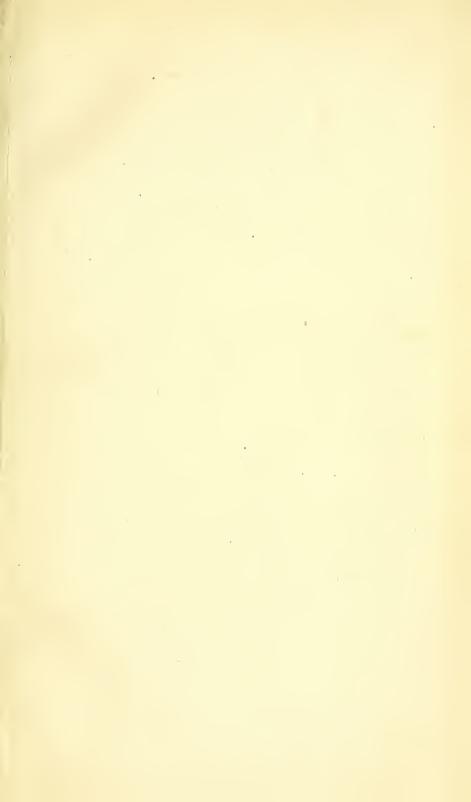


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SIXTY-SIXTH ANNUAL REPORT

OF

THE TRUSTEES

OF THE

WORCESTER LUNATIC HOSPITAL,

AND

TWENTY-FIRST ANNUAL REPORT OF THE TRUSTEES

OF THE

WORCESTER INSANE ASYLUM AT WORCESTER,

FOR THE

YEAR ENDING SEPTEMBER 30, 1898.

BOSTON:

WRIGHT & POTTER PRINTING CO., STATE PRINTERS, 18 Post Office Square.

1899.

OFFICERS OF THE HOSPITAL.

TRUSTEES.

A. GEORGE BULLOCK,			Worcester.
THOMAS H. GAGE, .			Worcester.
GEORGE W. WELLS, .			Southbridge.
ROCKWOOD HOAR, .			Worcester.
DAVID T. DICKINSON,			Cambridge.
SARAH E. WHITIN, .			WHITINSVILLE.
FRANCES M. LINCOLN,			Worcester.

RESIDENT OFFICERS.

F	IOSEA M. QUINBY, M.D., .		•		Superintendent.
A	LFRED I. NOBLE, M.D., .				$Assistant\ Superintendent.$
A	DOLF MEYER, M.D.,				Assistant Physician and
					Director of Laboratory.
F	EVERE R. GURLEY, M.D.,	,			Assistant Physician.
A	ROSS DEFENDORF, M.D.	٠,			Assistant Physician.
N	IARGARET A. FLEMING, I	M.D.	,		Assistant Physician.
F	IARRY W. MILLER, M.D.,	•			Junior Assistant.
V	VALTER D. BERRY, M.D., .				Junior Assistant.
A	LBERT E. LOVELAND, M.	D.,			Junior Assistant.
A	LBERT M. BARRETT, M.D).,			Junior Assistant.
Ţ	CHOMAS T. SCHOULER, .				Steward.
I	ILA J. GORDON,	,			Matron.
S	. JOSEPHINE BRECK, .	,			Clerk.
J	OSEPH F. REYNOLDS, .				Farmer.

NON-RESIDENT OFFICERS.

ALBERT WOOD, .					Treasurer.
GEORGE L. CLARK,				,	Auditor.
ALVAN G. LAMB					Engineer.

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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

To His Excellency the Governor and the Honorable Council.

The trustees of the Worcester Lunatic Hospital respectfully submit their sixty-sixth annual report, together with the reports of the superintendent and the treasurer, and the statistical tables, showing in detail the affairs of this institution.

The Board has visited the hospital once a month as required, and its individual members have made frequent and unannounced visits at other times. They have examined all parts of the house thoroughly, inspected the food as to its quality and quantity, and seen the methods used in its preparation and distribution; they have gone through the wards and listened patiently to any and all complaints made by patients; and they have carefully examined the accounts and disbursements of the institution, and made themselves familiar with the condition of its finances. They have at all times been impressed with the orderliness and cleanliness of the wards, with the individual care given the patients, and the constant effort that is being made to employ and interest them.

They have noticed with special interest the progressive spirit animating the medical department and the high character and great value of the work done in the laboratory.

The infirmary wards, provided for by an appropriation of the Legislature of 1896, are practically completed and will soon be occupied. The trustees feel that the site for these wards was most happily chosen, and that they have been so constructed as to in no way detract from the symmetry of the building architecturally. Facing the south and open on three sides, they are light, airy and full of sun through the day. The general arrangement of their interior is certainly pleasing and con-

venient, and they should form a valuable addition to the equipment of the hospital, and will no doubt be appreciated by the patients for whose comfort they were designed.

During the summer the heating plant of the institution has been overhauled and new boilers installed to replace old ones that had been in use since the opening of the building. kitchen has also been completed. All of this work, although done rapidly from necessity, is thorough and substantial in every respect. Both buildings have been erected within the appropriation made by the Legislature for this purpose. The extension provided for in the rear of the centre building, for the employees and patients' work room, will soon be begun. When this is finished and a nurses' home provided for, the institution will be well equipped in the way of buildings; and the trustees see no reason why they should be obliged to again call upon the State for assistance for many years to come.

The Board has lost during the year, by resignation, two members who have long been actively identified with its interests and the interests of the institution under its charge, -Francis C. Lowell and Henry C. Nourse. We shall miss their valued counsel and assistance, and we regret that the new positions of trust to which they have been called made their resignation from this Board necessary.

Respectfully submitted,

A. GEORGE BULLOCK. THOMAS H. GAGE. GEORGE W. WELLS. ROCKWOOD HOAR. DAVID T. DICKINSON. SARAH E. WHITIN. FRANCES M. LINCOLN.

WORCESTER, Sept. 30, 1898.

VALUE OF PERSONAL ESTATE.

SEPT. 30, 1898.

farm,									\$9,775	00
rm on h	and,								10,000	00
ricultura	al im	plem	ents,						6,450	00
echanic	al fix	tures	, .						29,509	33
g in inm	ates'	depa	rtme	nt,					29,280	32
n inmate	es' de	partr	nent,						22;481	82
y belong	ing t	to the	e Sta	te in	sup	erint	ender	nt's		
				,					26,922	42
ning,									1,659	20
					•				792	55
coceries,									3,967	81
ine, .									900	00
									1,406	50
									4,500	00
distribu	ted,	•			•				5,276	39
rs, .	9								39,700	00
									\$192,621	34
	rm on h ricultura echanica in inmate in inmate y belong	rm on hand, ricultural im techanical fix g in inmates' de y belonging to thing, thing, the coceries, the coceries, distributed, rs,	rm on hand, ricultural implementation in inmates' departs to the control of t	rm on hand, ricultural implements, lechanical fixtures,	rm on hand,					

\$29,959 56 \$115,878 97

TREASURER'S REPORT.

To the Trustees of the Worcester Lunatic Hospital.

Amounts carried forward, .

I herewith submit my annual report on the finances of the Worcester Lunatic Hospital for the year ending Sept. 30, 1898:—

RECEIPTS. Cash on hand Sept. 30, 1897, \$44,031 90 Received of the Commonwealth for support of patients,. 37,278 75 of cities and towns for support of patients, . . 86,399 08 43,099 90 of individuals for support of patients, for interest, sale of produce, etc., . . 5,601 63 belonging to patients,. 2,560 66 \$218,971 92 The expenditures for the year have been as follows:— Salaries and wages, . \$61.585 99 Provisions and supplies, viz .: -\$13,177 22 Meat of all kinds, Fish of all kinds, 3,041 79 Fruit and vegetables, 5,502 62 6,807 50 627 68 Grain and meal for table, . 4,512 31 Grain and meal for stock, . Tea, coffee and chocolate, . 2,052 68 Sugar and molasses, . . . 4,341 38 Butter and cheese, 8,884 51 Salt and other groceries, . 4,484 80 860 49 All other provisions, . . . Total for provisions and supplies, 54,292 98 \$8,756 65 Clothing, Fuel, . 8.077 53 Lights, 4,140 60 3,005 09 Water .. 1,575 96 Medicine and medical supplies, . Furniture, beds and bedding, ... 4,148 77 254 96 Transportation, . . .

1000.] TODLIC I			11311		110. 20.			J
Amounts brought forward,					\$29,959	56	\$115,878	97
Ordinary repairs,					8,856	55		
Trustees' expenses,					41	84		
					1,151	82		
All other current expenses,					12,833			
The state of the s			•	•			52,842	88
								_
Total current expenses,	•	•	•	•			\$168,721	85
Extraordinary expenses: -								
Water sections,		. 8	8,012	88				
Sewer and water connections	to n							
infirmary wards,			2,201	32				
House telephone system, .		,	2,122	08				
Fire-proof vault.			3,769					
Fire-proof vault,			294					
Lawn fund.			1,500					
Lawn fund, Boilers and setting same, .	•		2,398					
Tramway,			1,033					
Trainway,	•	•	1,000	12	\$21,331	ΛR		
Undertaking,		_	\$308	40	ψ21,001	00		
Cash refunded,	•	•						
Cash refunded,		•	23	29				
Cash refunded patients (on de	posn	s),	3,272	97	0.004	0.0		
Total autocondinana		-		_	3,604	00	04.005	77 A
Total extraordinary expe	nses,	•	4	•		_	24,935	14
							0109 657	E0
Clash on hand Cout 20 1000							\$193,657	
Cash on hand Sept. 30, 1898,	•	4	•	•		•	25,314	00
							0010 071	00
	RE	SOIT	RCES.				\$218,971	92
Cash on hand,							\$25,314	33
Due from the Commonwealth				•		•	9,176	
from cities and towns for						•	21,328	
				•	• •	•	13,036	
			•					
from individuals, .								
from individuals, .							\$68 856	
from individuals, .	L	ABIT	ITIES.				\$68,856	
			ITIES.		88 658	17		
Due for supplies and improve	emen	ts,			\$8,658		\$68,856	
Due for supplies and improve	emen	ts,			5,277	73	\$68,856	
	emen	ts,				73	\$68,856	58
Due for supplies and improve	emen	ts,			5,277	73	\$68,856	58
Due for supplies and improve	emen	ts,			5,277	73	\$68,856	58

Respectfully submitted,

ALBERT WOOD,

Treasurer.

SPECIAL APPROPRIATIONS.

	Appropriations.	Amount Expended,	Balance Oct. 1, 1898.
For construction in new infirmary wards,	\$80,000 00	\$57 , 870 90	\$22,129 10
New boiler house and boilers, .	11,000 00	11,000 00	-
Construction of new kitchen, .	18,000 00	8,409 91	9,590 09
Total,	\$109,000 00	\$77,2 80 81	\$31,719 19

INCOME OF LIBRARY FUNDS, ETC.

	Lew	vis E	UND.						
Cash on hand Sept. 30, 1897,						\$5	69		
Interest on Springfield bond,						70	00		
					-			\$7 5	69
Rent in State safe deposit vau						\$5	00		
Deposit in Worcester County I	[nstit	ution	for	Savin	gs,	20	00		
Cash on hand Sept. 30, 1898,					٠	50	69		
					-			\$7 5	69
			73						
١	VHEE	CLER	FUN	D.					
Cash on hand Sept. 30, 1897,						\$24	73		
Dividends and tax rebate, .						210	39		
					-			\$2 35	12
Expended for books,					•	\$175	50		
Cash on hand Sept. 30, 1898,		•		•	•	59	62		
					-			\$235	12.
	MAN	SON	FUND),					
From principal,	•					\$123	44		
Dividends,						47	00		
								\$170	44

Lawn Fund.	
Principal established March 30, 1898, \$1,500	00
Sale of wood,	
Dividend,	
Dividend,	\$1,669 00
Deposited in Worcester Mechanics Savings Bank,	. \$1,669 00
LIBRARY FUND AND LAWN FUND.	
Lewis Fund Investment.	
Springfield bond,	00
Worcester County Institution for Savings, 134	90
Cash on hand Sept. 30, 1898, 50	69
	\$1,325 59
Wheeler Fund Investment.	
Seven shares Central National Bank, \$840	00
Six shares Worcester National Bank, 750	00
Worcester County Institution for Savings, 1,145	
Worcester Five Cents Savings Bank, 1,719	49
Cash on hand Sept. 30, 1898, 59	
**************************************	4,514 97
Manson Fund Investment.	
Worcester County Institution for Savings,	. 1,130 97
Total of library funds,	. \$6,971 53
Lawn Fund.	
TIT I ME I CONTROL I	. \$1,669 00
Worcester Mechanics Savings Bank,	• \$1,009 OO
LAND ACCOUNT.	
Cash on hand Sept. 30, 1897,	. \$631 13
Expenditures.	
Remitted to State Treasurer,	00
Cash on hand Sept. 30, 1898,	
- Companies of the Comp	\$631 13

Respectfully submitted,

ALBERT WOOD,

Treasurer.

Ост. 1, 1898.

WORCESTER, MASS., Oct. 24, 1898.

I hereby certify that I have this day compared the treasurer's statement of disbursements for the year ending Sept. 30, 1898, with the vouchers on file at the Worcester Lunatic Hospital, and find them to agree. I have also inspected the securities representing the invested funds of the institution, and find that their market value is as stated.

GEO. L. CLARK,

Auditor of Accounts.

SUPERINTENDENT'S REPORT.

To the Trustees of the Worcester Lunatic Hospital.

I herewith respectfully submit the following report of the hospital for the year ending Sept. 30, 1898, it being the sixty-sixth annual report.

There remained at the hospital Oct. 1, 1897, 867 patients,— 382 men and 485 women. During the year 488 patients -257 men and 231 women — were received; 481 patients — 261 men and 220 women - were discharged; and 57 men and 44 women died, leaving at the end of the official year 874 patients, -378 men and 496 women. Of this number, 274 were supported by the State, 472 by cities and towns and 160 by friends. Of the 481 persons discharged, 121, including 2 habitual drunkards (women), were reported recovered, 56 as much improved, 70 as improved and 125 not improved; 8 were discharged not insane. Ten men and 16 women were removed by the overseers of the poor; 32 men and 24 women were discharged to the care of the Board of Lunacy and Charity, to be removed from the State; 17 men and 13 women were transferred to the Epileptic Hospital; 15 men to the Boston Lunatic Hospital; 1 man and 30 women to the Medfield Asylum; 15 women to the Worcester Insane Asylum; 1 man to Bridgewater, 1 to Taunton and 1 to the McLean Hospital; 5 escaped, and were not returned to the hospital or accounted for at the end of the official year. Of the 8 persons discharged as not insane, 6 of them were cases of simple overindulgence in alcohol, and the 2 others, one of whom was committed from the Reformatory for Women and the other from the Cambridge jail, were evidently malingers.

The number of patients remaining in the hospital at the close of the official year is practically the same as it was at

the beginning, while our daily average, 871.4, has been slightly higher than last year.

The percentage of recoveries, calculated upon the number of discharges and deaths, was 20.8; calculated upon the number of admissions, it was 24.78,—a material increase over that of last year.

The death rate was 11.5 calculated upon the average number of patients, and 7.4 calculated upon the total number under treatment.

In reviewing the work undertaken in the medical department, we find ourselves already confronted with an embarrassment of riches. Our cases are so numerous and the means at our disposal for their examination so relatively small that we have not always been able to work them up as thoroughly as is desirable or necessary, if our histories are to be of use for future study. Our young men have, I believe, shown all the industry and zeal that could reasonably be required in the work allotted to them; but, notwithstanding all this, we find many gaps in our cases which remain unfilled simply from a lack of time to make the examination necessary, or from a failure to make it at the moment when such an examination is alone worth making.

To study insanity successfully, it is not sufficient to study simply the condition of the brain and the nervous system; the whole realm of medical knowledge must be brought under contribution, and every organ of the body questioned. In general diseases it is often possible to infer from the symptoms present what special organ is at fault, and to limit an examination to that; but no such inference is allowable if one would come at the exact cause underlying the disease in a given case of insanity. To thoroughly examine an insane person requires, therefore, not only skill, but time; and the neglect to get a statement, either positive or negative, as to the condition of certain organs, may be fatal to the records of the case when the time comes for summing them up. We cannot believe, therefore, that our work has been laid out upon too broad a basis, nor can we bring ourselves to feel that the proper way out of this difficulty is to limit our investigations to a certain number or class of cases. It might be feasible perhaps to limit our admissions and thus relieve us somewhat. It would

be a great relief, certainly, if the transient cases could be eliminated,—the cases that have no settlement in Massachusetts, and as a consequence are removed by the State Board of Lunacy and Charity, and sent out of the State a few days or weeks after they are committed. There were 56 such cases this year. Few of them were in the hospital long enough to receive any benefit from treatment; and certainly, from a medical stand-point, the time spent in taking their histories and in working up their cases was simply thrown away. At the time of their admission we have no way of knowing which of our patients are likely to come under this head.

There are many problems in regard to insanity which can only be worked out by keeping in touch with a considerable number of cases through life, or for a long number of years, at least. It is our plan to do this, as far as possible; and we can, of course, best do it when the patients remain in the hospital for a reasonable length of time, and when they live in the neighborhood of the institution and can be followed to their homes after their discharge. From this point of view, it would undoubtedly be well if the commitments to this hospital could be limited to persons from Worcester and Middlesex counties.

It would also help matters somewhat, I have no doubt, and make it easier for all the hospitals, if a change were made in the method of disposing of the Boston commitments. Under the present arrangement these patients are sent to each hospital—with the exception of Northampton—alternately, for a month or more. No insane hospital can receive from three to five new cases each day for a month—the majority being excited cases—without getting swamped in their work. This at least is what happens when it comes our turn to receive the Suffolk County commitments. Instead of requiring the hospitals to receive these commitments, as is now done, it would be more satisfactory if they were sent to the various hospitals for a week, or at most two weeks, at a time. Perhaps the new Board of Insanity may assist us in this direction.

But, were everything done that has been indicated, or that could be done, I fear that we should still be unable to accomplish the work placed before us in as thorough a manner as it should be done, with our present help. Aside from our histories and the matters which pertain directly to the cases in

hand, we are accumulating a mass of material bearing upon the specialty, which would be of great value were it properly worked up. This material should be utilized as we go along, or much of its value is likely to be lost. While this does not belong strictly to the medical work of this institution, it is work which it is worth the while of the hospital to do and of the State to foster. It can be done nowhere so well as in a large hospital, for nowhere else is the material at hand. Here we have not only material in abundance, but - and I say it in no sense as a mere compliment to the director of our laboratory - talent and ability of the highest order, ready to devote itself thereto, were adequate means for doing so at hand. other and neighboring States they do not hesitate to encourage such work, and many of them appropriate for this purpose sums which are truly vast as compared with the modest outlay we anticipate. Such additional assistance as would be required to meet our wants could be obtained without difficulty. With our present arrangements, our junior assistants leave us at the time when they are beginning to be most useful to the institution. So far all of them have expressed a desire to remain here a second year. Their services could no doubt be secured at but slight advance in the way of salary; and, if one or more of them could be retained as second year junior assistants, it would be very desirable. The new Board of Insanity may think it within their province to advise us here also, and perhaps give us countenance and encouragement in extending our work in this direction.

The two infirmary wards, work upon which was begun last year, are now practically completed and will soon be ready for occupation. They have been substantially built, after plans which were described in detail in the report of 1896. In their construction they will compare favorably with the original buildings, and in this connection I feel it a duty and a pleasure to commend the contractors, Messrs. J. W. Bishop & Co., for the good quality of their work and the very satisfactory way in which they have carried out their contract. It is certainly to their credit and to that of their foreman that the buildings have been completed without accident of any kind, and without inconvenience to the inmates or disturbance of the ordinary routine of the hospital.

In compliance with the request of your Board, the Legislature of 1897 granted the hospital an appropriation of \$69,000: \$11,000 for a boiler house and three boilers, \$18,000 for a new kitchen and \$40,000 for an addition to the rear of the executive building, to better accommodate the employees and to furnish work rooms for patients. Ground was broken for the boiler house and kitchen in July, and the work has since been pushed as rapidly as possible. The boiler house is now completed, and five new boilers, each 72 inches in diameter and 19 feet 6 inches long, have been installed. The kitchen is also very nearly done.

At the time of making the plans and estimates for the boiler house it was thought that two of the old boilers could still be used. It was necessary, however, to take them out in order to make room for the boiler house, and in doing this it was found that they were much worn and that neither of them was in a condition to reset. The trustees decided, therefore, to supply their places with new ones. These additional boilers and the setting and piping of the entire bank have been provided for out of the funds of the institution. The contract for the boilers was awarded to Stewart & Sons of Worcester. The piping, setting, etc., has been done by our own employees, under the direction of our mason and engineer.

Notwithstanding the considerable expense involved, it was thought best to take advantage of the opportunity now afforded to remodel our steam plant, it never having been quite satisfactory from the first. The returns from many of the radiators, and especially from those in the basement and on the first floor, were too nearly on a level with the water line of the boilers. To obviate this, the new boilers were depressed twelve feet. This has necessitated extensive excavation, and the construction of a tunnel sixty feet long, to enable us to discharge the ashes from the boilers at grade; but it has at the same time given us a much-needed addition to our coal pocket, and a room over this which will be of use as a dynamo room whenever we are ready to put in an electric plant. An air-duct, 8 feet wide by 8 feet high, has been run from the executive building to the boiler house and connected with the ducts (of like dimensions) running to the male and female wards. The 12-inch steam mains have been taken out of the brick trenches in which they

were formerly run and placed in these ducts, where they can more easily be gotten at and protected and repaired; the steam and water connections for the new kitchen run through the same ducts.

When the subject of a kitchen was first considered, it was thought, for many reasons, desirable to place it on the upper story of the proposed addition to the executive building, and plans were so drawn; but it was found that this would be an expensive building, if constructed with due regard to safety from fire, and this plan was, therefore, given up and the present one substituted therefor. The kitchen as now located is entirely separate from the other buildings. It fills the space at the west of the laundry formerly used for a clothes yard, and is connected with the main building by a short corridor. It is one story high, covers a ground space of 104 by 103 feet, and is built of stone from the quarry upon the grounds, and in this respect conforms to the rest of the house. It comprises a kitchen proper, a scullery, a bakery (with the necessary closets and pantries for each), a bread room, a room for storing flour, a meat room, and three refrigerators with a combined storage capacity of two hundred tons of ice. As in the old kitchen, the floor is on a level throughout with the basement floor of the main building, making the distribution of food and supplies easy. The doors for the reception of supplies and for the removal of the garbage are located at the rear of the building and entirely out of sight from the wards. The change in this respect from the conditions about the old kitchen is very marked and satisfactory. From the rear of the women's wards the outlook is now upon the unbroken front of a building which not only hides its own débris but screens the unsightly coal sheds as well, and is not itself unpleasing architecturally.

As the extension of the executive building will occupy the site of the old kitchen, nothing can be done towards its erection until the new kitchen is finished and occupied. We shall then commence excavating for the foundations of this building. This work will be carried on through the winter, and will be done with the labor of patients, thus giving them employment and making a very material saving in the expense of construction.

Heretofore we have had no proper place in which to store

any considerable part of the great number of records and valuable papers which have been accumulating from the opening of the institution in 1834. The records of former patients (which have been preserved in an unbroken series), although not of much use as medical records, are exceedingly valuable in other directions, and, together with the records pertaining to the past business transactions of the institution, have to be consulted frequently. To provide a safe and convenient place for preserving these and the much more valuable histories of our patients as now taken, we have built a fire-proof vault, with two storage rooms, each 7 by 14 feet. It is entirely outside of the building, on the west side of the corridor connecting the wards and the chapel wing with the centre, and occupies the space heretofore devoted to a piazza. The entrance is from the centre building and is convenient to the general office. is built after the manner of a safety deposit vault, the exterior structure being of stone, to conform with the original building. The cost of the vault was \$4,226.

One of the most valuable and labor-saving improvements made during the year has been the introduction of a system of telephones, connecting the wards and all departments of the hospital with each other. The system was devised and put in by Messrs, Plummer, Ham & Richardson of this city. It is automatic in its action, the various connections being made by simply pushing in a button indicating the station wanted. All stations are not represented on each box, however, but only such as it is desirable to have directly connected, or such as a given station has occasion to use most often. To call stations not on one's list, a connection must be made through the central office. A call bell in each ward and in various parts of the building, with a system of signals, makes it easy to call and communicate with any of the officers, wherever they may be. The system is sold outright. The sixty-one stations, with lead cables to the farm and out-buildings cost \$2,000.

Drs. E. D. Boynton and G. A. Tripp left the service of the hospital at the beginning of the official year, to enter general practice. Drs. R. R. Gurley and A. R. Defendorf were promoted from junior assistants to assistants, in their place.

Of the remaining junior assistants for 1896-97, Dr. Emma W. Mooers received an appointment as pathologist at North-

ampton, and Dr. Edwin Leonard, Jr., that of assistant at McLean Hospital.

The junior assistants for this year have been Drs. H. W. Miller, W. D. Berry, A. M. Barrett and A. E. Loveland.

At the close of his service as junior assistant Dr. Berry will remain here as assistant, in the place of Dr. Defendorf, who has received an appointment as pathologist at Middletown, Connecticut, and lecturer on insanity and nervous diseases at the Yale Medical School. Dr. Barrett, who came here on a year's leave of absence, returns to his old position at the Mt. Hope Hospital, Iowa. Drs. Miller and Loveland go to McLean.

The current expenses, less the amount received for articles sold, have been \$168,721.85; dividing this by 871.4, the daily average number of patients, gives \$188.06 as the annual cost of support, which is equivalent to a weekly cost of \$3.60.

H. M. QUINBY,

Superintendent.

WORCESTER LUNATIC HOSPITAL, Sept. 30, 1898.

SPECIAL REPORT OF THE MEDICAL DEPARTMENT.

While it seems exceedingly distasteful to fall into the habit of describing plans for the future, the execution of which is by no means always certain, it is hardly possible to give a correct statement of what has been done without outlining briefly the guiding principle. After all, this has been our working principle from the first, and, inasmuch as this holds, it may be stated without danger of provoking the above criticism.

The work in a hospital must centre in the duties to the patients; the efforts of the medical staff must tend towards increasing the efficiency of the duties towards the patients and their families. This, I think, is the conviction with all those seriously interested in hospitals for the insane.

The ways to achieve this are many. The most prominent and most successful one has no doubt been the effort towards increase of the personal care of patients, the nursing, which has been developed so efficiently in many of the American hos-It had its wholesome effect both on the patients and on the physicians, although the latter in many places have hardly developed beyond what might be called a medically In a few hospitals more purely medical trained head nurse. work was introduced, in the form of pathological anatomy and perhaps bacteriology; and the examination of urine and sputa and lately also of blood has been relegated into the hands of a "pathologist." While the immediate and perhaps even the remote results of this improvement probably remain behind the value of the improvement in the nursing, it has at least led many of us to further problems, and especially to the conviction that the nursing of the patient must be supplemented by careful clinical observation, and that true medical study must begin before the patient is dead. It is really a calamity

that the word pathology should more and more have singled out the study of and interest in a few technical methods largely relating to the microscopic examination of dead tissues and excreta and of the flora and fauna of human symbiosis, in the minds at least of a great part of the medical men, and that the larger principles of general pathology seem superfluous, just as if the current grasp of the "theory and practice of medicine" would embrace all that is fit to be known in one's daily work as a physician in hospital practice.

Psychiatry is undoubtedly the one branch of medicine for which pathology in the narrow sense of pathological anatomy and bacteriology has done very little and promises little. Here the pathology of the clinicians, the broad inquiry into disease processes, must come to its right first. The close relation of neurology and psychiatry has led many to believe that the only legitimate research work of the alienist was pathological anatomy of the nervous system; and, when we look through the bulk of valuable contributions from alienists, we see indeed that a Meynert, a Westphal, a Hitzig, even a Wernicke, have devoted a large share of their work to studies of the nervous system, which have nothing to do with psychiatry, not to speak of Flechsig, Siemerling, Moeli and others who are professors of mental diseases on ground of their neurological work only. Psychiatry proper has indeed moved either in symptomatological studies or in semi-philosophical considerations, and Kahlbaum's efforts to replace the metaphysical or roughly symptomatic systems by a sound clinical empiricism and general pathological thought came just in the days when the great discoveries in cerebral localization overshadowed everything else, and attracted the enthusiasm of most young investigators. Kraepelin was one of the first who had the courage to build a psychiatry on lines foreshadowed by Kahlbaum, and with principles derived from the pure clinical observation and a view of psychology of his own.

The work at our hospital was begun with a desire to do justice to the opportunities for an improvement of medical knowledge necessarily offered by the large amount of observations which could be collected. The experience in Kankakee had shown conclusively that pathology begun on the post-mortem table failed to make its point almost along the whole line.

Notwithstanding many difficulties, a plan for more clinical investigation of the cases was started there, in order to furnish the post-mortem anatomy a few data of live pathology at least. In the organization of the work in Worcester the greatest weight was laid on this point, and an equally great stress on the necessity of dropping the distinction between "interesting" and "uninteresting" cases. Ever since text-books of mental diseases were written, a few impressive types of patients had been described to the readers as instances of diseases, and for the majority of the patients we are forced to admit that we might class them in more than one of the standard groups, but in none quite justly. This should be enough evidence that this favoritism in clinical psychiatry has not brought us far. The plan is, therefore, to observe all patients with the same accuracy and with all those questions in view which seem now to require an answer for the purpose of elimination of uncertainties in clinical systematization.

We stand now before questions such as our forefathers met in the "continued fevers." Internal medicine has learned to divide them into miliary tuberculosis, typhoid fever, protracted forms of pneumonia, malaria, "status gastricus febrilis," fever of anemia, of hysteria,—more or less distinct pathological and nosological entities; the "transition forms" are plainly shown to become rarer and prove to be at best mixed forms; i. e., patients with two disease processes, or insufficiently observed cases. We must make use of this experience in psychiatry; search for distinctive features of disease processes, and distrust any system which leaves out the majority of patients as now classified, or classifies only by main force.

Physicians trained in our bacteriological era are prone to think that most of the above divisions of "continued fever" are a product of the last decades, and that only the latest results of what I called above the study of the flora and fauna of man have settled these problems. They certainly have furnished the most decisive and obvious demonstrations; but to deny the older clinicians the ability of having clearly foreseen most of these divisions and of having been able to act accordingly, would be a grave injustice and ingratitude towards those who have ably prepared the ground for pathological research in the restricted sense of the word by putting forth clinical

problems as guides of research. This should be remembered before we deny psychiatry the right of a hopeful existence, although a pathological anatomy and bacteriology of the brain have furnished but few data, and physiological chemistry is too much in its infancy to give us the much-needed help in an accessible form.

All these points were carefully weighed when our work was organized, and our plan took the following form:—

To the greatest extent possible the work is to be limited to what is essential for the care of the patients, the training for greatest efficiency of the medical work and the promotion of promising and important general questions, such as the development of a real record of the experience of the hospital, which would form a natural array of facts, preferable to text-book traditions.

In analogy with the proverb, "Noblesse oblige," we may well say that opportunities create obligations. Hospitals offer opportunities which a private practice can never afford, and the public who support a hospital should be trained to demand a use of the opportunities, returns from the experience to the benefit of those physicians who cannot avail themselves directly of the advantages of hospital work. Such returns are being furnished from most general hospitals; the State hospitals for the insane have often enough been taken to task for not doing the same, and desperately unconvincing replies have frequently been the echo of such criticism. It is true that a few of the enumerated difficulties cannot be ignored, and corroborate the conviction that the work in State hospitals must gravitate to the best possible care of the patients, and that every other effort must bear as directly as possible on the efficiency of the medical work. The accumulation of scientific knowledge cannot be the uppermost aim, but it finds its place naturally enough in a careful arrangement of the work which must be done. Careful histories must be taken, accurate methods of examination of patients must be used, prognoses must be given the friends, and indications for treatment must be formulated. And, when autopsies are made, they must be fit to give an answer to the most important questions, - not merely to the point interesting a coroner, the "cause of death," but to ever so many essential problems of etiology and differential diagnoses of pathological anatomy. It is the fatal division of practical and theoretical, of routine and research work, which furnishes so many excuses to those who would like to separate reason and sense from the mere comfort of their daily duties.

Apart from the conviction that the odd and "uninteresting" cases were to be given due attention as well as the "pets" of literature and tradition, the necessity of considering the entire course of diseases and their influence on the later life of the patient has received much consideration. For this very essential, though much-neglected, part of psychiatry, a shifting population presents many difficulties. Many hospitals in which patients had been before have very generously given us abstract of records, and, with some help from the authorities who attend to the transportation of many of our patients into the hands of foreign authorities, it would become possible to supplement our forecast by statements of the actual fate of those made the object of our study and treatment. Without such an effort we would always grope in the uncertain light of our more or less optimistic imagination, and never be able to say what the hospital really achieves and what would be the most advisable steps in the great social problem.

The enormous number of "interesting data" one meets in observation of about five hundred admissions a year makes a great restriction in the work necessary. Instead of striving for endless biographies of patients, we must learn to give concise statements with answers to all the important questions on which we are really working, and without waste in useless directions, or on topics for which we have not a strong enough working force in our present staff. For this reason we did not take part in that wave which passes over the country in the form of routine examination of the blood, but restricted it to special indications; nor have we entered on complicated psychological experiments. A great deal of the work of the past two years has indeed been devoted to the decision of what could be done most profitably and what should be the indications for our efforts in every special direction. A certain amount of blind, purposeless work is unavoidable; but the main lines must be chosen judiciously on ground of sound working hypotheses. They must answer distinctly felt needs.

From this point of view disease concepts become more than

mere names. It is quite a different question whether a person will suffer from periodic attacks of mental diseases with perfectly clear intervals of usefulness or from a steady and lasting deterioration. This can be seen by a glance at the table of statistics, which contains, as it were, a curve of recoverability in the following groups: the periodic psychosis with no, or but little, deterioration after an attack, the catatonia with occasional recoveries, dementia præcox with lasting defect, and paranoic conditions and paranoia practically never curable. It goes without saying that the last word is not spoken concerning a truly medical classification of mental diseases; but in a measure, as we learn to make distinctions of practical and essential value, we shall gladly relegate the meaningless terms, mania, melancholia, etc., of our former statistics to the vocabulary of mere symptomatology.

A strong stimulus for accuracy is received by the careful autopsies which are made whenever permission is obtained. With about an equal number of deaths, 68 autopsies were permitted, against 36 last year. This is due to the greater interest taken by the physicians in the opportunity of controlling and enlarging their observations, and perhaps to the greater confidence of the friends of patients in purposes of such examinations.

The result of this work is manifold. It affords training in accurate thought and methods which the medical college can rarely give in an equally forcible manner to the student who is overburdened with cramming; and invaluable material and experience are accumulated for the time when a monographic treatment of the disease forms observed in our hospital can be thought of. It has also yielded a number of findings which can be added as valuable material to the slowly growing knowledge of the architecture of the brain. Further, it begins to constitute a collection of great value to those who wish to study the nervous system and not merely the books on the same.

On the whole, though, we had to lay on our work many restrictions which are a cause of frequent disappointment. Considering the amount of work which must be done conscientiously and without the inaccuracy of haste, many very essential points could not be settled in certain cases because the working force was taxed to the utmost. Part of this may be better in the course of time through the development of time-saving methods,

but not all. This question deserves serious consideration. There is nothing more demoralizing than the feeling that, even with the strongest effort, that which seems a reasonable scope of the task is beyond one's working capacity. I lay to this fact the discouragement and lack of medical interest of the physicians in most hospitals for the insane; they stand before an unmanageable task, and no effort is made to limit it to welldefined problems and to furnish an estimate of what working force is really needed for a true minimum efficiency of medical work proper. Under those conditions the authorities cannot be blamed for not providing more help, because they see no end of possible needs. It is therefore one of the tasks in the management of an attempt conscientiously to do justice to the medical duties in such a large hospital, to be fully aware of the minimum scope of a profitable working plan and of the proportion between the working force needed and the working power available, so that the demoralizing feeling of impossibilities does not get the upper hand, both on the side of the medical staff and on the side of the authorities who are responsible for the hospital.

I cannot leave this remark without expressing my recognition of, and gratitude for, the untiring efforts of my colleagues, who never shirked any pains, even to the extent of overtaxing their working power, in the common effort to do justice to the task before us.

The general arrangement of the work, as outlined by Dr. Quinby in the report of 1897, is still maintained. Apart from the daily report of cases and discussions on the topics brought out by them, a number of conferences were devoted to a consideration of literature on various clinical topics, and a complete course on the anatomy of the nervous system on ground of demonstrations and practical exercises was carried out. The study of serial sections in a number of interesting brain lesions was carried further, and is maturing for publication. Clinical questions, too, are being submitted to more careful studies; but it lies in the nature of the subject — the necessity of watching the outcome for a number of years at least after a "cure" — that it would be injudicious to rush to print with what has been done.

Since Oct. 1, 1897, the following publications have come forth from our hospital:—

"Various Types of Changes in the Giant Cells of the Paracentral Lobule," "American Journal of Insanity," October, 1897; "Anatomical Findings in a Case of Facial Paralysis of Ten Days' Duration," "Journal of Experimental Medicine," Vol. II., No. 6, 1897; "The Morbid Anatomy of a Case of Hereditary Ataxia," "Brain," Vol. XX, p. 276.

The following articles are in press: "Critical Digest of the Present Concepts of the Nervous System;" "Critical Review of Modern Presentations of Neurology."

Respectfully,

ADOLF MEYER.

LIBRARY REPORT.

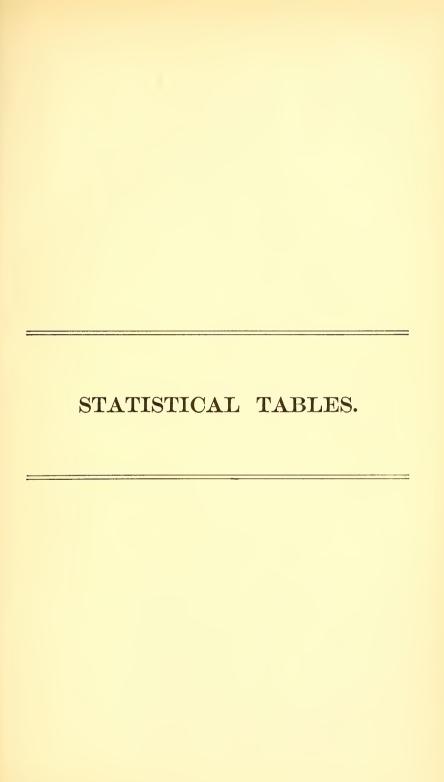
The library contains 3,254 volumes. One hundred and twenty-seven volumes have been added during the past year, 5 volumes have been destroyed, while 6 volumes have been found, during renovation of shelves, to be useless, making a total of 11 volumes. One hundred and twenty-four volumes have been sent to the bindery to be repaired.

The average number of books issued weekly from the main library has been 66. During the year six ward libraries have been established, containing 942 volumes. The weekly reports of books issued to patients from these libraries give an average of 42. Of these, the Appleton 1 library has the poorest record, $5\frac{1}{8}$; while Howe 3 has the best, $8\frac{6}{7}$.

Six books have been sent to nine different halls each week, to lie on the centre table, where all patients could have free access to them.

Total average number of books issued weekly to patients has been 162 (less than 80 last year).

The card catalogue of the library has been improved by adding, to the already existing title catalogue, an author's catalogue. This work is not yet completed.





1. -- General Statistics of the Year.

		INSANE.		HABIT	HABITUAL DRUNKARDS.	CARDS.		AGGREGATE	
	Males.	Females,	Totals.	Males.	Females.	Totals.	Males.	Females.	Totals
						-			
Patients in the house Oct. 1, 1897.	382	484	998	1		1	382	485	867
Admitted within the vear	257	228	485	ł	ಣ	တ	257	231	488
Whole number of cases within the year,	639	712	1,351	1	-4	4	639	716	1,355
Discharged within the year:	91	o P	110		G	G	92	45	191
Viz.: as recovered at time of leaving the nospital,	0 0	10	2 10	ı	٦ -	1 -	3.2	10	56
as much improved,	70	98	30	1 1	- I	- 1	45	200	20
as improved,	45.4	200	125	1	1	1	45	8	125
as not income	4	4	00	ı	1	1	4	4	œ
Dooths	57	44	101	ł	1	ı	57	44	101
Definite remaining Sent 30 1898	378	495	873	1	_	1	378	496	874
	129	113	242	1	1	1	129	113	242
	192	279	471	1	1	1	192	280	472
	57	103	160	1	1	ı	57	103	160
Number of different nersons within the vest	634	704	1,338	1	4	4	634	208	1,342
Number of different persons admitted within the year.	253	227	480	ı	ಣ	ಣ	253	230	483
Number of different persons recovered within the year,	74	43	117	1	67	67	74	45	119
Daily average number of patients:—							1 1 1		010
Viz.: State patients,	ł	1	ı	ı	I	ı	61.611	104.72 219.90	219.90
town nationts	1	1	1	ı	ı	ı	210.44	295.39	
private natients	1	1	1	1	1	1	55.80	55.80 91.86	147.67

2. - Monthly Admissions, Discharges and Averages.

DAILY AVERAGE OF PATIENTS IN THE HOUSE.	s. Totals.		853.36			7 880.25									1	ı	8 871.40
ERAGE OF PA	Females.	761	481.43	484.09		488.77	495.2	502.10	507.5	514.8	501.6	468.5	470.9	483.4	1	1	489.98
DAILY AV	Males.	68 098	371.93	381.13		391.48	390.07	390.86	388.70	393.58	379.83	382.06	367.38	370.73	1	1	381.42
	Totals.	0	0	15		10	œ	2	6	13	œ	9	00	ಣ	101	1	1
DEATHS.	Females.		0 01	∞		2	ಣ	4	4	ಣ	4	_	ಣ	2	44	ı	1
	Males.	_	# co	1		5	2	ಣ	5	10	4	ō	2	-	22	1	1
s.	Totals.		18	25		14	21	21	32	65	20	34	17	41	380	375	1
DISCHARGES.	Females.	٠	4	14		ಣ	11	10	6	53	54	12	6	15	176	175	1
	Males.	31	14	11		11	10	11	23	36	16	22	00	26	204	200	1
8.	Totals.	66	34	20		35	24	34	57	48	55	38	24	99	488	483	1
ADMISSIONS.	Females.	ğ	10	23		18	13	16	56	19	23	22	12	31	231	230	ı
	Males.	<u> </u>	24	27		17	11	18	31	53	32	16	12	25	257	253	ì
				•		٠	•		•			•					
MUMANA	MONTHS.	1897.	November:	December,	1898.	January,	February,	March,	April,	May,	nne,	July,	ungust,	September,	Total of cases,	Total of persons,	Daily average,

3. — Received on First and Subsequent Admissions.

*****	ID 07		1 77			CA	SES ADMITT	ED.		ES PREVIOU	
NUMBE	ar or	THE	ADM	ussic	N.	Males.	Females.	Totals.	Males.	Females.	Totals.
First,						219	198	417	-	_	_
Second,						28	25	53	8	3	11
Third,						6	4	10	-	2	2
Fourth,				٠		-	2	2	_	-	-
Fifth,						3	-	3	2	_	2
Sixth,						-	1	1	-	1	1
Seventh,						-	1	1	-	1	1
Eighth,				٠		1	_	1	1	-	1
Tota	al of	cases	5,			257	231	488	11	7	18
Tota	al of	perso	ons,			253	230	483	9	7	16

4. — Relation to Hospital of Persons admitted.

	Males.	Females.	Totals.
Never before in any hospital for insane,	196	165	361
Former inmates of this hospital only,	34	30	64
Former inmates of other hospitals only,	20	29	49
Former inmates of this and other hospitals: -			
Butler,	_	1	1
Danvers,	1	_	1
McLean,	1	1	2
Northampton,	_	2	2
Pierce Farm,	1	_	1
Danvers, Taunton, South Boston and			
Westborough,	-	1	1
Stockton, Cal.,	-	1	1
Total of persons,	253	230	483

5. — Parentage of Persons admitted.

0. 2.0	i enoug	0 0) 1		aanaa			
		MA	LES.	FEM	ALES.	Тот	ALS.
PLACES OF NATIVITY.		Father.	Mother.	Father.	Mother.	Father.	Mother.
Massachusetts,		43	42	31	29	74	71
Other States: — Maine, New Hampshire, Vermont, Rhode Island, Connecticut, New York, New Jersey, Maryland, Virginia, North Carolina, South Carolina, Georgia, Louisiana, Nebraska, California,		11 7 3 -1 2 2 1 -1 -1 -1	7 9 3 3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	10 3 5 1 1 2 - - 3 - -	12 5 2 3 1 3 - - 1	21 10 8 1 2 4 2 1 3 - 1 - 1	19 14 5 3 4 5 1 1 1 2 1 -
Other countries:— Canada, Nova Scotia, Prince Edward Island New Brunswick, Newfoundland, Scotland, England, Ireland, Wales, Norway, Sweden, Finland, Holland, France, Germany, Poland, Russia, Spain, Italy, West Indies, China,		13 6 1 4 - 1 10 97 1 1 3 6 6 2 1 - 2 - 1	14 5 1 4 1 1 9 99 1 1 5 1 1 2 5 1 2 1 2 1 2 1 2 1 2 1 2 1	9 7 2 2 6 7 73 - 1 10 - 1 4 - 1 - 1 - 1	8 9 -4 1 1 6 6 6 73 1 1 10 1 3 1 1 1 1 1	22 13 1 6 2 7 17 170 1 1 15 1 1 4 10 2 2 7	22 14 1 8 2 7 15 172 2 2 2 15 1 1 3 8 1 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1
Unknown,		25	24	50	46	75	70
Total of persons,		253	253	230	230	483	483

6. — Birthplace of Persons admitted.

	DI LO								
	FLAU	ES	OF BII	ктн.			Males.	Females.	Totals.
Massachusetts,							95	79	174
Other States : -									
Maine,.							8	10	18
New Hamp	shire	3.					12	6	18
Vermont,		.			,	.	3	3	6
Rhode Islan	nd,					.	2	3	5
Connecticut						.	$\frac{2}{2}$	1	3
New York,							2	6	8
New Jersey							_	1	1
Pennsylvan	ia,			,			_	1	1
Virginia,							1	2	3
North Caro	lina,					.	1	_	1
Florida,							-	1	1
Louisiana,						.]	1		1
Illinois,							1	2	3
Other countries	: —								
Canada,							13	10	23
Nova Scoti							8	10	18
Prince Edw			ınd,				2	3	5
New Bruns							9	7	16
Newfoundl	and,						_	2	2
Scotland,							1	2	3
England,							11	10	21
Ireland,							51	45	96
Norway,							-	1	1
Sweden,							6	10	16
Finland,							1	-	1
Holland,							1	_	1
France,							1	1	$\frac{2}{7}$
Germany,							6	1	7
Poland,							1	1	$\frac{2}{5}$
Russia,							3	2	5
Austria,		•					_	1	1
Italy, .							2	2	4
Arabia,			•				-	1	1
China, .							1	-	1
West Indie	s,			,			-	1	1
Unknown, .							8	5	13
Totals,							253	230	483

7. — Residence of Persons admitted.

		PLA	CES.					Males.	Females.	Totals.
Massachusetts (by	count	ies) :	-						
Berkshire,			0	٠				1	_	1
Essex, .				٠	٠				1	1
Middlesex,						٠		88	87	175
Norfolk,	٠				٠	٠		3	4	7
Suffolk,			e					57	43	100
Worcester,			٠	٠	٠		•	104	95	199
Totals,				,		0		253	230	483
Cities or towns,			0					253	230	483
Country district	s,				,			_	resis	-

8. — Civil Condition of Persons admitted.

	Totals.	417	48	10	73	ಣ	1	1	1	483
TOTAL.	Females.	198	24	4	67	1	1	-	ş	230
	hales.	219	24	9	1	ಣ	1	ı	1	253
	Totals.	5	ı	ı	1	ı	1	ı	ı	5
UNKNOWN.	Females.	23	1	1	1	1	4	I	ļ	6.1
n	Males.	က	f	1	1	ł	4	ı	1	ಣ
	Totals.	73	67	П	ı	1	ı	ı	ı	5
DIVORCED.	Females.	H	7	H	1	1	ı	1	ı	ಣ
Ä	Asales.	H	1	1	1	ı	1	1	-1	63
	relatoT	45	ಣ	67	ı	1	ı	1	ı	50
WIDOWED.	Females.	25	6.1	1	1	ı	1	ı	ı	28
M	Males.	20		1	ı	ı	1	ı	1	22
	Totals.	180	20	Н	Н	Н	H	1	ı	214
MARRIED.	Females.	94	11	-	1	ı	1	1	1	108
R	Males.	98	6	1	ı		1	1	1	96
-	.sinioT	185	23	9	-	2	1	-	-	219
UNMARRIED.	Females.	92	10	Н	—	1	I	-	1	88
UN	Males.	109	13	ē.	ı	67	1	ı	-	130
			•	•	•	٠	•	•		
	THE									
	ADMISSION.			•						
	NUMBER OF THE ADMISSION.	First, .	Second, .	Third, .	Fourth, .	Fifth, .	Sixth, .	Seventh,.	Eighth, .	Totals,

9. — Occupation of Persons admitted.

			FEMA	ALES.				
Book-keepers, .		٠	2	Shoe-shop employe	ee,			
Cooks,			2	Student,				:
Dressmakers, .			4	Teachers,				;
Domestics, .			22	Tailoress,				
Housewives, .			71	Typesetter, .	٠			
Housekeepers, .			37	Waitress,				
Laundresses, .			2	Weavers,				
Librarian, .			1	Unknown, .				1
Mill operatives,			15	No occupation,				5
Nurse,			1					
Night walker, .			1	Total, .	٠			23
Seamstress, .			1					
			MA	LES.				
Barbers,	٠	٠	3	Dyer and color mi	xer,			
Blacksmiths, .			4	Engineer,			•	
Brakemen, .			2	Farmers,				
Brick masons, .			2	Freight handler,		٠		
Book-keeper, .			1	Fireman,				
Book folder, .			1	Foremen,			٠	
Bobbin maker,.			1	Grocer,				
Carpenters, .		٠	6	Hostler,				
Canvassers, .		•	2	Iron founder, .				
Carriage trimmer,			1	Ice dealer, .		٠	•	
Clerks,		•	7	Laborers,			٠	5
Cook,	•		1	Laundry man, .				
Coopers,			3	Letter carrier, .		٠	•	
Comb maker, .			1	Lumber dealer,			٠	
Coachman, .	•		1	Machinists, .	٠		٠	1
Druggists, .			2	Merchants, .				

9. — Occupation of Persons admitted — Concluded.

				MAI	LES-C	CONCLUDED.					
Mill superinten	dent	t,			1	Ship calker,		٠			1
Motorman,					1	Shirt cutter,	•				1
Moulders, .					4	Stone masons,					2
Musician, .	•				1	Stone cutters,				٠	2
Operatives,	•				15	Students, .	•	•			3
Printers, .					2	Tailors, .					5
Painters, .					5	Teamsters,					5
Paper hanger,					1	Tinsmith, .					1
Piano finisher,					1	Undertaker,					1
Photographer,					1	Waiter, .	•				1
Physicians,					2	Watchman,	•		٠		1
Plumbers,		۰		a	2	Weaver, .					1
Reporter, .		٠			1	Window cleane	r,		4		1
Rubber factory	em	plo	yee,		1	Wire workers,					2
Shoemakers,			•		7	Wood carver,	0				1
Salesmen,				0	4	Unknown,					6
Seamen, .				٠	3	No occupation,			0		31
Steam fitter,				•	1						
Ship carpenters	Ξ,	٠	0	٠	2	Total,	•	٠	,	٠	253

10. - Probable Causes of Disease in Persons admitted.

	ARY (TION.	Tot.	#**************************************
ARDS.	HEREDITARY PREDISPOSITION.	Fe.	#*************************************
HABITUAL DRUNKANDS.	PREL	Ma.	
FUAL I	50 m	Tot.	ee
ПАВГ	PREVIOUS ATTACKS.	Fe.	ee
	P.I	Ma.	
	EY FION.	Tot.	8
	HEREDITARY PREDISPOSITION	Fe.	0.1102111410111101144411111141111141
NE.	HER	Ma.	8
INSANE.	œ _:	Tot.	©
	PREVIOUS ATTACKS.	Fe.	01110111111111111111111111111111111
	PI A2	Ma.	© [
	L DS.	Tot.	80H
ED.	HABITUAL DRUNKARDS.	Fe.	© ⊶
PERSONS ADMITTED.	H DRU	Ma.	111111111111111111111111111111111111111
SONS		Tot.	40 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PER	INSANE.	Fe.	8 11000111410111101110111111111111111111
	Œ	Ma.	å
	CAUSES.		Alcohol, Alcohol, Alcohol, Alcohol and morphine, Alcohol and neathin, Alcohol and identifion, Alcohol and menopause, Alcohol and menopause, Alcohol and menopause, Alcohol and menopause, Alcohol and training, Alcohol and proisiness troubles, Alcohol and training, Alcohol and proisiness troubles, Alcohol and mesturbation, Alcohol and prostitution, Alcohol and earner, Alcohol and sexual excesses, Alcohol and exce

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efect,	ie trou		
sault, ional d ional d idisor	I domestic troutrouble,	ubles, individual des, individual des, individual des, individual des, individual des des, individual des des, individual des des,	
ion and environment, ion and sexual assault ion) and constitutional ion and trauma, ion and nextalia, ion and mexistion, ion and mexistion, ion and menstrial dis	n and costic trition,	s troub k	• •
ind environment of the control of th	cultism and domestic I privation, rders, and	creeses, ou, nd trauma, nd trauma, nd ubsiness tro nd overwork, nd overwork, nd derebval han nd bereavement nd domestic tro nd domestic tro nd drauma, nd infantie he and trauma, hemiplegra, gia, lonal defect and ional defect and	
seturbation and environment, seturbation and sexual assault, saturbation and sexual assault, sexual assurbation and constitutional defect assurbation and epilepsy, seturbation and nestalga, saturbation and heatafier, seturbation and mentanticula, seturbaticula, seturbation and mentanticula, seturbation and seturbation and mentanticula, seturbation and seturbation an	aniou ; 186, 186, oc 186 ani 186 ani 186 ani 186 ani 187, 197, 198 al diso	ricet, rxxna excesses, philis and trauma, philis and business troubles, philis and overwork, philis and overwork, philis and overwork, philis and overwork, philis and werry, mility and everbrain hamorrhage, mility and everbrain hamorrhage, mility and domestic trouble, mility and domestic trouble, mility and trauma, mility and financial losses, mility and mancial losses, mility and mancial losses, mility and mancial losses, mility and minary fistula, pliepsy and infantile hemiplegia, pliepsy and defect and puberty, mattutional defect and husiness troubles, mattutional defect and li health,	jury to head, auma,
asturbi asturbi asturbi asturbi asturbi asturbi asturbi	casto bactor and minia insulatority), enopause, cocultism and domestic trouble, enopause and domestic trouble, enopause and privation, regnancy, regnancy, constraind disorders,	fect, exabal expand exp	rauma,
KKKKKKKKK	KKAAKKKE		il H

10. - Probable Causes of Disease in Persons admitted - Concluded.

		PER	SONS A	PERSONS ADMITTED.	D.				INSANE	· 图 Z				HABITUAL DRUNKARDS.	UAL D	RUNK	ARDS.	
CAUSES.	1	INSANE.		HADRU	HABITUAL DRUNKARDS	,	PR	PREVIOUS ATTACKS.		HEREDITARY PREDISPOSITION	HEREDITARY REDISPOSITIO	ry ION.	PR	PREVIOUS ATTACKS.		HEI PRED	HEREDITARY PREDISPOSITION	RY FION.
	Ma.	Fe.	Tot.	Ma.	Fe. 7	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma	Fe.	Tot.
1. Physical — Concluded. In jury and grippe. In jury and donestic trouble, Overwork, Overwork, Overwork and worry, Ill health, Ill health and domestic trouble, Gastric psychosis and financial losses, Gastric psychosis and financial or gastric disorder, Grippe, overwork and worry, Grippe, overwork and worry, Grippe, and home training, Anemia and indigestion, Anemia and indigestion, Coll-gas poisoning and nephritis, Pelvit abscess, Penumonia, Typhoid fever and bereavement, Typhoid fever and bereavement, Worry, Worry, Worry and spiritualism, Bereavement and spiritualism, Bereavement and spiritualism, Bereavement in love, Nental overstrain, Bereavement in love, Nental overstrain, Bereavement, Fright, Brightous excitement, Insomnia, Unknown, Totals,	11100410044111111111 00011111111111 P 00 000		11		111111111111111111111111111111111111111		2	111111111111111111111111111111111111111	#		1150141911114141141 200414414121			111111111111111111111111111111111111111	111111111111111111111111111111111111111			

11. - Record of Cases admitted within the Year.

		INSANE.		НАВІТ	Habitual Drunkards.	ARDS.		AGGREGATE.	
PATHENTS.	Males.	Females.	.zistoT	Males.	Females.	.sisioT	Males.	Females.	Totals.
Admitted,	257	228	485	ı	ಣ	ಣ	257	231	488
Discharged, recovered,	. 51	23	74	ı	63	73	51	25	92
much improved,	15	80	23	1	7	Н	15	6	24
improved,	24	16	40	ı	1	I	24	16	40
not improved,	22	30	52	ı	ı	ı	22	30	52
not insane,	89	ಣ	9	ı	1	I	ಯ	ගෙ	9
Died,	. 22	15	37	1	1	ı	23	15	37
Remaining Sept. 30, 1898,	120	133	253	ı	1	1	120	133	253
Number likely to recover or improve,	. 46	37	83	1	1	1	46	37	83
	-		-						

12. - Ages of Insane at First Attack, Admission and Death.

	PE			ST AD IOSPI		ED	Persons died.						
AGES.	FIRS	AT T ATT	ACK.		WHEN		FIRS	AT T ATT	ACK.	TIME	AT OF DI	EATH.	
	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	
Congenital,	2	2	4	-	-	-	-	-	-	_	-	-	
15 years and less, .	4	5	9	3	1	4	2	-	2	-	-	-	
From 15 to 20 years, .	11	9	20	14	8	22	2	-	2	1	-	1	
20 to 25 years, .	13	23	36	19	24	43	-	4	4	3	3	6	
25 to 30 years, .	19	19	38	28	21	49	5	-	5	3	1	4	
30 to 35 years, .	23	22	45	23	26	49	3	1	4	5	1	6	
35 to 40 years, .	22	16	38	26	16	42	10	4	14	4	1	5	
40 to 50 years, .	27	20	47	34	28	62	10	7	17	12	8	20	
50 to 60 years, .	16	17	33	19	25	44	9	7	16	10	5	15	
60 to 70 years, .	16	6	22	21	9	30	8	5	13	11	6	17	
70 to 80 years, .	4	3	7	8	6	14	5	7	12	5	10	15	
Over 80 years,	-	1	1	_	1	1	-	4	4	-	8	8	
Unknown,	39	22	61	1	-	1	3	5	8	3	1	4	
Total of persons,	196	165	361	196	165	361	57	44	101	57	44	101	
Mean ages in years,	39.86	37.29	38.58	40.59	39.04	39.81	45.13	49.07	47.1	48.54	58.77	53.65	

13. — Reported Duration of Disease before Last Admission.

PREVIOUS DUR	ATI	ON.			ADMI Y Hos			L OTH		7	COTALS	3.
				Ma.	Fe.	Tot.	Ma.	Fe.	Tot.	Ma.	Fe.	Tot
Congenital,			٠	2	2	4	-	1	1	2	3	5
Under 1 month, .				47	40	87	6	10	16	53	50	103
From 1 to 3 months,				22	21	43	4	9	13	26	30	56
3 to 6 months,				12	15	27	2	3	5	14	18	32
6 to 12 months,				25	16	41	6	4	10	31	20	51
1 to 2 years, .				11	10	21	6	2	8	17	12	29
2 to 5 years, .				28	23	51	10	5	15	38	28	66
5 to 10 years, .				12	12	24	5	9	14	17	21	38
10 to 20 years, .				3	7	10	11	11	22	14	18	32
Over 20 years,				2	2	4	2	2	4	4	4	8
Unknown,				32	17	49	9	10	19	41	27	68
Total of cases, .				196	165	361	61	66	127	257	231	488
Total of persons,				196	165	361	57	65	122	253	230	483
Average in years,				1.54	2.15	1.84	6.11	4.79	5.45	3.83	3.47	3.68

14. - Form of Mental Disease in Cases admitted or discharged, with Condition on Discharge.

	TE.	Totals.	48821466	22	9	2	ಲಾ	6.3	1	H40H H0440 1
	AGGREGATE.	Females.	22001411	15	20	က	C1	¢1	1	ESSE ESSE 1
	AGG	Males.	9881199	1-	1	¢1	7	1	1	18811418811
	ro.	Totale.	וווווי	-	1	1	1	ŀ	ł	111111001111
	DEATHS	Females.	التلالف	1	1)	1	1	1	1111111111111
	DI	Males.	111111	1	ı	1	1	1	1	111111
	ANE.	Totals.	111111	1	1	1)	1	1	1111111111
	NOT INSANE.	Females.	1 + 1 + 1 + 1	1	1	1	1	ı	1	111111111
	NOT	Males.	111111	- 1	t	1	-1	1	1	11111111111
ED.	VED	Totals.	30 10 10	-	J	61	1	1	J	111111616611
HARG	NOT IMPROVED	Females.	141	-	1	1	1	ł	ı	111111616611
CASES DISCHARGED	NOT	Males.	1 16 5 -	1	1	1	1	1	1	1111111111
ASE	ED.	Totala.	HOOD THE LI	Н	1	П)	1	1	14+111184111
	IMPROVED.	Females.	H 1 1 2 1 1 1	-	ı	-	1	1	F	181111188111
	IMI	Males.	100101111	ı	1	1	ı	ı	1	1111111111
	VED.	Totals.	थ4थ≒।।।	¢1	63	ı	г	1	1	leetteteett
	IMPRO	Females.	-111	7	¢1	'	1	1	ı	1-111-1111
	MUCH IMPROVED.	Males.	H4H1111	1	1	1	г	ı	1	11411111411
	ED.	Totale.	1-01000	17	ಣ	¢1	63	က	ı	-01-1141-11
	RECOVERED.	Females	1 1 1 1 61 1 1	=======================================	ಣ	-	61	63	,	
	RECC	Males.	1101110101	9	1	-	1	Г	1	181111018111
_	é	Totals.	∞ % % H 4 c1 w	6	+1	2	5	Н	г	14to 1010to 2401
CASES	ADMITTED.	Females.	884141	6	4	ಣ	67	1	г	H041HHF4000H1
°	ADM	Males.	ro 1 1 61 co	1	ಣ	2	တ	-	ı	100101001000
		FORM OF DISEASE.	A.—Insane:— Epileptic Insanity, Constitutional inferiority, Ilyatro epilepsy, Ilyatro epilepsy, Ilyatro epilepsy, Ilyatro insanity, Sexual neursathenia, Periodic insanity,	Manic, delirious and mixed forms (1st attack),	Manic, delirious and mixed forms (2d attack),	Manic, delitious and mixed forms (5d attack).	Manic, delirious and mixed forms (4th attack)	Manic, delirious and mixed forms (5th Manic, delirious and mixed forms (8th	attack), Manio delinions and mixed forms (18th	attack). Circular forms (1st attack), Circular forms (1st attack), Circular forms (2d attack), Circular forms (9th attack), Circular forms (1th attack), Depressed forms (12th attack), Depressed forms (1st attack), Depressed forms (1st attack), Depressed forms (4th attack), Depressed forms (5th attack),

14. - Form of Mental Disease in Cases admitted or discharged, with Condition on Discharge - Concluded.

	LE.	Totals.	41	481	478
	AGGREGATE	Females.	010 1 148 824 48 90 1 1 1 2 1 1 1 1 1 1 2 2 2 2 4 4 8 9 1 1 1 1 1 1 1 1 1 1 1 2 2 2 2 2 4 4 1 1 1 1	220	220
	AGGI	Males.	401 - 122 - 22 - 22 - 22 - 22 - 23 - 23 -	261	258 2
	-	.alatoT	222421111111111111111111111111111111111	101	101
	DEATHS	Females.	401112110111111111111111111111111111111	44	44
	DE	Males.	H4 10H 1HH 1 1 1 1 H4H0 1	57	22
	NE.	Totala.	111111111111111111111111	00	00
	INSANE	Females.	[4	4
	TON	Males.	[4	4
ED.	VED.	Totals.	81 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	125	124
HARG	NOT IMPROVED.	Females.	H4110H040011111111111111111111111111	88	08
CASES DISCHARGED	NOT	Males.	H211012H26-1111111111111H11	45	44
JABE	ED.	Totala.	88 1 1 4 4 6 6 4 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22	10
	IMPROVED.	Females.	001110101141111111111111111111111111111	28	28
	IMI	Males.	14 1 1 1 4 4 4 4 4 1 5 1 1 1 1 1 1 1 1 1	42	42
	VED.	Totals.	891101448911111111111111111111	56	290
	IMPROVED.	Females.	HO	19	13
	мисп	Males.	8811914689111111141111111111111111111111	37	37
	-	Totals.	HO1141111121114011111411114141	121	611
	RECOVERED.	Females.	101111111111111111111111111111111111111	45	45
	RECC	Males.	(9) [6] [1] [4] [66] [1] [7]	92	74
	D.	.slatoT	0E11-67-0E1888 11-1811111118 25 25 25 25 25 25 25 25 25 25 25 25 25	488	483
CASES	ADMITTED	Females.	- 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	231	230
	ADM	Malea.	201000000000000000000000000000000000000	257	253
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		DISEASE	reholia, cack), cack), tack), tack), tia, tia, cololism, coholism,	•	•
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		FORM OF	sane — Concludes Climateric melan Katatonia (2d att Katatonia (2d att Katatonia (4th at Dementia precox Secondary demen Paranole conditio Paranole conditio Paranole conditio Paranole conditio Paranole insanity General paralysis Alcololic insanity Alcololic insanity Cocaliniam, and alcocalism Morphinism, and alcocalism Morphinism, alcocalism Morphinism, alcocalism Morphinism, alcoloric Delirium followii Delirium followii Dementia followii Basilie dementia,	. 68	one,
		FOR	sane — Conclu Katatonia (1st Katatonia (1st Katatonia (1st Katatonia (1st Katatonia (1st Bemeniia pre Beneniia pre Paranoli, con Paranoli, con General paraly Alcoholic insa Alcoholic insa Morphinism, Morphinism, Morphinism, Morphinism, Alcoholic insa Morphinism, Morphinism, Alva insantic insa Huutingonis of Presenile delini Presenile delini Alcoholic demont Alcoholic demont	case	pers
		H	had a state of the	l of	lof
			Nesse Properties	Total of cases,	Total of persons,
			A.—Insane — Concluded Chimateric melan Katatonia (24 att Katatonia (24 th att Katatonia (44) att Katatonia (44) att Natatonia (44) att Dementia precox Secondary dener Paranoic conditio Paranoic conditio Paranoic Cocanism, cocanism, cocanism, deneral paralys Alcoholic insanity, Cocanism, and al Morphinism, Toxic insanity, Febrile delirium, Delirium followii Delirium followii Denernia followii Demenia followii Presenile delirium Flashtonia dementia, B.—Habitual dementia, Not insane, .		-
# I			М		- 1

15. — Discharges, classified by Admission and Result.

	Totals.	408	53	13	62	က	1	1	481	477
Totals.	Females,	- 761	17	2	н	-			220	219
Tc	Males.	216 1	36	9	П	63	1	ı	261 2	258 2
Æ.	Totals.	20	ෙ	1	1	1	1	1	00	00
Not Insane.	Females.	ಣ		ı	1	1	ı	ı	4	4
Nov	Males.	63	63	1	1	J	1	ı	4	4
	Totals.	95	50		1	ı	ı	ı	101	101
DIED.	Females.	43	ı		1	ı	1	1	44	44
	Males.	52	9	1	!	1	1	1	57	22
OVED.	Totals.	106	15	4	1	J	1	1	125	124
NOT IMPROVED.	Females.	89	10	63	1	1	1	1	80	79
Nor	Males.	88	70	62	1	1	1	1.	45	45
ED.	Totals.	29	10	63	1		j	1	20	02
IMPROVED.	Females.	27	-	1	J	1	1	J	28	28
	Males.	30	6	62	1		1	1	42	42
OVED.	Totals.	43	2	4		ı	1	<u> </u>	99	55
MUCH IMPROVED.	Females.	14	1	ಣ	1	ŀ	1	-	19	19
Мос	Males.	29	9		-	1	1	1	37	36
ED.	Totals.	102	13	67	1	67	-	1	121	119
RECOVERED.	Females.	37	4		-	-	7	1	45	45
E	Males.	65	G	7	1	1	1		92	74
	IISSION.							•		•
	THE AD								eases,	Total of persons,
	NUMBER OF THE ADMISSION.	First, .	Second, .	Third, .	Fourth, .	Fifth, .	Sixth, .	Seventh,.	Total of cases,	Total of

16. — Form of Mental Disease in Cases of Death.

X +	Totals.		,	ı		,	ı	1	1	,	1	1	1	1	ı	,
NDAI	Females		1	1		1	1	ı	1	ı	1	ı	7	1	1	1
SECONDARY DEMENTIA.	Males.		1	1		1	1	ı	1	ı	1	1	1	1	-1	1
	Totals.		-	1		-	1	1	1	1	1	1		ı	t	1
DEMENTIA PRÆCOX.	Females.		г	1		1	1	1	1	1	1	1	1	1	t	1
Den	Males.		ī	1		1	ı	1	1	1	1	1	-	1	1	1
TA.	Totals.		П	1		63	1	1	П	1	1	ı	1	1	t	ı
VTON	Females.		1	1		1	1	1	- 1	1	1	ı	1	1	1	ī
Katatonia.	Males.		Г	1		61	1	ı	-	1	í	1	1	i	1	1
	Totals.	-		ı		_	ł	1	1	1	1	П	1	1	1	1
CLIMACTERIC MELANCHOLIA.			1					1		1			1	1	1	
ANG	Females.															_
CLI	Males.		1	'		1	1	1	1	1	1	1	1	1	1	1
C DE- DRM, K.	Totals.		1	1		1	1	1	1	ı	1	1	1	1	1	1
Periodic Insanity, De- Ressed Form, 2d Attack.	Females.		ı	ı		1	1	1	1	ī	1	1	1	1	1	1
Periodic Insanity, De- pressed Form, 2d Attack.	Males.		1	ı		1	1	1	1	1	1	1	1	1	1	1
	.alaioT		1	1		1	1	1	1	ı	1	1	1	ı	ı	1
Periodic Sanity, De Essed Form	Females.		1	ı		1	1	1	1	1	1	1	1	1	ı	1
PERIODIC INSANITY, DE- PRESSED FORM, 1ST ATTACK.	Males.		1	-1		1	1	1	ı	1	i	ı	1	ŀ	1	1
	Totale.		1	1		1	1	1	1	ı	Г	1	6.1	1	1	1
PERIODIC IN- SANITY, MANIC FORM 1ST ATTACK.	Females.		1	i			1	1	1	ı	1	1	6.1	1	1	1
PERIODIC IN- SANITY, MANIC FORM, 1ST ATTACK.	Malea.		ı	1		1	1	1	1	1	П	1	1	t	1	1
	rotals.		1	1		ı	1	1	1	1	1	61	61	ı	1	1
EPILEPTIC INSANITY.	Females.			1		-	1	1	1	1	,	1	1	1	1	1
EPI) INS.	Males.		1	1		ı	-1	1	- 1	ı	ı	C1	61	1	1	1
TE.	Totals.		11	П		12	П	-	-	61	1	19	15	C1	61	1
A ggregate.	Females.		c1	1		ಣ	1	1	1	1	1	11	00	7	1	В
1661	Males.		0	-		6	1	1	П	61	Г	90	1-	ı	61	1
			٠	•		•	ia,	•	٠	•	•			•	•	•
	i						Phthisis and broncho-pneumonia,									
	ATH.						pneu	ge,						3,		
	DH				!	ile,	cho-	Pulmonary hemorrhag	e e			ıla,		noni		
	CAUSES OF DE	1.			Respiratory system:—	Phthisis pulmonalis,	ron	mor	Gangrene of lungs,	Oedema of lungs, .	Pneumothorax, .	Broncho-pneumonia,	Lobar pneumonia,	Hy postatic-pneumonia	Acute bronchitis, .	
	π Ν	tem	'n,	•	83.8	ulm	nd b	y he	of 1	f lun	ora	bnen	una	c-pr	nch	
	SO V	вув	stio	'BiB,	tory	sis p	sis a	nar	ene.	080	noth	l-oq	bue.	stati	bro	isy,
	CZ	vous	Exhaustion, .	Paralysis,	pirat	thie	this	nlmc	angı	eden	nen	ronc	obar	y por	cute	Pleurisy,
		Nervous system:-	E	Ps	Resi	P	E	F	Ö	Õ	딮	B	Ä	H	A	ы

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16. - Form of Mental Disease in Cases of Death - Concluded.

E IIA.	Totala.	4	ı		-	ı		ı	Ť,	ı	11	1	64	-	ı
SENILE	Females.	1	ı		_	1	1	1	1	1	6	1	61	1	1
SENILE DEMENTIA.	Malea.	4	1		1	1	1	1	1	1	64	г	1	-	1
IC IIA.	Totala.	1	H		ı	1	1	1	ı		64	1	1	1	ı
ORGANIC DEMENTIA.	Females.	1	1		1	1	ŀ	1	t	ı	-	1	'	1	1
Oh	Males.	1	_		1	1	1	1	1	ı	-	1	1	=	1
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lator	Cerebrai hemorrhage,	Acute dilatation of heart,	Endocarditis, .	Heart failure, .	Sinus thrombosis, .	-i la	Peritonitia,	Acute enteritis,	Strangulated hernia,	Septicæmia,	Parenchymatous neph	Interstitial nephritis,	Chronic nephritis, .	Nephropyosis, .	Carcenoma,	Asphyxia (suicide),	Totais, .
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17.—Recoveries, classified by Duration of Disease and Treatment.

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Temales Sold House Parkers 118 Pemales 118	

18. — Deaths, classified by Duration of Disease and Treatment.

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		ERIOD O	Totals.	13 10 13 13 222 222 144 17 17	18.26
		WHOLE KNOWN PERIOD OF HOSPITAL RESIDENCE.	Females.	4 4 4 6 6 6 6 4 4 4 4 4 4 4 4 4 4 4 4 4	18.63
	ALL ATTACKS.	WHOLE	Males.	9 8 8 1 1 1 1 1 1 7 7	17.89
	ALE A	PERIOD SEASE.	.siaioT	27 20 20 10 4 20 20 10 10 10 10 10 10 10 10 10 10 10 10 10	43.39
		WHOLE KNOWN PERIOD OF MENTAL DISEASE.	Females.	100000000000000000000000000000000000000	
		WHOLE OF ME	Males.	1 5 1 1 1 2 2 2 1 1 1 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	41.46
		TION TACK.	Totals.	20 112 120 100 101 101	42.97
		WHOLE DURATION FROM THE ATTACK.	Females.	10 10 10 14	45.12
		WHOI	Males.	1 1 1 1 2 2 2 1 1 1 1 1 2 1 1 1 1 1 1 1	40.83
-	OK.	ENCE.	Totals.	13 10 23 12 23 12 7 7 1 101	17.73
	LAST ATTACK.	HOSPITAL RESIDENCE	Females.	4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	18.18
	LAS	HOSPIT	Males.	0 0 10 13 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17.28
		N SSION.	.elaloT	14 15 13 13 15 6 6 2 2 2 2 2 2 2 101	25.99
		DURATION BEFORE ADMISSION	Females.	66 88 88 88 10 10 11 14	24.67
		BEFOI	Males.	88 38 38 38 10 10 10	27.31
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19. — Annual Admissions since the Opening of the Hospital, with the Discharges and Deaths within the Official Year, and the Number of Each Year's Admissions remaining Sept. 30, 1898.

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19. — Annual Admissions since the Opening of the Hospital, with the Discharges and Deaths within the Official Year, and the Number of Each Year's Admissions remaining Sept. 30, 1898 — Concluded.

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38	56	45	25	56	36	46	45	45	62	7.5	44	47	36	47	7	33	61	23	24	25	40	58	37	53	53	31	89	33	42	35	42	45	41	45	£	33	
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52.	53,	64,	35,	36,	87.	38,	39	.01		72.		14,		. ,92			. 6	. 90,	31,	32,	33,	34,	35,	. 98	37,		39,	. '06			33,)4,)5, ·		7,	. ,86	Total
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20. - Relapsed Cases admitted in Each Year and discharged and died in 1897-98.

	A.G.	1898.	.elaioT	ı	t	1	1	Н	1	Н	63	ı	-	1	1	က	1
	REMAINING	SEPT. 30, 1898.	Females.	1	1	ı	4		1	П	62	1	1	1	1	63	1
	RE	SEPT	Males.	ı	ı	1	1	1	ı	1	ı	ı	-	1	ı	-	1
			Totals.	1	1	1	1	1	1	7	1	1	1	ı	1	ı	1
		DIED.	Females.	ı	1	ı	ı	1	1	1	ı	ı	ı	1	1	ı	ı
			Males.	1	I	t	1	1	ı	-	1	1	1	ı	1	1	1
I.		ED.	Totals.	1	1	ı	ı	ı	1	ı	1	1	1	1	1	1	1
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CASES PREVIOUSLY RECOVERED IN THIS HOSPITAL.	DISCHARGED AND DIED IN 1897-98.	NOT	Males.	1	1	1	ı	1	1	1	1	1	1	ı	ı	T	1
IN TH	IN 18	0.	Totals.	1	ı	1	ı	1	1	ı	1	1	; 1	1	1	ı	1
RED	DIED	IMPROVED.	Females.	1	1	1	1	ı	1	ı	1	1	1	1	1	1	1
ECOVE	ED AN	11K	Males.	1	1	1	1	1	1	1	ı	1	1	1	ı	1	1
LY RI	CHARG	VED.	Totals.	ı	ı	1	1	1	1	1	ı	1	ı	ı	ı	1	ı
VIOUS	DIE	MUCH IMPROVED.	Females.	ı	1	1	1	ı	ı	ı	ı	1	1	ı	1	ı	1
3 PRE		мпси	Males.	1	1	ı	1	1	1	1	1	1	1	1	1	1	ı
CASE		D.	Totals.	ı	1	1	١	ı	ı	1	1	1	ı	1	1	1	ı
		RECOVERED.	Females.	ı	ı	1	ı	1	ı	ı	1	1	1	ı	1	ı	ı
		REC	Males.	ı	1	1	1	ı	ı	1	ı	ı	š	ı	ı	ı	1
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		ADMITTED.	Females.	ı	1	67	က	ന	2	ಣ	5	5	2	9	10	19	11
	•	4	Males.	-	2	l	1	2	တ	4	4	ı	2	ന	14	6	00
		. 30.		•	٠	•	•		•	٠	•	•			٠	•	•
		YEARS ENDING SEPT. 30.				•			•						•	•	•
		DING		٠		•		•	٠	•		•	٠		•		•
		RS EN			•		•	•		•			•		•		•
		YEAI		1868,	1869,	1872,	1873,	1874,	1876,	1877,	1878,	1879,	1880,	1881,	1882,	1883,	1884,

7	2	_	2	_	_	2	62	4	2	1	9	9	2	43
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28	24	26	16	27	38	44	44	30	31	23	34	56	18	535
16	12	13	10	12	19	19	14	15	18	11	22	14	2	276
12	12	13	9	15	19	25	30	15	13	12	12	12	11	259
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•	•	•		٠	•		•	•		•	•	•	•	Totals,
1885,	1886,	1887,	1888,	1889,	1890,	1891,	1892,	1893,	1894,	1895,	1896,	1897,	1898,	I

LIST OF PERSONS

EMPLOYED IN THE WORCESTER LUNATIC HOSPITAL, SEPT. 30, 1898.

Superintendent and physician, per year,					•		\$3,000	00
Assistant superintendent and physician,	per	year	,				1,500	00
Assistant physician,	66	66					1,500	00
Assistant physician,	44	"					1,000	00
Assistant physicians (two),	"	44					900	00
Junior assistant physicians (four),	44	"					400	00
Steward,	"	44					1,200	00
Treasurer,	44	66					500	00
Auditor,	"	"					75	00
Matron,	"	66					600	00
Clerk,	66	66					720	00
Stenographers (three),	р	er m	ont	h,	\$30 (00 a	nd 60	00
Supervisor (man),		46	46				45	00
Supervisor (woman),		"	44				30	00
Assistant supervisors (men, two) each,		66	"				35	00
Assistant supervisors (women, two) each	h,	**	46				25	00
Marker of clothing, etc.,		44	44				20	00
Seamstresses (two) each,		46	"				18	00
Attendants (men, forty-three),		"	"		\$23	00	to 28	00
Attendants (women, forty-five),		"	"		14	00	to 20	00
Night attendants (men, five),		"	"		25	00	to 28	00
Night attendants (women, six),		46	"				18	00
Baker,		"	"				.50	00
Assistant baker,		"	44				27	00
Steward's assistant,		66	"				30	00
Office girl,		"	66			•	16	00

66

66

Coachman,

Expressman,

Basement and vard man,

45 00

25 00

25 00

25 00

PRODUCTS OF THE FARM

ON HAND OCT. 1, 1898, AND NOT DELIVERED AT THE HOSPITAL.

Apples, .											105 barrels.	
Beans, shell,	Lima	, .									25 bushels.	4
Beets, .											250 bushels.	
Brussels spro	outs,										25 bushels.	
Cabbage, .										. 15	,000 heads.	
Celery, .										. 5	5,500 heads.	
Egg plant,											200	
Ensilage, .											500 tons.	
Hay, .											425 tons.	
Hay, swale,											30 tons.	
Mangolds,											25 tons.	
Oat fodder,											30 tons.	
Onions, .											475 bushels.	
Parsley, .											5 bushels.	
Rye,											20 bushels	
Sage, .						,					5 bushels	
Spinach,											100 bushels	
Squash, .											3,800 pounds.	
Straw rye,						·				. 10	6 tons.	
Turnips, .						Ċ				-	400 bushels.	
Tomatoes,										. 2	30 bushels.	
Pop corn,		•	•	٠	٠	•		•	٠		20 bushels.	
rop com,	•	•	•	•	•	•	•	•	٠	0	20 busilets.	•

FARM ACCOUNT.

Dr.													
Dr.													
Bread,	. \$200 00												
Butter,	. 680 54												
Blacksmithing,	. 214 10												
Groceries, etc.,	. 1,570 74												
Meats,	. 1,711 51												
Sugar,	. 336 59												
Wages,	. 5,800 24												
Live stock,	. 1,840 50												
Grain and meal,	. 4,512 31												
Light,	. 192 28												
Fuel,	. 440 27												
Water,	. 126 62												
Pasturage,	. 120 00												
Seeds,	. 53 95												
Repairs,	. 144 88												
Fertilizer,	. 370 00												
Other current expenses,	. 730 39												
	\$19,044 92												
Net gain for year ending Sept. 30, 1898,	. 1,599 17												
	\$20,644 09												
Cr.													
	050 50												
Apples, 35 barrels,	. \$79 50												
Asparagus, 34½ dozen bunches,	. 34 50												
Bones,	. 51 00												
Brussels sprouts, 6 bushels,	. 14 00												
Beans, string, 92 bushels,	. 69 00												
Beans, Lima, 24 bushels,	. 29 38												
Beans, shell, 51 bushels,	. 51 00												
Beets, 240 bushels,	. 128 75												
Corn, 138 barrels,	. 207 00												
Currants, 428 boxes,	. 42 80												
Cabbage, 203 barrels,	. 233 25												
Cash for live stock sold,	. 929 59												
Amount carried forward,	. \$1,869 77												

WORCESTER LUNATIC HOSPITAL. [Oct. '98.

64

Amount brought forward	₫, .	•	•	•			\$1,869	77
Celery, 169 dozen bunches,							293	25
Cauliflower, 636 heads, .							63	60
Chicken, 101 pounds, .							20	10
Cider, 4 gallons,								60
Dandelions, 241 bushels,							120	50
Eggs, 453 dozen,							92	08
Egg plant, 18 bushels, .							36	25
Fowl, 91 pounds,							13	58
Gravel, 177 loads,							17	70
Hay, 3 tons,						٠	60	00
Horse-radish, 10 pounds,				•				80
Honey, 8 pounds,							1	60
Hides, 2,							6	00
Kale, 69 bushels,							34	50
Lettuce, 413 dozen, .							193	00
Melons, 152½ bushels, .							112	75
Milk, 309,666 quarts, .							12,386	64
Oats, 594 bushels,							211	29
Pickle cucumber, 157 bushels			•				156	39
Peas, 105 bushels,				•			149	00
Parsley, 5 bushels,								60
Pork, 30,295 pounds, .							1,592	93
Pears, 20 bushels,							20	00
Plants, celery, cabbage and t	omato,	•	•				13	50
Parsnips, 59 bushels, .							88	50
Onions, 516 bushels, .							524	
Raspberries, 45 quarts, .					•		9	00
Radish, 4,055 bunches, .							143	25
Rhubarb, 3,450 pounds, .							61	35
Squash, 22,930 pounds, .							501	42
Sled, ox and manure spreade							45	
Squash, summer, 136 bushels	, .						40	78
Swiss chard, 157 bushels,			•				78	25
Strawberries, 983 boxes,							100	52
Spinach, 148 bushels, .							102	30
Tomatoes, 207 bushels, .							194	24
Tomatoes, green, 46 bushels,							25	40
Turnips, 107 bushels, .							51	
Wood, 11 cords,							53	50
337 . 3 3!							1,154	00







