

**Report of the Pennsylvania Hospital for the Insane for the year 1852 / by
Thomas S. Kirkbride, Physician to the Institution.**

Contributors

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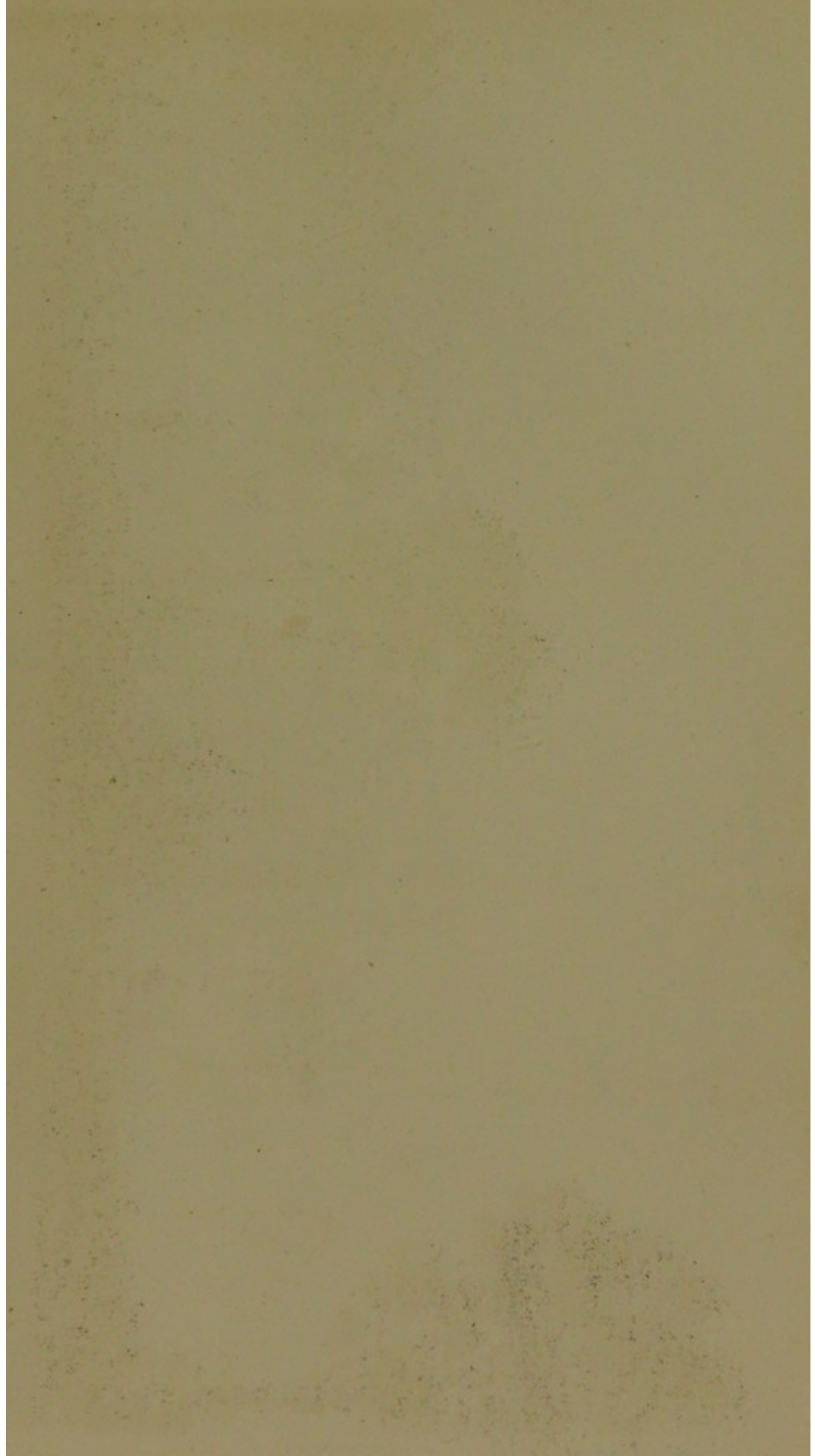
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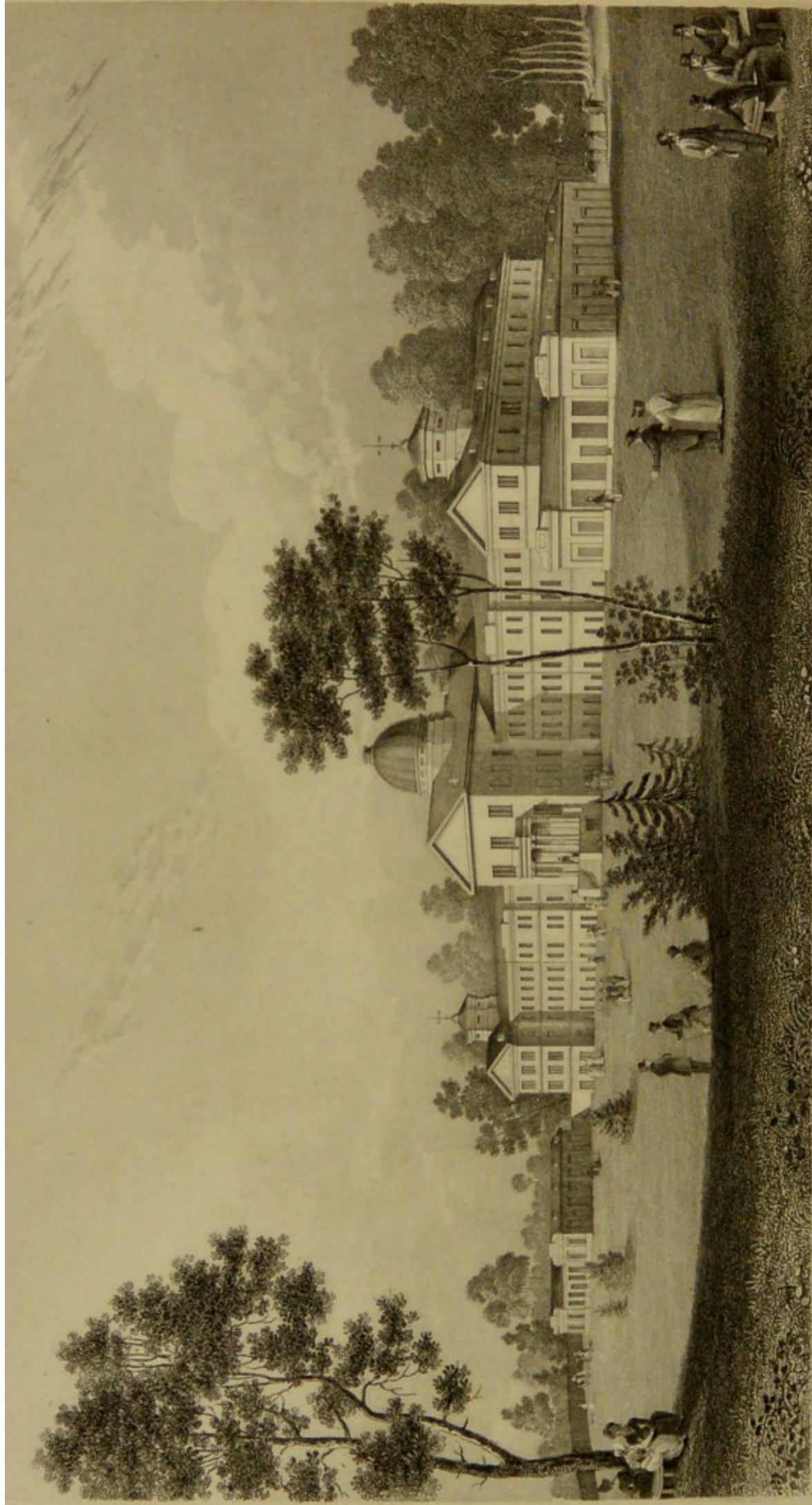
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PENNSYLVANIA LEGISLATIVE BUILDING, PHILADELPHIA.

R E P O R T

OF THE

PENNSYLVANIA HOSPITAL FOR THE INSANE

FOR

THE YEAR 1852.

BY THOMAS S. KIRKBRIDE, M. D.

PHYSICIAN TO THE INSTITUTION.

Published by Order of the Board of Managers.

PHILADELPHIA:

1853.

THE YEAR 1862

THE YEAR 1862

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THE YEAR 1862

PHILADELPHIA:

T. K. AND P. G. COLLINS,

PRINTERS.

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Letters relative to the admission of patients may be addressed (post-paid) to any of the Managers, or to Dr. KIRKBRIDE, *Pennsylvania Hospital for the Insane, Philadelphia.*

Letters or small packages, for any of the officers or patients, may also be left at the Hospital gate, Eighth Street, between Spruce and Pine Streets, in the city of Philadelphia.

PHYSICIAN'S REPORT

TO THE

BOARD OF MANAGERS.

IN compliance with the requisitions of the By-Laws of the Pennsylvania Hospital for the Insane, the undersigned presents to its Board of Managers his Twelfth Annual Report.

At the date of the last Report, there were 216 patients in the Institution; since which 197 have been admitted, and 198 have been discharged or died, leaving 215 under care at the close of the year.

The total number of patients in the Hospital during the year was 413. The highest number at any one time was 232, the lowest was 213, and the average number under treatment during the whole period was 224.

Notwithstanding the extensive provision for the insane made by the State, at Harrisburg, and which has been available during the year just closed, this Institution has been about full during the whole period, and for much of the time inconveniently crowded, particularly in the wards appropriated to men.

During the entire year the general health of the patients has been remarkably good, with an entire exemption from all epidemic disorders.

Of the patients discharged during the year 1852, were

Cured	99
Much improved	18
Improved	36
Stationary	17
Died	28
Total	<hr/> 198

Of the patients discharged "cured," forty were residents of the Hospital not exceeding three months; thirty-two between three and six months; twenty-three between six months and one year; and four for more than one year.

Of those discharged "much improved," three were under treatment less than three months; four between three and six months; eight between six months and one year; and three for more than one year.

Of the "improved," four were under care less than three months; nine between three and six months; ten between six months and one year; and thirteen for more than one year.

Of those discharged and reported "stationary," one was under care less than three months; five between three and six months; four between six months and one year; and seven for a longer period than one year.

Twelve males and sixteen females have died during the year. Of these deaths, five resulted from acute mania; six from pulmonary consumption; six from organic disease (softening) of the brain; three from congestion of the brain; two from the exhaustion induced by long-continued refusal of food; one from sloughing of the perineum; one from suicide; one from convulsions; one from inflammation of the intestines;

one from chronic ulceration of the intestines; and one from a foreign body entering the trachea.

Five of these cases terminated within ten days of their admission, and these were the fatal cases of acute mania.

Of the patients who died, nine were admitted for mania; four for melancholia; two for monomania; and thirteen for dementia.

Of these cases, one had been a resident of the Hospital for thirty-nine years, another for thirty-three, and a third for upwards of twenty years.

PREMATURE REMOVALS.—Of the patients discharged this year, and not cured, seven ought unquestionably to be reported as having been taken home by their friends without giving to them a sufficient trial of treatment. Had they remained for a longer period, the result with some would probably have been different. Although the friends of patients still occasionally wish to make experiments of this kind, it is less frequently done than in the first years of the Institution, and the generally unfortunate results to the patients themselves seem to be better understood. The officers of this Hospital do not attempt, nor do they wish to exercise any control in this matter, further than to give advice and to insist upon a full compliance with the regulations for the admission of patients. These regulations require that no patient shall be admitted for a shorter time than thirteen weeks, that the board for this period shall be paid in advance, and that no part of it shall be refunded if the case is removed uncured before the expiration of the term, and without the advice and approbation of the Superintending Physician. This provision, besides

saving the Hospital much trouble, has no doubt frequently prevented the premature removal of patients, and thereby secured their complete recovery. It may be added, that it is not intended to be understood from this provision, by which thirteen weeks are named as the shortest period for which patients are received, that this will be sufficient to effect a recovery in even a majority of the curable cases; but it is believed that unless a regular course of treatment is to be persevered in for at least that length of time, it will be best for all parties that the patient should not be sent to the Hospital at all.

STATISTICAL TABLES.—As usual, the statistical tables embrace all the cases admitted into this Hospital since its opening in 1841.

TABLE I.—*Showing the number and sex of the admissions and discharges since the opening of the Hospital, and of those remaining at the end of 1852.*

	Males.	Females.	Total.
Admissions	1212	995	2207
Discharges or deaths	1097	895	1992
Remain	115	100	215

TABLE II.—*Showing the ages of 2207 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years	2	1	3	Between 45 and 50	102	86	188
Between 10 and 15	2	5	7	“ 50 and 55	78	55	133
“ 15 and 20	63	64	127	“ 55 and 60	38	36	74
“ 20 and 25	196	148	344	“ 60 and 65	35	24	59
“ 25 and 30	202	165	367	“ 65 and 70	12	13	25
“ 30 and 35	179	114	293	“ 70 and 75	13	20	33
“ 35 and 40	167	118	285	“ 75 and 80	5	7	12
“ 40 and 45	118	138	256	“ 80 and 85	—	1	1

TABLE III.—*Showing the occupations of 1212 male patients.*

Farmers . . .	176	Tanners . . .	2
Merchants . . .	110	Artists . . .	4
Clerks . . .	80	Hairdresser . . .	1
Physicians . . .	23	Police Officers . . .	4
Lawyers . . .	17	Machinists . . .	14
Clergymen . . .	16	Plane-maker . . .	1
Masons . . .	15	Iron-masters . . .	2
Umbrella-makers . . .	3	Weavers . . .	18
Printers . . .	12	Bricklayers . . .	10
Officers of the Army . . .	4	Brickmaker . . .	1
“ “ Navy . . .	4	Sail-makers . . .	2
Students . . .	27	Cooper . . .	1
“ of Medicine . . .	10	Jewellers . . .	3
“ of Law . . .	4	Potter . . .	1
“ of Divinity . . .	6	Chair & Cabinet makers . . .	12
Saddlers . . .	7	Blacksmiths . . .	18
Teachers . . .	26	Watchmakers . . .	4
Peddlers . . .	3	Hotel Keepers . . .	11
Tobacconists . . .	12	Second-hand Dealers . . .	3
Carpenters . . .	46	Cap Manufacturer . . .	1
Bakers . . .	8	Locksmiths . . .	3
Seamen and Watermen . . .	35	Millers . . .	13
Planters . . .	14	Glassblowers . . .	2
Manufacturers . . .	28	Wheelwrights . . .	5
Coachmen . . .	2	Gardeners . . .	7
Druggists . . .	5	Chemists . . .	4
Laborers . . .	98	Print Cutters . . .	2
Engineers . . .	7	Curriers . . .	2
Plasterers . . .	8	Tailors . . .	22
Bank Officer . . .	1	Shoemakers . . .	34
Conveyancer . . .	1	Brokers . . .	2
Bookbinders . . .	4	Waiter . . .	1
Hatters . . .	4	Stove-maker . . .	1
Rope-maker . . .	1	Dentist . . .	1
Tinmen . . .	7	Victuallers . . .	2
Painters . . .	7	Soldier U. S. A. . .	1
Brush-maker . . .	1	Brewer . . .	1
Paper-hanger . . .	1	No occupation . . .	162
Boat-builder . . .	1		

TABLE IV.—*Showing the occupations of 995 female patients.*

Seamstresses, or Mantua-makers	120	Wives of Painters	1
Storekeepers	9	“ Innkeepers	15
Attendants in Stores	4	“ Engineers	2
Cigar-makers	3	“ Artists	7
Teachers	11	“ Bricklayers	1
Domestics	116	“ Collectors	2
Nurses	4	“ Brickmakers	2
		“ Seamen	6
		“ Merchants	55
Of the <i>Single</i> females, not pursuing a regular occupation, were—		“ Physicians	7
		“ Lawyers and Judges	7
<i>Daughters</i> of Farmers	51	“ Shoemakers	16
“ Merchants	43	“ Hatters	4
“ Mason	1	“ Cabinet-makers	8
“ Bank Officer	1	“ Laborers	71
“ Weavers	4	“ Grocers	5
“ Laborers	5	“ Clergymen	7
“ Sea Captain	1	“ Tobacconists	2
“ Auctioneer	1	“ Weavers	8
“ Innkeepers	2	“ Sea Captain	1
“ Teachers	3	“ Victuallers	3
“ Carpenters	5	“ Brush-makers	2
“ Paper-makers	2	“ Tailors	9
“ Physicians	6	“ Millers	2
“ Planters	7	“ Police Officers	2
“ Watchmaker	1	“ Carpenters	9
“ Curriers	3	“ Druggists	5
“ Clerks	9	“ Planters	6
“ Engineer	1	“ Peddlers	3
“ Clergymen	5	“ Manufacturers	17
“ Miller	1	“ Brokers	1
“ Public Officers	8	“ Tanners	1
“ Officer of Army	1	“ Officers of the Army	2
“ Lawyers	3	“ Plumber	1
“ Machinist	1	“ Blacksmiths	3
“ Bricklayer	1	“ Baker	1
“ Chair-maker	1	“ Confectioner	1
“ Manufacturers	3		
“ Tailors	3	Of the <i>Widows</i> , similarly situated, were	
“ Waterman	1	<i>Widows</i> of Merchants	26
“ Baker	1	“ Physicians	3
“ Printers	3	“ Public Officers	7
“ Shoemaker	1	“ Sea Captains	2
“ Druggist	1	“ Hotel Keeper	1
“ Artist	1	“ Shoemakers	16
		“ Clergymen	1
Of the <i>Married</i> , similarly situated, were—		“ Farmers	18
<i>Wives</i> of Clerks	32	“ Coopers	2
“ Teachers	4	“ Laborers	13
“ Farmers	99	“ Manufacturers	3
“ Brass Founders	2	“ Lawyers	1
“ Gardeners	4	“ Carpenters	1
“ Saddlers	2	“ Clerks	3
“ Printers	3	“ Tanners	1
“ Machinists	5	“ Teachers	1
“ Mason	1	“ Planters	1

TABLE V.—*Showing the number of single, married, widows, and widowers in 2207 patients.*

	Males.	Females.	Total.
Single	666	394	1060
Married	492	475	967
Widows	—	126	126
Widowers	54	—	54

TABLE VI.—*Showing the nativity of 2207 patients.*

Natives of Pennsylvania	1259	Natives of Vermont	1
“ New Jersey	118	“ Nova Scotia	1
“ Delaware	51	“ Canada	5
“ Maryland	50	“ France	10
“ Virginia	25	“ England	99
“ North Carolina	23	“ Scotland	15
“ South Carolina	20	“ Ireland	295
“ Georgia	15	“ Germany	96
“ Alabama	4	“ Poland	3
“ Tennessee	4	“ Prussia	4
“ Indiana	2	“ Switzerland	2
“ Kentucky	6	“ Bermuda, W. I.	2
“ D. of Columbia	5	“ Jamaica, “	1
“ Maine	3	“ St. Domingo, “	3
“ Massachusetts	11	“ Barbadoes, “	2
“ Connecticut	15	“ Cuba, “	2
“ Missouri	1	“ Guadaloupe, “	1
“ Ohio	5	“ Martinique, “	1
“ N. Hampshire	1	“ St. Croix, “	1
“ Louisiana	5	“ Isl. of Madeira	1
“ Rhode Island	4	“ Spain	1
“ New York	32	“ Italy	1
“ Mississippi	1	“ Denmark	1

TABLE VII.—*Showing the residence of 2207 patients.*

Residents of Pennsylvania	1901	Residents of Illinois	3
“ New Jersey	82	“ Ohio	2
“ Delaware	33	“ Indiana	3
“ Maryland	32	“ Missouri	3
“ Virginia	20	“ Iowa	1
“ D. of Columbia	9	“ Massachusetts	1
“ North Carolina	19	“ Connecticut	3
“ South Carolina	14	“ Maine	3
“ Georgia	17	“ Rhode Island	3
“ Alabama	7	“ New York	16
“ Louisiana	13	“ Jamaica, W. I.	1
“ Tennessee	3	“ Barbadoes, “	3
“ Kentucky	6	“ Cuba, “	2
“ Arkansas	1	“ St. Croix, “	1
“ Mississippi	3	“ Isl. of Madeira	1
“ Vermont	1		

TABLE VIII.—*Showing the supposed causes of insanity in 2207 cases.*

	M.	F.	T.		M.	F.	T.
Ill health of various kinds . . .	183	166	349	Nostalgia . . .	—	3	3
Intemperance . . .	135	12	147	Stock speculations . . .	2	—	2
Loss of property . . .	69	23	92	Want of employment . . .	25	2	27
Dread of poverty . . .	2	—	2	Mortified pride . . .	2	1	3
Disappointed affections . . .	17	20	37	Celibacy . . .	1	—	1
Intense study . . .	21	5	26	Anxiety for wealth . . .	1	—	1
Domestic difficulties . . .	16	45	61	Use of opium . . .	3	5	8
Fright . . .	10	17	27	Use of tobacco . . .	5	—	5
Grief, loss of friends, &c. . . .	35	68	103	Puerperal state . . .	—	85	85
Intense application to business . . .	17	—	17	Lactation, too long continued . . .	—	3	3
Religious excitement . . .	44	38	82	Uncontrolled passion . . .	4	7	11
Political excitement . . .	5	—	5	Tight lacing . . .	—	1	1
Metaphysical speculations . . .	1	—	1	Injuries of the head . . .	17	3	20
Want of exercise . . .	5	2	7	Masturbation . . .	20	—	20
Engagement in a duel . . .	1	—	1	Mental anxiety . . .	56	59	115
Disappointed expectations . . .	4	5	9	Exposure to cold . . .	3	1	4
				Exposure to direct rays of the sun . . .	18	—	18
				Exposure to intense heat . . .	—	1	1
				Unascertained . . .	490	423	913

TABLE IX.—*Showing the ages at which insanity first appeared in 2207 cases.*

	M.	F.	T.		M.	F.	T.
Under 10 years	4	1	5	Between 45 and 50	67	66	133
Between 10 and 15	19	12	31	“ 50 and 55	45	35	80
“ 15 and 20	116	106	222	“ 55 and 60	25	37	62
“ 20 and 25	242	196	438	“ 60 and 65	24	12	36
“ 25 and 30	220	191	411	“ 65 and 70	5	2	7
“ 30 and 35	174	125	299	“ 70 and 75	5	2	7
“ 35 and 40	141	97	238	“ 75 and 80	4	1	5
“ 40 and 45	121	112	233				

TABLE X.—*Showing the forms of disease for which 2207 patients were admitted.*

	Males.	Females.	Total.
Mania	567	508	1075
Melancholia	261	274	535
Monomania	192	123	315
Dementia	185	86	271
Delirium	7	4	11

TABLE XI.—*Showing the duration of the disease at the time of admission in 2207 patients.*

	Males.	Females.	Total.
Not exceeding 3 months	624	507	1131
Between 3 and 6 months	88	78	166
“ 6 months and 1 year	150	116	266
“ 1 and 2 years	143	93	236
“ 2 and 3 “	59	49	108
“ 3 and 4 “	23	27	50
“ 4 and 5 “	33	18	51
“ 5 and 10 “	39	39	78
“ 10 and 15 “	21	25	46
“ 15 and 20 “	13	21	34
“ 20 and 25 “	5	8	13
“ 25 and 30 “	5	8	13
“ 30 and 35 “	2	3	5
“ 35 and 40 “	3	—	3
“ 40 and 45 “	3	2	5
“ 50 and 55 “	—	1	1

TABLE XII.—*Showing the number of the attack in 2207 cases.*

	M.	F.	T.		M.	F.	T.
First attack	885	729	1614	In the <i>periodical cases</i> ,			
Second "	195	163	358	9th paroxysm,	—	2	2
Third "	65	53	118	10th "	1	2	3
Fourth "	29	20	49	11th 1 m. 1 f., 17th 1 m. . .	2	1	3
Fifth "	13	6	19	18th 3 m., 19th 1 m. . . .	4	—	4
Sixth "	9	3	12	20th & 21st each 1 m. & 1 f. .	2	2	4
Seventh "	5	1	6	22d 1 m., & to 26th each 1 f. .	1	5	6
Eighth "	1	1	2	27th 2 f., 29th 1 f.	—	3	3
				30th, 31st, 32d, 33d each 1 f. .	—	4	4

TABLE XIII.—*Showing the state of 1992 patients who have been discharged or died—their sex, and the form of disease for which they were admitted.*

	Males.	Females.	Total.	Mania.	Melancholia.	Monomania.	Dementia.	Delirium.
Cured	579	470	1049	623	269	134	22	1
Much improved	86	82	168	81	50	28	9	—
Improved	161	141	302	124	82	45	51	—
Stationary	139	104	243	92	49	43	58	1
Died	132	98	230	97	52	10	62	9

TABLE XIV.—*Showing the number of admissions, discharges, cures, and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Cures.	Deaths.
1st month	183	138	78	20
2d "	187	113	57	19
3d "	233	160	88	18
4th "	213	167	83	23
5th "	195	188	91	23
6th "	223	193	104	12
7th "	173	176	86	20
8th "	152	195	110	23
9th "	151	166	77	23
10th "	164	182	100	17
11th "	177	166	89	16
12th "	156	148	86	16

FARM AND GARDEN.—It has become so well understood that a farm and garden are essential parts of the means of treatment of a Hospital for the Insane, that they are now almost universally placed under the same general superintendence as the other parts of the establishment. In this way, they can scarcely fail to prove exceedingly valuable, by contributing to the comfort, happiness, and restoration of many patients, as well as for the convenience and profit resulting from the abundant supplies of fresh vegetables derived from them. Although these last are really important, it should be with special reference to the former that we make our estimate of the true value of a farm and garden in connection with such a Hospital.

The system of cultivation to be adopted must, necessarily, be regulated to a considerable extent by the wants of the Institution, by the kind of labor they can furnish to the inmates, and by the other curative influences which may be derived from them. A farm and garden, made independent of the other parts of a Hospital, become of secondary value, and the Institution loses the benefit of one of the means of which it should always be able to avail itself. It may be that, occasionally, although it is not necessarily so, a farm and garden, made a part of the Hospital machinery, will not present quite as large a return in dollars and cents as if entirely disconnected, and worked only to produce the largest possible amount of market crops. Whenever we form an impartial judgment on this subject, or estimate correctly what is derived from them, we must ascertain, in addition to the amount of produce, how many insane they have helped to restore to health; how many, who have not been restored, they have ren-

dered comparatively comfortable; how many painful thoughts they have aided to banish; how many distressing delusions they have caused temporarily, at least, to be forgotten; how much quiet repose they have brought to excited frames; and what amount of tranquillity they have indirectly brought to many of the wards of the Institution. All these are matters, which, in hospital calculations, should be regarded as of vastly more importance than a few bushels, more or less, of grain, or a few dollars, more or less, in the summing up of the year's operations.

The views given above have always governed the management of this Institution, and an experience of twelve years has fully confirmed their correctness.

No new institution, I feel quite confident, will hereafter be put up, on less than one hundred acres of land, which amount seems to be indispensable to give the proper degree of privacy, to provide sufficient means of labor and of exercise, and to furnish the supplies that are required. It also seems well established that a wise foresight, sound views of the objects and real capabilities of Hospitals for the Insane, and true economy, should lead the older institutions, less fortunately situated, at the earliest possible day, to dispose of their present establishments, and to provide new ones in more favorable locations. The experiment, of transferring a Hospital for the Insane from a city to the country, of substituting new for old buildings, and of having more than a hundred instead of a few acres of land, was made by the Pennsylvania Hospital in 1841, and I presume no one will now be found to doubt the propriety of the course adopted, nor to raise the question, whether the

results of that change, costly as it was, have not been such as to justify all the expense that was incurred.

During the year just closed, our farm and garden have been highly productive, and their results, in all respects, satisfactory. The space inside the inclosure, used for raising garden vegetables, has been enlarged, and the cultivation of it as usual carried on mainly by the labor of the patients. The Greenhouse continues to form a pleasant resort in the winter and spring months, and the grape-vines in it have this year yielded a crop of the finest fruit, the market value of which was more than one hundred and twenty dollars, or more than double the cost of keeping up the Greenhouse. From the vines growing in the open air, mostly of the native varieties, a large crop of good fruit for the use of the house has been obtained.

WORKSHOP AND MECHANICAL DEPARTMENT.—In every year, a large amount of valuable mechanical work is performed in the workshop by the patients who have been accustomed to such pursuits; while others, whose occupations have been different, have been more or less amused by the use of tools, without much other profit resulting from their labors.

The steam-engine, used for pumping water, having considerable power to spare, the fine turning-lathe, presented to the Institution some years since, has been transferred to the work-room adjoining that occupied by the engine, and, with a large grindstone, is now driven by it. As circumstances seem to require it, other machinery that may be used to advantage, will be introduced.

EVENING ENTERTAINMENTS AND INSTRUCTION OF THE PATIENTS.—The evening entertainments have been continued without material change from what has been heretofore reported, and are believed to be, in every respect, deserving of all that has been said of their importance and marked utility. As heretofore, they are held in the Lecture-room, three evenings of every week during nine months of the year, and in the warmest months are transferred to the lawn in front of the Hospital. To the members of your Board, or to those who are occasional visitors to our lecture-room, it would scarcely be necessary to refer to the remarkable degree of good order and the general propriety of conduct, almost universally observed, or to the interest manifested in whatever is brought before the audience.

My assistant, Dr. Lee, has had the general charge of the lecture-room entertainments, and, by his efforts, has contributed to their interest and usefulness. We are also under obligations to Frederick Fraley, for a highly interesting lecture on the History, Manufacture, and Uses of Illuminating Gas; to William Chapin, for several lectures descriptive of Scenes in Europe; and to the pupils of the Pennsylvania Institution for the Instruction of the Blind, for a number of admirable musical performances.

In this connection, it gives me pleasure also to refer to the good-will with which several of our household, among those employed in various positions, as well as from among the patients, have interested themselves in providing music, and in other modes adding to the pleasantness and variety of our evening entertainments.

In no position is it more important than in an establishment like this, that all employed—no matter what

may be their stations or their duties—should identify themselves with the prosperity and success of the Institution, and manifest a personal interest in having all its objects carried out in the most thorough manner; and it is always a source of gratification to be able to report, as I have so often done, the various evidences of these feelings exhibited by many here employed.

There is no place, in a Hospital for the Insane, so low, that such feelings, joined to a tolerably good natural capacity, may not render the services of any one, thoroughly actuated by them, really valuable and important; and there is no station so high, that the brightest talents will compensate for their absence. No other accomplishments will prove an adequate substitute for this identity of feeling and interest, for a thorough devotion to the objects of the Institution, and for a willingness to make no small sacrifice of personal ease and convenience for the general welfare.

WARD LIBRARIES.—The ward libraries continue to be highly useful, realizing in every respect all that was originally hoped for from their introduction. Through the kindness of several liberal friends, the number of books in them has been considerably increased, and their usefulness proportionately augmented. There are now sixteen of these libraries, furnishing a good amount of reading to patients and attendants in all parts of the house, and we have every reason to believe that, as heretofore, they will be extended by contributions.

It may not be amiss to add, that as soon as sufficient funds or books are contributed, it is proposed to establish a library in the basement, for the special use of

the large number of persons necessarily employed in the different domestic departments of the Institution. It is important that all these places should be filled with individuals of intelligence, sound morality, and good principles; and it is only right that, while making their homes in the Institution, they should be supplied with every possible means of improving their minds, and spending their leisure hours profitably.

MUSEUMS AND READING-ROOMS.—A full description of the two Museums and Reading-Rooms was given in my last Annual Report, and they are referred to now, mainly to say, that the completion of the second, which was opened a little more than a year since, has enabled us to furnish to all the patients who visit them, a most comfortable and cheerful place of resort during the entire day. The building originally erected is now used exclusively by the ladies, and has been fitted up in a manner to make it pleasant and attractive.

It is intended that these reading-rooms shall be nearly, or quite, as private as the wards themselves; and it is expressly understood that no person is to enter them, especially when in use by the patients, without the same permission that would be necessary to visit the occupied parts of the Hospital. Without this provision for privacy, their usefulness would be materially impaired, and the grand object sought to be attained by their establishment, that of rendering them beneficial and pleasant to the patients of the Institution, for whose advantage alone they were provided, would be, in a great measure, frustrated.

Some of the valuable deposits and contributions made

to the new Museum will be referred to, when making our acknowledgments, on a subsequent page.

IMPROVEMENTS—INTRODUCTION OF GAS.—The most important improvement made during the year, is the introduction of gas, for lighting the Hospital buildings. The gas used is made at the Philadelphia Gas-Works on the eastern side of the Schuylkill, and is brought over that river in an eight-inch cast-iron pipe lying on the roadway of the Market Street Bridge, and thence conducted along Washington Street, or the West Chester Road, a distance of nearly two miles, to a point opposite the eastern front of the Hospital. From this point, the Institution has laid a four-inch pipe, connecting with those of the West Philadelphia Gas Company, from whom the gas is purchased. One hundred and ninety-eight feet of four-inch pipe bring the gas from the West Chester Road to the meters, placed in the south wing cellar, under the eighth ward. One of these meters is capable of furnishing gas for 300 burners, and the other for 180, so that in case of accident to either, the remaining one will be sufficient for the ordinary wants of the establishment. From the meters, a three-inch cast-iron pipe is laid under ground, in front of the Hospital, a distance of 427 feet to the centre building. From this last point, 217 feet of two-inch pipe, convey the gas to the cellar of the fifth ward north, and thence 165 feet of one and a half-inch and 246 feet of one and a quarter-inch, all under ground, carry it to the physician's residence.

At a distance of 30 feet outside of the building, a sliding-valve has been placed in the four-inch main for shutting off all the gas before it reaches the building, as

a precaution in case of fire, or when making repairs to the fixtures about the meters.

The gas has been introduced throughout the wards, and in every other part of the building where light is required; and the supply is so controlled by various stopcocks that we are able to shut it off completely from almost any one section without interfering with the others.

The total number of burners put up in the whole establishment is 245, and of these about 160 are lighted during some portion of every evening. When the evenings are longest, a majority of those lighted are burned not less than seven out of the twenty-four hours, five hours in the evening and two in the morning. Of these burners, 175 are what are called fish-tail, and 70 are of the bat-wing form. The amount of gas consumed, per hour, in each burner, varies from $2\frac{1}{2}$ to 7 feet, according to their position, and the particular uses for which they are intended.

The fixtures which have been put up are of a plain, but neat and substantial character, and the gas has been introduced into every place where it was thought desirable to have it. It may also be mentioned in this connection, that in no part have arrangements been made to turn up the fixtures when not in use; and, of the whole number, there is but one burner, the cock of which is turned with a key.

In the Lecture-room, especial pains have been taken to make the gas tributary to the objects for which that room is designed—the amusement and instruction of the patients. In addition to the very beautiful six light stands on each side of the lecturer's table, and which were presented to the Institution, lights have been ar-

ranged to show transparencies to great advantage, while fixtures have been contrived for the convenient darkening of the room during the exhibition of dissolving views, and for showing the different modes in which gas may be burned, as well as other somewhat novel arrangements that are likely to interest our audience.

The entire expense of introducing gas, including the cost of all the fixtures and the extra meter, was \$2,895 05. Of this sum, \$835 20 were paid for the fixtures, and \$2,059 85 covered all the other expenses.

The fixtures were all made by Cornelius, Baker, & Co., of Philadelphia; and the pipes were laid and the fixtures put up by Stratton & Brother in a very satisfactory manner.

The convenience, cleanliness, safety, and economy of using gas for lighting a Hospital for the Insane are so striking, that no institution should hesitate to introduce it. So important do all connected with this Hospital now regard it, that if by any occurrence it was deprived of its advantages, it could hardly fail to be again introduced, even if the funds had to be raised by private contributions. It has been very convenient to us to have the excellent gas made by the Philadelphia Works brought to us; but those less fortunately situated, need not hesitate on this account, for it has been satisfactorily proved that gas can be made on the Hospital premises about as cheaply as it can ordinarily be bought, and without difficulty, risk, or trouble of any kind.

Although the reasons already given may be deemed sufficient for insisting that no Hospital for the Insane should be without gas, there is another, still more important, and which may with great propriety be urged in favor of its introduction, and that is, that it may be

made an important *remedy*. The effect of cheerful, well-lighted halls and parlors is most striking upon every class of patients, as will readily be acknowledged by all who have watched their appearance or heard their remarks, where an improved mode of lighting has been introduced. There can be scarce anything more dreary about such establishments at night, than the appearance of their long halls so dimly lighted as barely to prevent persons running against each other, or parlors in which no one can read but in immediate proximity to the feeble lamp. When it is remembered, too, that the period during which this state of things exists, is often for at least six hours out of the sixteen that patients are out of bed, it may readily be understood how important it is to change all this gloom into cheerfulness, and to substitute a bountiful supply of gas-light for the obscurity commonly connected with ordinary lamps.

Impressed with the correctness of these views, our object in the introduction of gas here, has not been to ascertain with how little light we might find our way about the building, without material inconvenience, nor to discover how small an amount of it would satisfy our patients, but so to arrange our fixtures as to derive every possible benefit from its free use. True economy in the use of gas, as of many other things about a Hospital, consists in preventing all waste, but, at the same time, in making it contribute as much as possible to the objects of the Institution. Used in this way, the annual cost will no doubt be rather greater, but the comfort daily experienced, and the real benefit conferred on the patients, will more than compensate for the additional expense.

From the short period which has elapsed since the gas was introduced into this Hospital, I am unable to report the probable annual consumption. Enough is known, however, to render it quite certain that the cost will not vary materially from that of oil, while the amount of light will be more than double what we have ever before had.

SUPPLY OF WATER.—The steam-engine and pumps referred to last year as having been just introduced, continue to work to our entire satisfaction. The supply of water in the dryest weather has proved ample, the new well having shown no indications of failing.

The total amount of fuel required to do all our pumping in 1852, was exactly thirty-six tons of anthracite coal, which, at \$3 80 per ton, makes the total cost of fuel for the engine \$136 80. The average daily amount of water required by the Hospital and wash-house is about 8000 gallons, and this is pumped up in a little over two hours.

For the purpose of rendering our apparatus for extinguishing fire more complete, 600 feet of three-inch cast-iron pipe have been laid in front of the Hospital, and at a distance of about 65 feet from the main building. Along the line of this pipe, five fire-plugs have been placed, and 500 feet of hose, now owned by the Hospital, will enable us to carry water from them to any part of the building. This new pipe is connected with that through which the water is pumped into the tanks in the dome of the centre building. This arrangement enables us, in case of accident, first, to use whatever water is in the tanks, and afterwards by putting the steam-engine in motion, to use it as a fire-engine with

an almost unlimited supply of water, and to direct the same through the hose upon the fire wherever it may be situated. The engine can be put in motion at any time in thirty minutes after an alarm is given, and, until it is started, the water in the tanks will give a good supply with a head of near 70 feet.

It appears to me that, prompted by the teachings of the past, what we have now completed here, is only what should be done by every new institution before it is opened for the reception of patients. The valuable property, and the valuable lives which are there constantly exposed to such calamities, as result from fire, make it only common humanity and true economy to do all that is possible to prevent these terrible accidents, and this the community have a right to expect will be done by those to whom is assigned the duty of preparing these institutions for the reception of patients.

CALISTHENEUM.—A neat structure, 60 by 9 feet in size, has been put up in the ladies' pleasure-grounds, intended to give an opportunity for the free use of the various calisthenic exercises which have there been introduced for the benefit of the female patients of the Institution. The building has been neatly fitted up, and it is hoped will prove one of the most attractive, as it may become one of the most useful places of resort about the Hospital. It has been well arranged, and offers, in addition to bowling, many other useful forms of exercise.

Almost all the work about this structure, except the roof and painting, has been done by our own carpenter and the patients. The stained glass and several other matters connected with its fitting up have been presented.

The value of active and regular daily exercise in the open atmosphere, or in rooms where there is a free circulation of air, is not sufficiently understood by the great mass of the community.

It is not alone for the pleasurable sensations which result from it at the time, nor on account of its importance as a means of preventing disease, but also as a valuable agent for restoring health, that it deserves much more attention than it commonly receives.

There is a large class of nervous affections—from the slightest shade of deranged health, up to diseases of the gravest character—which are mainly owing to a continued violation of natural laws, few of which can be long trampled on with impunity. Prominent among these laws seem to be those provisions which require that man should make free use of his muscles, and have pure air for the purposes of respiration. These, joined to temperance—not temperance in eating and drinking alone—but quite as much in the exercise of the passions and propensities—and even in the pursuit of good and lawful objects, seem to furnish the strongest guarantees for the preservation of sound minds in healthful bodies. They offer too the best chance for improving the character of those statistical tables, which now seem to show that a high state of civilization, with all its benefits, is so likely to bring in its train a host of ailments so serious and distressing in their character, as almost to justify the doubt whether, in striking an impartial balance, it shall be deemed to be a blessing or a misfortune.

It is unquestionably the great misfortune of many studious men and women, and of others with different sedentary occupations, that their pursuits frequently present almost insuperable obstacles to their using free

exercise in the open air, although it may well be doubted, whether a few hours thus spent in every day, would not, at the end of the year, have enabled them with less waste of the vital energies, to have accomplished an equal amount of work, and, at the same time, have laid up a capital of health for future emergencies. If this was not the actual result for the first year, it would certainly prove so in a much less series of years than is commonly regarded as the allotment of man.

Important as free muscular exercise in the open air is for persons of all ages, it is especially so for the young, for almost the tenderest age, for the whole period of growth, and perhaps most of all for those approaching man and womanhood. One of the most efficient means of preventing nervousness, or keeping down morbid feelings, and of checking the development of trains of unhealthy thought, which lead to vicious habits, is the careful, systematic cultivation and use of the muscular system. Although the practice is generally different, it is nevertheless true that the cultivation and use of the muscular system is quite as important for the female as the male sex. From the natural tendency of woman's pursuits it is, perhaps, still more so, for the course too often adopted would seem as if intended to develop the sensibility of the nervous system, till it is real disease, and to impose upon her all the suffering which is likely to spring from this condition.

It is desirable that every part of the human body should be harmoniously cultivated; but that which will most tend to keep down an unduly excited nervous system, will unquestionably be found to be a proper development and exercise of the muscular. "*Muscles versus Nerves*" is really the motto of our new calisthe-

neum; and the calistheneum itself has been established from a conviction, based upon the experience of this Institution, and renewedly confirmed by almost every day's observation, that a large number of cases of the highest interest are constantly to be met with, attributable to the causes already referred to, and proving conclusively the truth of the views which have just been cursorily given. The means there offered, it is believed, may not only enable the patients to pass many pleasant hours, but also help to bring about more important and lasting good effects.

Hospital life, as commonly passed, brings few of the muscles into active, regular use, and, on this account, it seems particularly necessary that extraordinary means should be provided to supply the deficiency.

Even among men, manual labor is apt to be regarded as a hardship, and it seems to be natural to many persons to have earnest desires to escape from it. There can be little question, however, but that to most of our species it is a blessing of no ordinary kind. Labor, like most other good things, may be used to excess, but in moderate and regular amount, joined to that kind of temperance already referred to, it will save a large part of mankind from some of the most distressing affections to which they are liable. In the unerring wisdom and justice of the Creator, he has given to the hard-working and prudent man, a compensation for all his toil, in his blissful ignorance of the varied sufferings that spring from a deranged nervous system.

Labor is recognized as a valuable remedy in all hospitals for the insane; not for every case, or at least not for every stage of all the cases; for there are forms of insanity in which it is wholly inadmissible, but most

patients, at some period or other of the disease, will be found to be materially benefited by it. To be useful, it must be regulated by the condition of the patient; and some of the insane frequently require to be prevented from working too earnestly. In many cases it effects a cure; in nearly all, even of the chronic and most hopeless forms, it brings advantages of a decided character. Tranquillity of behavior, a good appetite, easy digestion, sound and refreshing sleep—for it is often the best anodyne, and temporary forgetfulness of painful delusions, are among the directly good effects frequently arising from it; while indirectly the occupation of the laborers, and their absence from the wards, promote the comfort of those who remain in them.

There is another important reason, not commonly referred to, why the patients generally should spend as much as possible of their time in the open air, either in walking, riding, or engaged in some other pleasant form of occupation or amusement. In every well-regulated institution for the insane, the duties of the attendants necessarily require their almost continued presence with the patients, and to perform all that is expected from them efficiently, they must look principally to the institution and its provisions for their chief resources in the way of recreation. Good health, and the cheerfulness and elasticity of spirits resulting from it, are highly important qualities in every attendant, lightening their own labors, and rendering their presence grateful to the patients. If labor and exercise and fresh air are important for the patients, they are not less so for the attendants; but if the patients are restricted to their ordinary apartments, their attendants must like them suffer from the confinement. Attend-

ants going out with patients to work, or to engage in active exercise, are not expected to appear as their supervisors or directors, but by actually joining and leading in the occupation, whatever it may be, to give the best evidence of their belief in its importance and utility for all parties.

It has often occurred to the writer to notice when attendants, from necessity or choice, have rarely gone out with patients, and of course have spent most of their time rather inactively within doors, that sooner or later there has resulted more or less derangement of their health—some form of indigestion—a tendency to irritability of temper, from slighter causes than previously—a distaste for their pursuits, and a want of interest in an occupation, the duties of which they had before performed with alacrity and pleasure.

Labor and exercise and pure air, however, are not to be regarded as a panacea for all the ills of life; neither can all nervous diseases be prevented by the course which has been commended. A long train of moral causes may still be in active operation, and their effects be but too surely felt; but it is never to be forgotten that all these are less likely to disturb the mind when the general health is good. Any one debilitated from disease, from over-wrought mental or physical powers, or from depraved habits, is infinitely more likely to have the mind affected by moral causes than if in the enjoyment of sound health.

An intelligent patient, in noticing the motto of our calistheneum, already referred to, very naturally inquired whether, if it was true that the use and development of the muscles kept down nervous irritability and removed nervous diseases, some very marked change

had not come over the views of professional men and hospital practice, for that, in her early experience among the excited class, the grand object seemed to be to keep down and weaken the muscles, and let the nerves take care of themselves. Or else what could mean the varied and systematic modes of direct depletion, with the low diet, and, above all, the studied efforts to keep quiet these same muscles, either in a forced recumbent position, or worse, if upright, in that machine whose title seems to have been framed in bitter irony of its real effects, "the tranquillizing chair." It seemed as though some grave surgical disease might be supposed to exist in every part of the body, which the slightest movements of the muscles would aggravate. The muscles of the tongue, however, were left at liberty, and full advantage was generally taken of this partial freedom, to give them at least abundant exercise, to the great annoyance of all in the vicinity. This criticism on that mode of treatment could hardly have been more pointed or more just. Much as it might reduce the muscular system, the experience of this, and of most other patients, would certainly be, that the reduction brought with it, neither tranquillity to the house, comfort to the afflicted, nor composure to the disturbed mind.

A new *brick pavement* has also been made in the ladies' pleasure-grounds. Commencing near the west door of the fourth ward, it passes by the cottage, one of the summer-houses, the swing, the pleasure railroad, the calistheneum, the mound, and the pigeon-house, to the wash-house, connected with which is the steam-engine and other machinery. This pavement is not only a

great convenience to all whose business calls them in this direction, but extends very much the opportunities for winter walking heretofore enjoyed by the female patients. Extensive dry walks are indispensable about a hospital for the insane, where daily out-door exercise, at all seasons, is a part of the treatment.

The curbing of the road from the gate to the centre building has been partly completed, in a handsome and substantial manner.

Another summer-house has been put up in the gentlemen's grounds, additional seats in most of the groves, and two pigeon-houses—one in the garden and the other in the ladies' pleasure-grounds—for the fancy pigeons which have been presented to the Hospital.

A handsome cast-iron fountain having been presented to the Hospital, it was placed in a neat basin lined with marble, in the oval, on the western side of the main building, and is supplied with water from the tanks in the dome. A small jet, deriving water from the same source, has been placed in the eastern lawn. Our improved means of raising water have enabled us to add these features to the grounds about the Hospital. It will be found that few simple objects about such institutions are looked upon with greater interest and satisfaction by patients and others than these simple jets, which can often be so arranged as to be rather ornamental, and to effect all that is required, without any great expenditure of money, or using a large amount of water.

RESTRAINT.—In the early years of this Institution, it was customary to refer to this subject annually; and, although the usage of this Hospital, and my own

views, are generally understood by those who are familiar with the Institution, still the question of using restraint is of so much interest and importance, that it may be again introduced, even at the risk of some repetition.

Restraint is necessary in every hospital for the insane; it might, indeed, be said with equal truth to be necessary in all civilized society, for the laws, the customs, and the opinions of our fellows do, imperceptibly, perhaps, but not less certainly, exercise an important restraining influence on all mankind. Those who speak of abolishing all restraint in hospitals for the insane, do not mean to be understood literally, or it would simply be equivalent to abolishing all order and all good results. Much of the good derived from a residence in these institutions, comes from a wise and gentle, but steady kind of restraint exercised over the patients by those in authority; and still more, perhaps, by teaching the patients themselves the importance of their exercising restraint over their own feelings, propensities, and actions.

What is commonly understood by the term restraint, is really restraining apparatus, or mechanical means of restraint, and the almost entire abolition of all these from most of the best institutions, is unquestionably one of the great steps towards a perfect system of treating those laboring under mental diseases.

No point connected with the treatment of the insane is now more conclusively established, than that every such institution *may* be conducted without the use of any mechanical restraint whatever. Whether it is expedient to do so, under all circumstances, is not so well settled. To dispense with restraining apparatus en-

tirely, requires that a hospital should be so constructed as to give all the benefits of the most perfect classification, that it should always have a full force of intelligent, trained attendants, and abundant means for exercise and occupation in the open air. If a mistaken idea of economy results in an imperfect building, or limits the number of attendants below the actual wants of the institution, mechanical restraint, or what is no better, long-continued seclusion, is pretty sure to follow; and, for all this, they alone are responsible who have decided upon the character of the building, and restricted the number employed in the care of the patients.

It is no advance to give up restraining apparatus and substitute frequent and long-continued seclusion. An individual may really be more comfortable and much better off in the open air with some mild kind of restraining apparatus on his person, than he would be confined to his chamber without it; for long-continued seclusion is pretty sure ultimately to lead to habits revolting in themselves, or most unfortunate for the future prospects of the patient. Temporary seclusion to a chamber, however, is a remedy not to be dispensed with, and is really important; but those who control it, should especially endeavor to make the periods of its use as short as possible, and always to remember, that from the moment it ceases to be useful, it rarely fails to become injurious.

The free use of restraining apparatus is unfortunate in its direct effects upon the patients, for it brings about bad habits, and prevents the use of valuable means of treatment. It is, perhaps, still more mischievous, by its bad effects upon the attendants, and all

those who have the care and control of the inmates of a hospital. Where restraining apparatus is kept in the wards, and those in them become accustomed to seeing and using it, it soon comes to be regarded as the great resource in times of difficulty and danger, and is liable to make us forget the great importance of what can only be called tact, and the happy influence of gentleness, kindness, and sympathy, which, with occupation, constitute the great moral remedies for all forms of this affection. It never tells well for the character or capacity of an attendant to suggest the use of restraining apparatus, implying, as it does, a reliance upon a doubtful remedy, and a poverty of good resources in the time of difficulty.

Desirable, or at least convenient, as physical strength often is in a hospital for the insane, no one can be long in such an institution without discovering that those who exercise most control over patients, exert the most powerful restraining influences, and are most reliable with the excited and most judicious in the time of difficulty, are not the individuals who depend upon their strength whatever it may be, but are often the very persons who physically could render but little service. The gentleness and quiet confidence of a child may, under certain circumstances, effect what the strong man might have to give up in despair.

Regarding a large and varied supply of restraining apparatus as an undesirable possession for any Hospital, and believing the devising of new forms of it, an unfortunate use of that ingenuity which should be employed in contriving means for dispensing with it entirely, this Hospital has never owned a straight-jacket, a muff, a "tranquillizing chair," or any of the still harsher means

formerly used, nor of the novel ones more recently recommended. With an average population of more than two hundred patients, it is rare to have any restraining apparatus in use. For the whole period of its existence, the average number using restraining apparatus would not exceed one per cent. of those in the house, and not more than from four to six in temporary seclusion in their chambers, generally for periods of from a few hours to a fraction of an hour. It has frequently happened that for several months together there has been no mechanical restraint used in the Institution. This statement is sufficient to show the practice of this Hospital. When apparatus is used, it is either in the form of leather wristbands secured by a belt around the body, soft leather mittens fastened in the same way, a strong dress with the sleeves connected, or the apparatus for confining a patient on his bed. All of these, except the dress, are kept in the physician's office, none of them are applied, except by his special direction, and all of them are regarded as remedies of such doubtful character, that the medical officers alone are competent to decide upon their expediency in any case.

Although fully impressed with the conviction that the frequent use of restraining apparatus is a great evil in any hospital for the insane, it has not been deemed necessary to resolve that it should never be used in this Institution. Sometimes, though rarely, certainly in my experience, not more frequently than in one or two per cent. of all the cases it seems to be really useful, adding to the comfort of the patient, the safety of others, and the tranquillity of the wards. In certain acute forms of insanity, the bed-apparatus may do much more than all

this—it may save life, as I am confident it has done here in several instances. In all its forms, however, restraining apparatus should be under the sole direction of the physician, and his instructions for its use in every case should be most explicit, and never allowing it continued one moment longer than he deems it absolutely necessary. Without this provision, rigidly carried out, all the advantages which can be derived from it in a few cases had better be dispensed with for the benefit of the whole. A proper discipline and a judicious use of apparatus may make it like many other remedies, valuable or injurious, according to the wisdom exhibited in their use.

This Institution has now had 2207 patients under its care, and the views just given of restraint and restraining apparatus are the result of a careful study of all these cases, which have been treated almost without mechanical restraint, and with a small amount of seclusion, as well as from a personal observation and knowledge of more than 200 other cases, in positions where both seclusion and restraining apparatus were much more freely employed.

In connection with this subject, it may not be amiss to refer to the great advantage which is experienced in hospitals for the insane from doing away, to the utmost possible extent, with even the appearance of restraint. This is the true field for the ingenious, and their efforts and contrivances in this way can hardly do harm. It begins in the very choice of a site; it continues in the construction of the buildings; in the arrangements of the wards; in their furniture and fixtures; in the kind and position of the inclosures, and in the conveniences, comforts, and luxuries of the establish-

ment. It consists in making other objects prominent even where restrictions are intended; in masking, as far as may be, the unpleasant part of what is unavoidable, and in bringing out in bold relief before the patients so many subjects for agreeable contemplation, and so many modes of occupation, as to leave little time or inclination for dwelling on what is of a less pleasant character.

The will and inclinations of patients in a hospital must often, from necessity, be seriously interfered with; but none except patients, or those who have lived with them, can appreciate how much their comfort and happiness are promoted; how much their tranquillity is secured — their periods of excitement lessened, and the trouble and labor of the attendants diminished by yielding to their reasonable wishes and allowing them the largest amount of liberty that is compatible with their safety, and an adherence to the necessary regulations of the Institution. In walking or riding, in visiting the museum or the garden, in taking exercise or enjoying the quiet of a grove, in in-door or out-door occupation the pleasure is doubled, if a courteous mode of ascertaining the patients' wishes has first been resorted to; and this is a duty, which those having the care of the insane should never neglect.

In summer, the wards of many hospitals can be made to lose almost entirely their custodial appearance. With the outer doors thrown widely open during a considerable part of the day, the patients have not only the benefit of the fresh air passing freely through the halls, but many seem to lose the inclination to escape, when, whatever may be the real security, they see no special efforts made to detain them. An individual

near an open door, engaged in quiet conversation, or seeming to read, or apparently engaged in some other occupation, forms one of the least repulsive modes of securing a ward. Those who try the experiment will be surprised to find how often a patient will make the most faithful and trustworthy guardian of such an open door. It is exceedingly rare that a patient selected for such a post, disappoints us, or allows any one to transgress the established regulations, while his own self-respect, and his confidence in those about him, are increased by the performance of such responsible duties.

RECEIPTS AND EXPENDITURES.—The following abstract of the receipts and expenditures of all kinds for the past year, has been prepared, at my request, by Jonathan Richards, Steward of the Hospital. The items of extraordinary expense, consisting of amounts paid for introducing gas, for fire-engine and hose, and for putting up the steam-engine, reach the sum of \$3270 38, or rather more than the whole deficit of income. All these are included in making out the average cost of each patient. As the number of patients, having a high class of accommodations, and paying liberally therefor, increase, so will the average cost, per week, be higher.

It will be seen that the average number of free patients in 1852 was 36, and that the amount expended on this class, among which have been a large number of recoveries, was \$8592 48.

EXPENDITURES.

Salaries and wages of all kinds . . .	\$15,413 61
Household expenses	18,313 42
Furniture, fuel, lights, &c.	7,660 62
Farm, garden, grounds, live-stock, and carriages	2,006 50
Repairs and improvements	8,163 14
Medicines	935 63
Amusement of patients	333 68
Miscellaneous	610 16
Total expenditures	53,436 76
Net receipts	50,329 62
Excess of expenditures	3,107 14
Average number of patients	224
“ “ free patients	36
Average cost per week of each patient	4 59
Amount expended in 1852 on free patients	8592 48

ACKNOWLEDGMENTS.—As usual, I have the pleasure to acknowledge various contributions by friends of the Hospital for the benefit of its patients. Gratifying as it always is to receive these evidences of remembrance for their own value, it is not less so, as an indication of how much such institutions are now favored with the sympathies of the community. All such contributions, no matter how small, do their share in lessening the afflictions and adding to the enjoyments of the patients, even if they do not aid in bringing about their restoration to health and to society.

To Frederick A. Tupper, we are indebted for a gift

of \$75; to Eliza P. Gurney, for \$50; to William B. Cazenove, for \$27; to Israel W. Morris, for \$25; to James McDowell, for \$2; to A. B., by C. McCalla, \$1; all of which sums have been expended in the purchase of books for the libraries, or other objects likely to interest the patients.

To Jacob G. Morris, we are under obligations for the deposit in our new Museum and Reading-Room, of a large and valuable collection of Peruvian and North American Indian Antiquities, formerly in the possession of a distinguished American Naturalist. To H. M. and A. J. Olmsted, for the present of a large and beautiful collection of shells, many of rare and valuable kinds; to Isaac F. Baker, for the beautiful stands for gas in our lecture-room, and valued at \$100; to George Ord, for a number of valuable and handsomely bound books for the ward libraries; to Joseph R. Chandler and Edward Stanley, for valuable congressional documents; to J. R. Flanigan, for several volumes of public documents; to Dr. Thomas Wilson for a number of specimens of prepared birds; to Lawrence Lewis, Clement C. Biddle, Mordecai D. Lewis, Jacob G. Morris, and William G. Malin, for various books and periodicals; to Miss D. L. Dix, for public documents, and a collection of foreign garden-seeds; to Mary Ann Williams, for thirty volumes of books; to the Superintendent of the Coast Survey, for various charts; to a lady, for two large and elegant China vases for the Ladies' Reading-Room; to Miss Wilson, for a fine specimen of shell-work for the north Museum; to G. S. Bonfield, for a painted drop-curtain for the lecture-room screen; to S. H. Kneass, for a painting of the Market Street Bridge; to Mordecai L. Dawson, for a fine collection of fancy pigeons; to J. M.

Butler, for several valuable engravings for framing; to James McIlvain, for a fine specimen of the wild turkey; to James Hart, for an accordeon; to William Stratton, for an illustrated account of the great industrial exhibition; to James R. Greeves, Dr. Lee, and M. J. Duff, for shells and minerals; to E. Dufrene, for several small plaster figures; to James W. Queen, E. Anderson, W. Baily, H. Carney, and others, for various curiosities for the Museum. We are also indebted to John C. Cresson, Engineer of the Philadelphia Gas-Works, for valuable aid and counsel relative to the introduction of gas into our building.

"The Boston Olive Branch," "Methodist Quarterly Review," "Banner of the Cross," "Colonization Herald," and "Transylvania Medical Journal," have been sent regularly to the Hospital without charge, for which we tender our thanks.

Dr. J. Edwards Lee continues to perform the duties of Assistant Physician, and Jonathan and Margaret Richards those of Steward and Matron. To all these officers I am under obligations for the zeal and ability manifested in the performance of their duties, and for their continued efforts to promote the great objects of the Institution and the personal comfort of its inmates.

To the Supervisors, Teachers, Attendants, and all others, whose duties in any way bring them in contact with the patients, commendation is due for the many proofs that have been given during the year of their interest in their charge, and of their inclination to bring as much happiness as possible to all who have required their care.

CONCLUSION.—The Institution closes its twelfth year in a state of high prosperity; its buildings about as ex-

tensive as are desirable, nearly every room in all its wards constantly required to accommodate those who resort to it for relief, and its means for adding to the comfort and happiness of its patients, and carrying out a liberal course of treatment steadily rising in character, and increasing in number and efficiency.

Acknowledging with devout gratitude the abundant cause of thankfulness we all have for the many blessings vouchsafed to this Institution during the whole period of its existence, we reverently trust that the same Divine Providence will still watch over and protect it, and enable all, who may be in any way connected with it, largely to aid in extending its resources, and widening its sphere of usefulness.

THOMAS S. KIRKBRIDE.

Pennsylvania Hospital for the Insane. }
1st mo. 1st, 1853. }

APPENDIX.

ADMISSION OF PATIENTS

INTO THE

PENNSYLVANIA HOSPITAL FOR THE INSANE,*

AT

PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or of its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of Mania-à-Potu are not received into this Hospital; but into that in the city, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, &c., with a member of the Board of Managers,† and to furnish a certificate

* *This is the only title of this Institution, and the only proper direction for letters, &c.* Other names, occasionally used, are liable to make confusion, by confounding it with another institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned, on application at the Hospital, in Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physician's certificate, bond, questions, &c., can always be obtained.

of the patient's insanity from some respectable graduate of medicine, with a request from a near relative or friend that the individual may be received into the Institution. A full and detailed history of each case is also particularly requested.

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city or county of Philadelphia. Payment for the first thirteen weeks' board is always to be made in advance, when the patient is taken to the Institution; and if the patient is removed *uncured*, before the expiration of three months, and contrary to the advice and consent of the Superintending Physician, board is always required for that period; otherwise, the charge is only for the time actually passed in the Hospital.

Large chambers and private attendants can always be supplied, if desired by the friends of patients.

Contributions and donations will be received by any of the Managers, or by the Treasurer, at No. 135 South Front Street, Philadelphia.

Legacies should be given in the corporate name of the Institution, viz.: to "THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL."

The following are the forms for Physician's Certificate, for the application for admission, and the Bond that is to be executed before the order of admission is given.


CERTIFICATE.

I have seen and examined _____ of _____, and believe _____ to be insane.
 _____ M. D.
 _____, 1853.

APPLICATION.

I request that the above-named _____ may be admitted as a patient into the Pennsylvania Hospital for the Insane.

_____, 1853. }

 To be signed by a guardian, near relative, or friend.

OBLIGATION.*

In consideration of _____ being admitted a patient into the "*Pennsylvania Hospital for the Insane*," at my

* This obligation to be signed by a responsible person. The surety to be a resident of the city or county of Philadelphia.

request, I promise to pay to the Steward of the said Hospital, or to his order, quarterly, ———— dollars ———— cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient; to pay for all glass or furniture broken or destroyed by said patient, to remove ———— when discharged; and if taken away *uncured* against the advice and consent of the Superintending Physician, before the expiration of three calendar months, to pay board for thirteen weeks.*

Witness my hand the ———— day of ————, 1853.

I hereby guarantee the performance of the above obligation.

Philadelphia, ————, 1853.

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

* Payment for the first thirteen weeks' board is always to be made in advance; but if the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the Physician, the excess is refunded.

The friends or relatives of persons applying for admission into the "PENNSYLVANIA HOSPITAL FOR THE INSANE," are requested, with the assistance of the family Physician, to annex full and precise answers to as many of the following questions as apply to the case, and to forward the same to Dr. Kirkbride, either before or when the patient is brought to the Institution.

QUESTIONS.

1. What is the patient's age?
Married or single?
If children, how many?
2. Where was the patient born?
Where is ——— place of residence?
3. What has been the patient's occupation and reputed pecuniary circumstances?
4. When were the first symptoms of the disease manifested, and in what way?
5. Is this the first attack? if not, when did others occur, and what was their duration?
6. Does the disease appear to be increasing, decreasing, or stationary?
7. Is the disease variable, and are there rational intervals? if so, do they occur at regular periods?
8. Have any changes occurred in the condition of mind or body since the attack?
9. On what subjects, or in what way, is derangement *now* manifested? Is there any permanent hallucination?
10. Has the patient shown any disposition to injure others? and if so, was it from sudden *passion* or *premeditation*?

11. Has suicide ever been attempted? if so, in what way? Is the propensity *now* active?

12. Is there a disposition to filthy habits, destruction of clothing, breaking glass, &c.?

13. What relatives, including grandparents and cousins, have been insane?

14. Did the patient manifest any peculiarities of temper, habits, disposition, or pursuits, before the accession of the disease?—any predominant passions, religious impressions, &c.?

15. Was the patient ever addicted to intemperance in the use of ardent spirits, opium, tobacco, in any form, &c.?

16. Has the patient been subject to any bodily disease; to epilepsy, suppressed eruptions, discharges or sores, or ever had any injury of the head?

17. Has restraint or confinement been employed? if so, of what kind and how long continued?

18. What is supposed to be the cause of the disease?

19. What treatment has been pursued for the relief of the patient? Mention particulars, and the effects.

Please state any other matter supposed to have a bearing upon the case.