	-
18. Psychoneuroses and neuroses	2	3	5	-	-	-	1	2	3	1	1	2
19. With psychopathic personality	5	5	10	-	-	-	4	4	8	1	1	2
20. With mental deficiency	3	3	6	-	-	-	3	2	5	-	1	1
21. Undiagnosed psychoses	10	12	22	-	1	1	7	8	15	3	3	6
22. Without psychosis	3	3	6	-	-	-	-	-	-	-	-	-
Total	125	113	238	3	2	5	80	78	158	39	30	69

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses — Continued.

CAUSES OF DEATH.	Total.		Senile.		With cerebral arterio-sclerosis.		General paralysis.		Alcoholic.		Manic-depressive.		Involution melancholia.								
	M.	F.	M.	F.	T.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.					
<i>Diseases of the Digestive System.</i>																					
Ulcer of stomach and duodenum	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Appendicitis and typhlitis	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Hernia and intestinal obstruction	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Cirrhosis of liver	—	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Other diseases of liver	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Other diseases of digestive system (cancer and tuberculosis excepted)	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
<i>Non-Veneral Diseases of Genito-Urinary System and Annexa.</i>																					
Nephritis	14	7	2	—	2	—	—	—	—	2	—	1	1	2	—	—					
Other diseases of kidneys and annexa	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Diseases of bladder	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Other diseases of genito-urinary system	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
<i>Diseases of the Skin and of the Cellular Tissue</i>																					
Gangrene	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
<i>External Causes.</i>																					
Accidental poisoning	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—					
Other external causes	4	3	1	1	2	—	—	—	—	—	—	—	—	—	—	—					
Total	143	129	272	22	30	52	24	14	38	14	4	18	10	2	12	3	11	14	3	—	3

TABLE 16. Causes of Death of Patients Classified with Reference to Principal Psychoses — Continued.

CAUSES OF DEATH.	Dementia præcox.		Paranoia and paranoid conditions.		Epileptic psychoses.		Psycho-neuroses and neuroses.		With psychopathic personality.		With mental deficiency.		All other psychoses. ¹	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
<i>Epidemic, Endemic and Infectious Diseases.</i>														
Dysentery	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Erysipelas	—	6	—	—	—	—	—	—	—	—	—	—	—	—
Tuberculosis of the respiratory system	10	16	—	—	1	—	—	—	1	—	1	—	2	4
Tuberculosis of other organs	3	2	—	—	—	—	—	—	—	—	—	—	2	2
Syphilis (non-nervous forms)	—	1	—	—	—	—	—	—	—	—	—	—	2	2
Purulent infection, septicaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other infectious diseases	—	1	—	—	—	—	—	—	—	—	—	—	—	—
<i>General Diseases Not Included in Class I.</i>														
Cancer and other malignant tumors	1	4	—	1	—	—	—	—	—	—	—	—	2	1
Rheumatism	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Diabetes	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other general diseases	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Nervous System.</i>														
Other diseases of spinal cord	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebral hemorrhage, apoplexy	1	2	—	—	—	—	—	—	—	—	—	—	2	2
General paralysis of the insane	—	—	—	—	—	—	—	—	—	—	—	—	1	3
Other forms of mental disease	—	—	—	—	—	—	—	—	—	—	—	—	2	4
Chorea	—	—	—	—	—	—	—	—	—	—	—	—	1	1
Other diseases of the nervous system	—	1	—	—	—	—	—	—	—	—	—	—	—	2
<i>Diseases of the Circulatory System.</i>														
Endocarditis and myocarditis	—	1	—	1	—	—	—	—	—	—	—	—	4	4
Angina pectoris	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Arteriosclerosis	4	2	6	1	—	—	—	—	1	—	—	—	6	3
Other diseases of the circulatory system	—	—	—	—	—	—	—	—	—	—	—	—	—	—
<i>Diseases of the Respiratory System.</i>														
Bronchopneumonia	—	1	1	—	—	—	—	—	—	—	—	—	—	1
Lobar pneumonia	1	1	2	1	—	—	—	—	—	—	—	—	1	2
Pleurisy	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other diseases of the respiratory system (tuberculosis excepted)	—	—	—	—	—	—	—	—	—	—	—	—	—	1

¹ Includes group 22 "without psychosis."

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

CAUSES OF DEATH.	Dementia praecox.		Paranoia and paranoid conditions.		Epileptic psychoses.		Psycho-neuroses and neuroses.		With psychopathic personality.		With mental deficiency.		All other psychoses. ¹						
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.				
<i>Diseases of the Digestive System.</i>																			
Ulcer of stomach and duodenum	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
Appendicitis and typhlitis	-	-	-	-	-	-	-	-	-	-	-	-	-	-	2				
Hernia and intestinal obstruction	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
Cirrhosis of liver	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1				
Other diseases of liver	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
Other diseases of digestive system (cancer and tuberculosis excepted)	1	1	2	-	-	-	-	-	-	-	-	-	-	-	-				
<i>Non-Veneral Diseases of Genito-Urinary System and Anæza.</i>																			
Nephritis	2	4	6	-	-	-	-	-	-	-	-	-	-	-	1				
Other diseases of kidneys and annexa	1	-	1	-	-	-	-	-	-	-	-	-	-	-	1				
Diseases of bladder	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
Other diseases of genito-urinary system	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
<i>Diseases of the Skin and of the Cellular Tissue.</i>																			
Gangrene	1	-	1	-	-	-	-	-	-	-	-	-	-	-	-				
<i>External Causes.</i>																			
Accidental poisoning	1	1	2	1	1	-	-	-	-	-	-	-	-	-	1				
Other external causes	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1				
Total	26	30	56	3	2	5	-	1	1	-	1	1	2	1	4	5	36	30	66

¹ Includes group 22, "without psychoses."

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

PSYCHOSES.	45-49 years.		50-54 years.		55-59 years.		60-64 years.		65-69 years.		70 years and over.		Unascertained.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		T.
1. Traumatic	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2. Senile	-	-	-	-	-	-	-	-	-	-	-	-	-	-
3. With cerebral arteriosclerosis	-	-	1	1	1	2	2	2	2	5	8	20	39	-
4. General paralysis	3	2	1	1	2	2	3	4	7	2	19	20	-	-
5. With cerebral syphilis	1	-	3	3	1	2	1	2	1	1	12	10	22	-
6. With Huntington's chorea	-	-	-	-	1	1	2	1	-	-	1	-	1	-
7. With brain tumor	-	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	-	-	-	-	1	1	1	-	-	-	-	-	-	-
9. Alcoholic	-	1	1	1	1	1	1	-	5	1	2	-	2	-
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	4	1	5	-	1	1	1	1	2	-
12. With other somatic diseases	-	1	1	4	3	2	5	1	1	1	1	3	3	-
13. Manic-depressive	2	1	2	-	4	3	5	1	2	8	3	10	13	-
14. Involution melancholia	4	1	1	1	5	-	5	3	2	8	3	10	13	-
15. Dementia precox	-	2	2	1	-	-	-	-	-	-	1	-	1	-
16. Paranoia and paranoid conditions	-	-	-	-	-	-	-	-	-	-	-	-	-	-
17. Epileptic psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
18. Psychoneuroses and neuroses	-	1	1	-	-	-	-	-	-	-	1	-	1	-
19. With psychopathic personality	-	1	1	1	1	1	1	1	-	-	1	1	1	-
20. With mental deficiency	4	2	6	5	1	1	1	3	-	-	12	4	16	-
21. Undiagnosed psychoses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
22. Without psychosis	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total	14	11	25	18	20	7	7	11	18	18	52	48	101	-

TABLE 18. Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses.

PSYCHOSES.	Total.		Less than 1 month		1-3 months.		4-7 months.		8-12 months.		1-2 years.		3-4 years.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
1. Traumatic	1	-	-	-	1	-	1	1	-	-	-	-	-	-
2. Senile	22	30	-	-	4	5	3	2	2	5	7	15	4	2
3. With cerebral arteriosclerosis	24	14	1	-	7	1	3	3	2	3	7	3	2	2
4. General paralysis	14	4	2	-	5	2	-	-	-	1	2	1	3	6
5. With cerebral syphilis	3	1	-	-	1	-	-	-	-	-	-	-	2	1
6. With Huntington's chorea	-	-	-	-	-	-	-	-	-	-	-	-	-	-
7. With brain tumor	1	-	-	-	-	-	-	-	-	-	-	-	-	-
8. With other brain or nervous diseases	1	2	-	-	-	-	-	-	-	-	-	-	-	-
9. Alcoholic	10	2	-	-	-	-	1	-	-	-	1	2	1	2
10. Due to drugs and other exogenous toxins	-	-	-	-	-	-	-	-	-	-	-	-	-	-
11. With pellagra	-	-	-	-	-	-	-	-	-	-	-	-	-	-
12. With other somatic diseases	6	6	1	-	4	4	-	-	-	-	-	2	1	1
13. Manic-depressive	3	11	-	-	-	-	2	2	-	-	-	2	2	2
14. Involution melancholia	3	3	-	-	-	-	-	-	-	-	2	2	1	1
15. Dementia precox	26	30	-	-	-	-	1	1	-	1	3	2	1	4
16. Paranoia and paranoid conditions	3	2	-	-	-	-	-	-	-	1	1	1	1	2
17. Epileptic psychoses	-	1	-	-	-	-	-	-	-	-	-	-	-	1
18. Psychoneuroses and neuroses	-	-	-	-	-	-	-	-	-	-	-	-	-	-
19. With psychopathic personality	1	4	-	-	-	1	1	-	-	-	1	-	-	2
20. With mental deficiency	1	5	-	-	-	-	-	-	-	-	-	-	-	1
21. Undiagnosed psychoses	25	20	16	7	6	6	2	2	1	2	2	2	1	1
22. Without psychosis	-	1	-	-	-	-	-	-	-	-	-	-	-	-
Total	143	129	20	7	28	19	8	9	5	9	28	31	13	31

TABLE 18. Total Duration of Hospital Life of Patients Dying in Hospital Classified According to Principal Psychoses — Concluded.

PSYCHOSES.	5-6 years.		7-8 years.		9-10 years.		11-12 years.		13-14 years.		15-19 years.		20 years and over.				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	T.		
1. Traumatic	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
2. Senile	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
3. With cerebral arteriosclerosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
4. General paralysis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
5. With cerebral syphilis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
6. With Huntington's chorea	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
7. With brain tumor	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
8. With other brain or nervous diseases	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
9. Alcoholic	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6		
10. Due to drugs and other exogenous toxins	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
11. With pellagra	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
12. With other somatic diseases	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3		
13. Manic depressive	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
14. Involution melancholia	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4		
15. Dementia præcox	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
16. Paranoia and paranoid conditions	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
17. Epileptic psychoses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
18. Psychoneuroses and neuroses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
19. With psychopathic personality	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
20. With mental deficiency	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
21. Undiagnosed psychoses	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
22. Without psychosis	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1		
Total	6	6	17	10	27	3	4	7	2	2	4	1	2	3	10	9	19

TABLE 19. *Family Care Department.*

	Male.	Female.	Total.
Remaining in Family Care Oct. 1, 1927	1	13	14
On visit from Family Care Oct. 1, 1927	-	-	-
Admitted during the year	-	3	3
Whole number of cases within the year	1	16	17
Dismissed within the year	-	4	4
Returned to institution	-	2	2
Discharged	-	-	-
On visit	-	2	2
Remaining in Family Care Sept. 30, 1928	1	12	13
Supported by State	-	8	8
Private	-	3	3
Self-supporting	1	1	2
Number of different persons within the year	1	12	13
Number of different persons admitted	-	3	3
Number of different persons dismissed	-	4	4
Average daily number in Family Care during the year	-	-	13.50
Supported by State	-	-	8
Private	-	-	3
Self-supporting	-	-	2



