

Sixteenth annual report of the Trustees of the State Lunatic Hospital at Northampton : October, 1871.

Contributors

State Lunatic Hospital (Northampton, Mass.)
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SIXTEENTH ANNUAL REPORT
OF
THE TRUSTEES
OF THE
STATE LUNATIC HOSPITAL
AT
NORTHAMPTON.

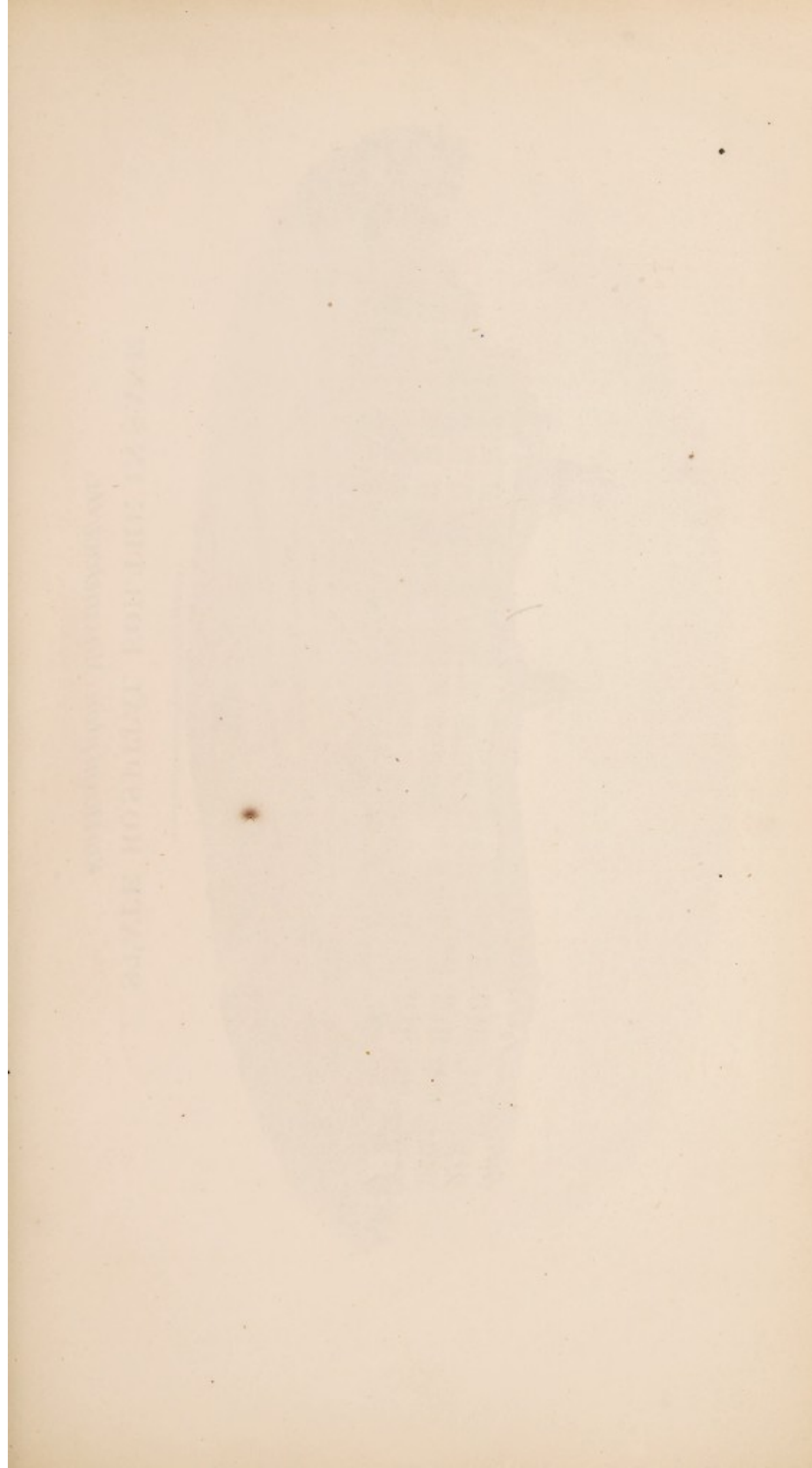
OCTOBER, 1871.

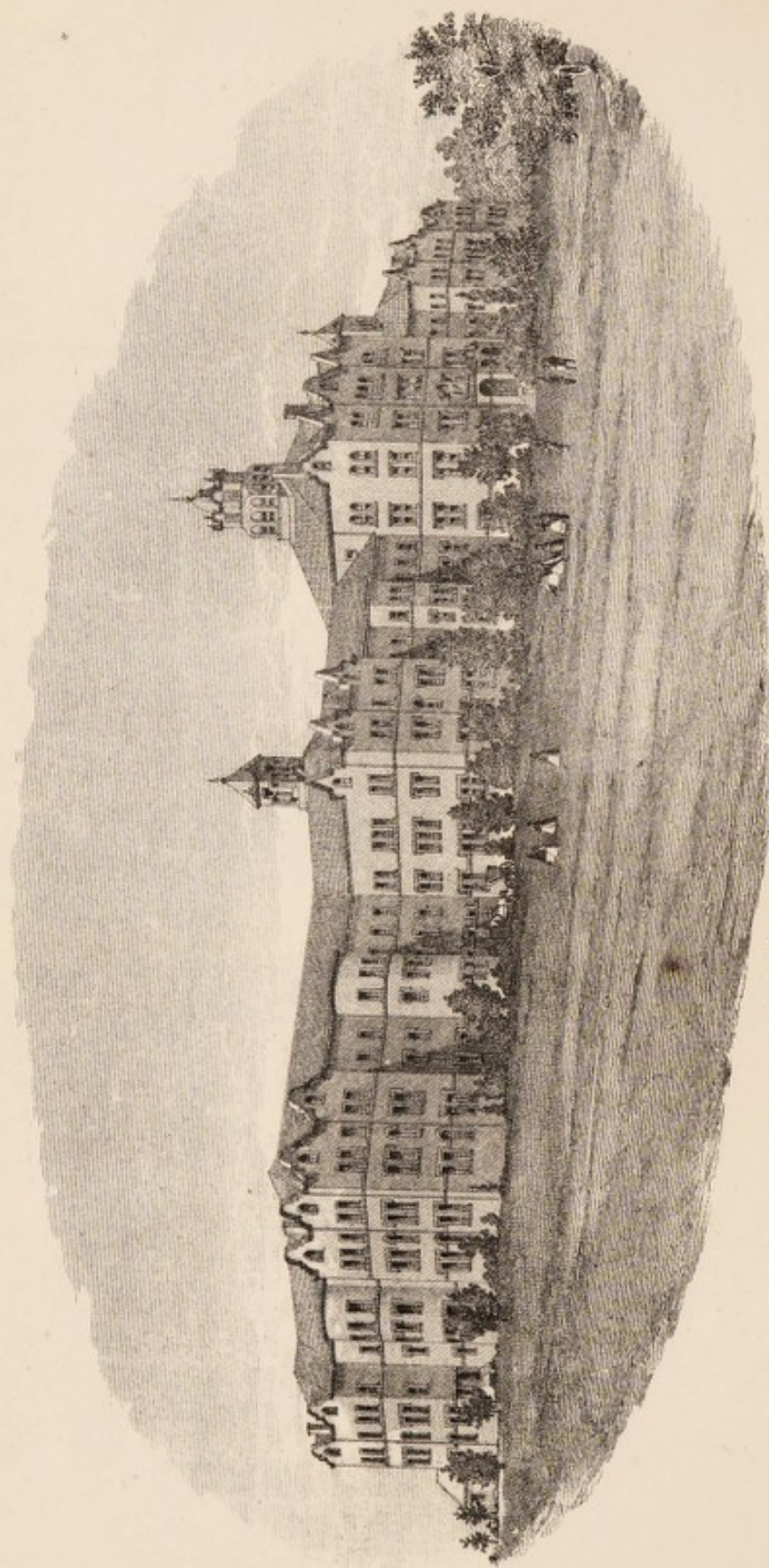
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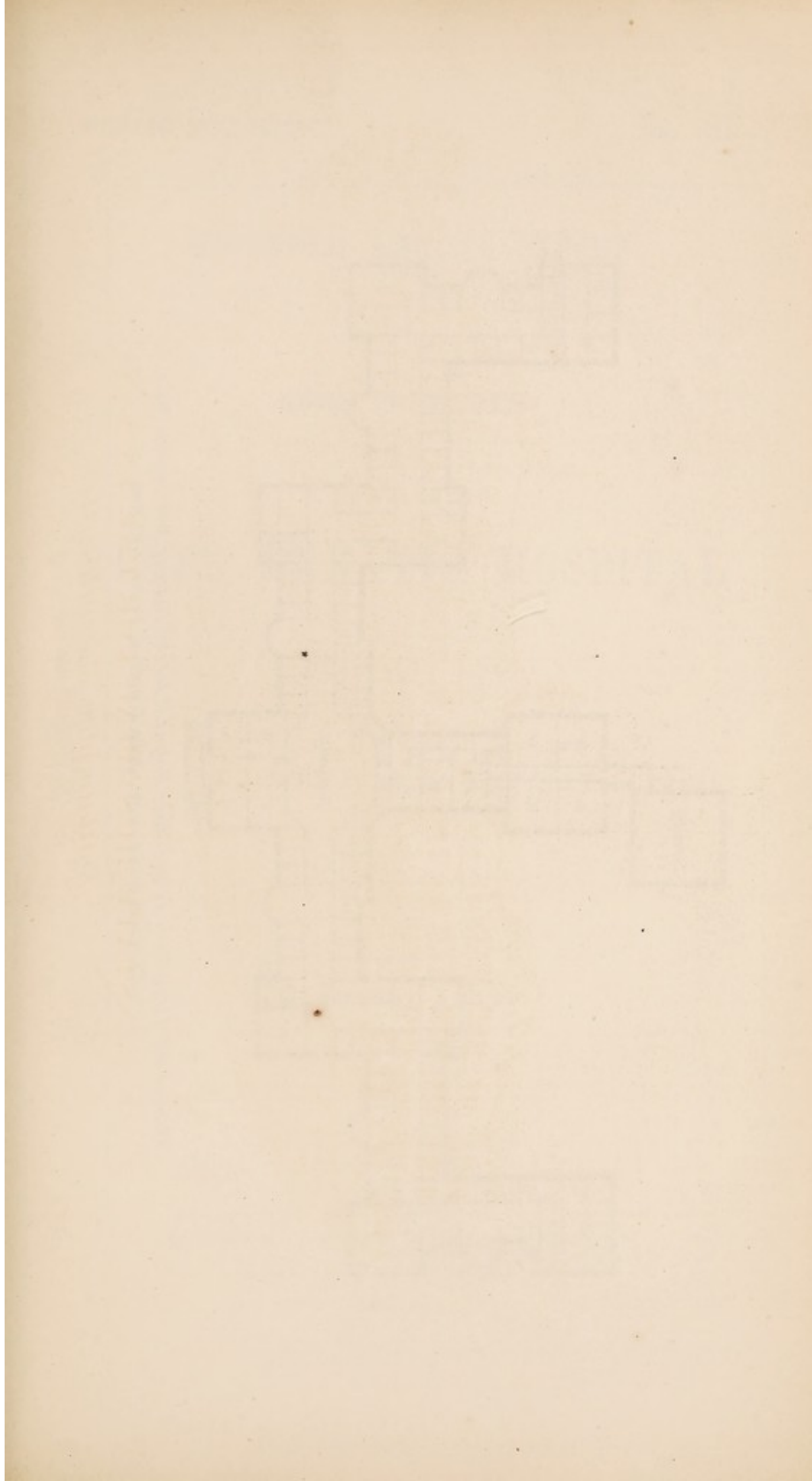
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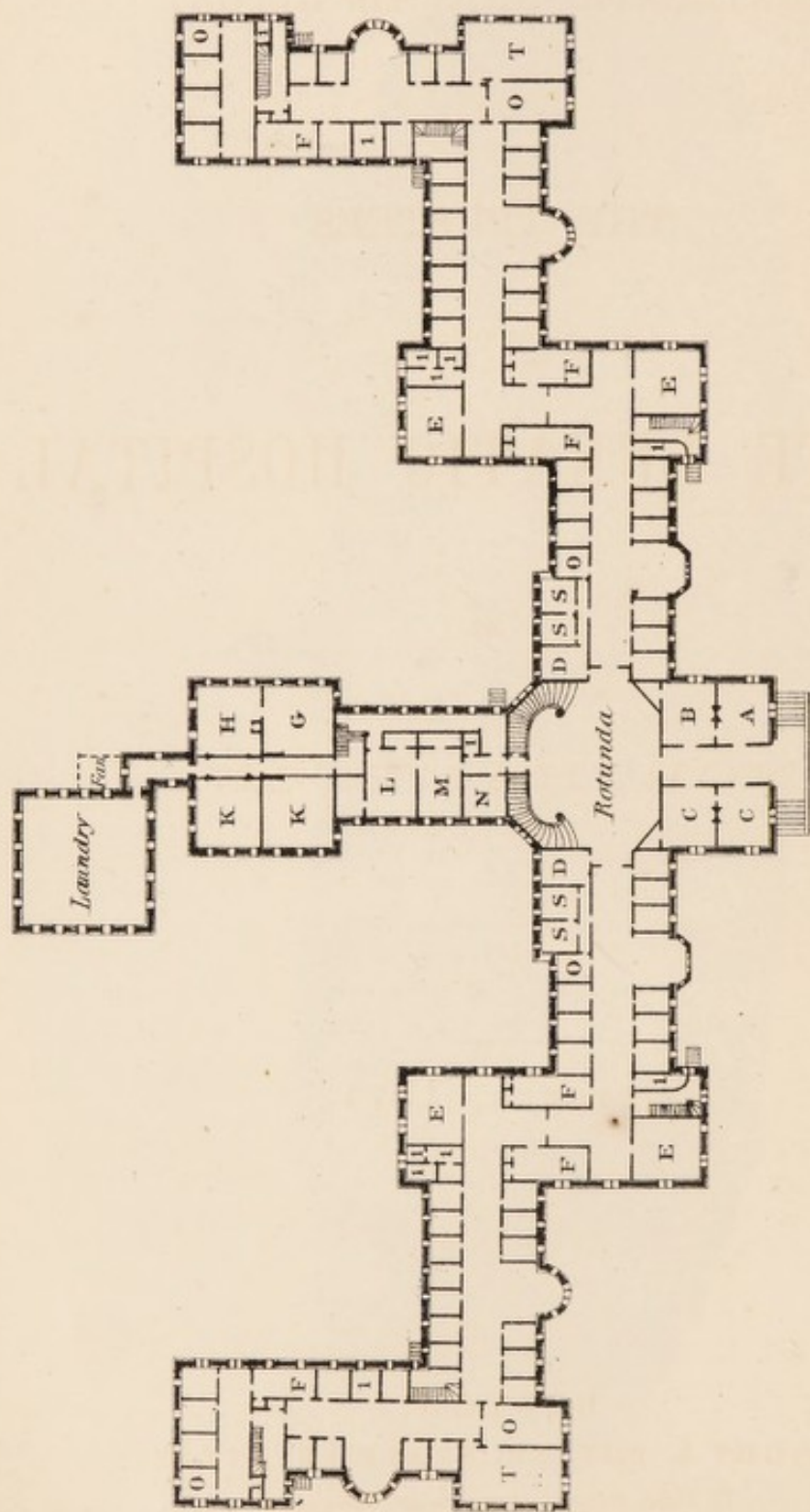




Henry Seibert & Bros. Engravers, New York, N.Y.

STATE HOSPITAL FOR THE INSANE
Northampton, Massachusetts.





*Plan of the First Story of the State Hospital for the Insane, Northampton, Mass.
Scale 82 1/2 feet to the inch. Whole Length of Front 512 feet.*

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OFFICERS OF THE NORTHAMPTON LUNATIC HOSPITAL.

TRUSTEES:

HON. EDMUND H. SAWYER, . . .	<i>Easthampton.</i>
EDWARD HITCHCOCK, M. D., . . .	<i>Amherst.</i>
SILAS M. SMITH, Esq., . . .	<i>Northampton.</i>
HON. ELIPHALET TRASK, . . .	<i>Springfield.</i>
HENRY L. SABIN, M. D., . . .	<i>Williamstown.</i>

RESIDENT OFFICERS:


PLINY EARLE, A. M., M. D., . . .	<i>Superintendent.</i>
EDWARD B. NIMS, M. D., . . .	<i>First Assistant-Physician.</i>
EDWARD R. SPAULDING, M. D., . . .	<i>Second Assistant Physician.</i>
WALTER B. WELTON, . . .	<i>Clerk.</i>
ASA WRIGHT, . . .	<i>Farmer.</i>
DANFORD MORSE, . . .	<i>Engineer.</i>

TREASURER:

PLINY EARLE, . . .	<i>Northampton.</i>
Office at the Hospital.	

SUBORDINATE OFFICERS:

JEREMIAH E. SHUFELT, . . .	<i>Male Supervisor.</i>
LUCY A. GILBERT, . . .	<i>Female Supervisor.</i>
F. JOSEPHUS RICE, . . .	<i>Steward.</i>
SARAH A. ORCUTT, . . .	<i>Seamstress.</i>
MARY N. REED, . . .	<i>Laundress.</i>
CHARLES ZIEHLKÉ, . . .	<i>Baker.</i>



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Commonwealth of Massachusetts.

TRUSTEES' REPORT.

*To His Excellency the Governor of the Commonwealth, and the
Honorable Council.*

We have the honor once more to return to you an Annual Report of the Northampton Lunatic Hospital.

On the 30th of September, 1870, the number of patients at the hospital was four hundred and five, and two hundred and eleven were received in the course of the official year. Hence, the whole number under the care of the institution for that period is six hundred and sixteen, of whom two hundred and eighty-four were men, and three hundred and thirty-two women. One hundred and sixty-eight, of whom seventy were men and ninety-eight women, have been discharged; and sixteen men and twelve women, a total of twenty-eight, have died. The number remaining in the house on the 30th of September, 1871, is four hundred and twenty, of whom one hundred and ninety-eight are men, and two hundred and twenty-two women.

The largest number of patients resident on any day was four hundred and forty-five; the smallest, three hundred and eighty-eight; and the daily average number for the year, within a small fraction of four hundred and twenty-two.

The number of admissions, of discharges, not including deaths, and the daily average resident in the hospital, are all larger than in any foregoing year.

Of those who left the hospital, forty-three were cured; sixty-four improved, and sixty-one unimproved. A very large pro-

portion of those who were discharged uncured were considered incurable, and were transferred by the Board of State Charities to the receptacle at Tewksbury.

The statistics of the year have been very considerably modified by a change of policy in regard to the admission of patients. From the first opening of the hospital until the latter part of the year 1870, patients self-supporting, or supported by funds derived from individuals or private sources, were received indiscriminately, so far as related to their residence. The hospital being too large for the requirements of the four western counties of the State, and the inhabitants of the other counties having similar institutions more accessible, many of the apartments here, especially in the earlier years of its history, would have remained unoccupied, if patients from other States could not have gained access to them. Their reception was a mutual benefit,—they acquiring hospital treatment; the hospital, and consequently the State, gaining the pecuniary recompense.

In the course of the last few years, the applications from other States have pretty rapidly increased, and, during the official year 1869-70, fifty-one patients, non-residents of Massachusetts, were received, and a not inconsiderable number rejected. Meanwhile, the demands upon the hospital accommodations by persons within the State had likewise become more numerous, until it was thought that the supply of these demands alone would keep the buildings filled to the full extent of their capacity. Consequently, in January last, it was decided to restrict the admissions, for the present, to residents of the State; and, since that month, but one non-resident has been received. This was a person who had formerly been treated in this hospital, and the circumstances were such as to induce the officers to make it an exceptional case.

The first and perhaps most apparent effect of this change is a reduction in the admissions of boarders, or so-called pay-patients. All persons received from other States belonged to that class, because, whatever might be their status in the territory from which they came, the hospital's price for that class was paid for their board and treatment here. In the course of the fiscal year 1869-70, the number of boarders admitted was seventy-six; whereas in the year just closed it was but forty-nine, showing a reduction of twenty-seven.

Another effect is the diminution of the number of curable patients. This effect, if we consider its consequences upon the reputation of the hospital, is more important than the one first mentioned. In the endeavor to form an opinion of the character of an institution of this kind, it is as logical as it is natural first to ascertain the number or the proportion of cures, as the basis of that opinion. This ascertained, the opinion is often jumped at without the least reference to the very important consideration of the character of the disease of the patients when they are received. No hospital can take out old and effete brains, and put in new ones. A large proportion of the cases received from other States during the last two or three years were of recent origin, and hence, to a great extent, curable. This source of patients being cut off, the places which would have been occupied by them, if they had been received, are now mostly filled by the chronic and generally incurable State beneficiaries, who are transferred from the other State hospitals. As illustration and proof of this, we adduce the fact that, in the course of the past year, the number of patients removed to this hospital from the hospitals at Worcester and Taunton, and the several State almshouses, was one hundred and fifteen; whereas, in the next preceding year, it was but fifty-eight.

For several years this hospital has acted as a kind of charitable sieve, through which the incurables of other State establishments might run into the receptacle at Tewksbury; and thus the number and proportion of cures has always been kept low. We do not complain of this, but merely assert it as a fact, in order that, if the number of cures should hereafter diminish, the cause of that diminution may be understood.

Before we leave this subject it may be mentioned that, during the last fifteen months, applications for persons non-resident in the State have largely increased in frequency, coming not alone from the States in the immediate neighborhood, but from those which are more remote, the extremes being Maine upon the north and Georgia upon the south. So numerous have they been that it is evident that the hospital could be constantly kept full by boarders from abroad alone, very much to the advantage of its pecuniary interests. It is assumed, however, that the institution was founded primarily for the benefit of the people of Massachusetts, and, in the performance of our official duty, we

are acting in accordance with that assumption. But should the time come in which it will not be needed for the residents of the State, the authorities of the Commonwealth need not consider it as useless property, if they will throw open its doors to the citizens of surrounding States and countries.

In this connection we seize the opportunity to express our acknowledgments to your Excellency for the evidence of your confidence in the management of the hospital, which has been manifested by your recommendation of it to persons who, from their social position, it is fair to infer, would place their afflicted friends in no situation where they would not receive the best of treatment.

Some important and valuable improvements have been made upon the hospital premises in the course of the year. The building over the coal house, the walls of which had just been erected at the time of our last report, has been finished, and the enclosed space, together with the adjoining room, which was formerly the laundry, is now divided into three rooms, and occupied as a carpenter's shop, an engineer's shop, and a drying room for lumber. These apartments add much to the conveniences, and the facilities for performing the necessary labor, of the hospital. They save much time and expense which otherwise would be required in getting the work done at places off the premises. The engineer's shop is furnished with machinery adapted to the wants of the establishment, and moved by steam power.

With all the former outhouses upon the premises, there was no suitable place for the housing of the carts and farm-wagons. To supply this want, a wooden building, thirty by twenty-four feet, was erected, last spring, at the westerly end of the bowling alley. This makes a convenient shed; and a half-story above is used as a store room for sleighs, as well as for mowing machines and other farming implements.

The only wooden tank which remained in the attics of the wings was found, in the autumn of 1870, to be much decayed, and consequently in a very precarious condition. It was therefore removed, and its place supplied by two cylindrical tanks of boiler iron, each twenty feet in length by four feet in diameter. The united capacity of the six iron tanks with which the building is now furnished is 10,647 imperial gallons. The receiving

tank in the attic of the centre building and the wooden tank in the rear attic hold 4,615 imperial gallons, making the united capacity of these reservoirs 15,262 imperial gallons.

It was mentioned in our last report that Gold's radiators were being placed in the air-chambers of the second section of each wing, where the heating had been defective. They proved so efficient that we considered it best to substitute them for the old radiating pipes throughout the building. This change would require some architectural alterations, a remodeling of the air chambers, and a removal to another track-bed of the railway by which the food is distributed to the dining-rooms. The compensating advantages to be gained were, as was believed, more effective heating, greater facility of access to the radiators, larger and lighter air-chambers, the saving and returning to the boilers of all the condensed hot water, instead of but two-thirds of it, and consequently a reduction in the quantity of fuel.

During the past summer this change has been made in the basement of the south wing, and, according to present appearances, it is one of the greatest improvements introduced since the opening of the hospital. Should it bear the practical test to which it will be subjected the coming winter, it is intended to make a similar change in the north basement, in the summer of 1872, thus bringing the heating of the whole building into a common system, which, in our opinion, is fully up to the best knowledge upon the subject at the present time.

The putting in of the new radiators and pipes, together with all the screw-cutting and other mechanical preparation of them, was performed by Mr. Morse, the chief engineer of the hospital, assisted by one man, at the wages of a common laborer. The advantages of the new engineer's shop and its machinery were, in respect to both convenience and economy, very satisfactorily illustrated in the course of this change.

The products of the farm have never before been so great as in the year just expired. A list of them will be found in the accompanying report of the Superintendent.

The health of the Superintendent having become somewhat impaired, it was considered an act of justice to him, and of expediency in regard to the future of the hospital, to permit him to enjoy a period of relaxation from his duties. Accordingly,

early in the last spring, our Board, by a unanimous vote, granted him leave of absence for six months. He has occupied this time in making an extensive tour in Europe, where he visited a large number of hospitals for the insane, both in Great Britain and on the Continent, and doubtlessly made himself acquainted with whatever may be new or important in the management of those institutions. Some general remarks upon the subject are introduced in his report.

During the absence of Dr. Earle, his place was filled by Dr. Nims, who performed the new and responsible duties incumbent upon him with much credit to himself and to our entire satisfaction.

It having become clearly evident that the proper superintendence of the hospital, and the full performance of the duties of the medical department, involve an amount of labor too great to be demanded or expected from two men, we created, early in the last spring, the office of Second Assistant-Physician, and appointed to that office Dr. Edward R. Spaulding, a recent graduate at the Harvard Medical School. His industry and devotion to duty have left us no room to regret that appointment.

From the accounts of the hospital it appears that its earnings, for board within the year, have been as follows:—

From State patients,	.	.	.	.	.	\$42,517 92
Town patients,	.	.	.	.	.	13,223 79
Private patients,	.	.	.	.	.	34,851 08
Total,	.	.	.	.	.	<u>\$90,592 79</u>

The amount of money received from all sources, as well as of that which has been disbursed, together with the purposes for which it was expended, may be learned from the report of the Treasurer, hereto annexed.

The accounts of the hospital, which have been audited and approved, show that on the thirtieth of September, 1871, there were:—

Assets available for future disbursements,	.	\$27,231 15
Liabilities at same date,	.	<u>6,367 79</u>
Balance of cash assets,	.	\$20,868 36

Besides this, there were provisions and supplies on hand, and paid for, to the value of over ten thousand dollars.

In conclusion, it gives us pleasure to be able to report that the institution has been managed, in all its affairs, to our satisfaction, that its finances have been improved, and that, as a hospital for the curable insane or an asylum for the incurable, it has never been in better condition than at the present time. We therefore commend it to the approbation of the people of the Commonwealth, by whose benevolence its foundation was primarily suggested and by whose beneficence it was created.

EDMUND H. SAWYER,
EDWARD HITCHCOCK,
S. M. SMITH,
ELIPHALET TRASK,
HENRY L. SABIN,

Trustees.

NORTHAMPTON, November 1, 1871.

TREASURER'S REPORT.

To the Trustees of the Northampton Lunatic Hospital.

The Treasurer respectfully submits the following statement of the receipts and expenditures for the year ending September 30, 1871.

RECEIPTS.

Balance in hands of Treasurer, Sept. 30, 1870, .	\$6,512 42
Received for board and contingencies of private patients,	34,851 08
for board and contingencies of town patients,	13,223 79
for board of State patients,	42,517 92
for animals and produce of farm sold, .	1,269 14
on sundry accounts,	1,088 07
	<hr/>
	\$99,462 42

PAYMENTS.

For provisions and supplies,	\$29,031 98
fuel,	8,661 77
gas and oil,	1,080 45
salaries and wages,	16,687 37
furniture,	2,467 76
clothing and dry goods,	3,962 23
contingencies,	2,280 84
farm,	4,176 76
farm stock,	1,050 00
farm wages,	2,396 00
repairs and improvements,	10,579 46

For miscellaneous expenses,	\$4,645 02
Balance in hands of Treasurer,	12,442 78
	<hr/>
	\$99,462 42

PLINY EARLE, *Treasurer.*

The Committee appointed to audit the accounts of the Treasurer have attended to the duties assigned to them, and report that they have examined the books and accounts of the Treasurer and find proper vouchers for all entries made.

EDMUND H. SAWYER.
S. M. SMITH.

NORTHAMPTON, November 1, 1871.

SUPERINTENDENT'S REPORT.

To the Board of Trustees of the Northampton Lunatic Hospital.

GENTLEMEN:—Directing my attention to the collected and classified numerical records of the official year recently expired, almost the first fact gleaned from them is the same that has appeared from year to year during the past seven years, namely: the continual growth of the hospital in the sphere for which it was intended. This expansion of the ministration of the institution has been so nearly constant, and yet so gradual, that even you and the administrative officers can hardly be conscious of its extent without the evidence of statistics. The following table of the leading numbers in the history of the medical department, prepared merely for my own gratification while I have been writing this paragraph, proves to be of sufficient interest, in this connection, to induce me to present it for your examination.

OFFICIAL YEAR.	Admitted.	Discharged.	Whole No. during year.	Daily Average No.
1864-65,	134	116	468	342
1865-66,	136	83	488	376.35
1866-67,	138	130	543	401.03
1867-68,	152	144	565	413.41
1868-69,	169	188	590	405.1
1869-70,	202	199	604	408.83
1870-71,	211	196	616	421.90

It will be perceived that the annual augmentation of admissions has been constant, and that, in the course of the seven

years, the number has increased from one hundred and thirty-four to two hundred and eleven. Even this, however, is no criterion of the demands upon the hospital. Had it not been decided to receive no patients other than residents of Massachusetts, and had all applicants been admitted, it is safe to assert that the number of admissions in the course of the last official year would have been between four and five hundred. Although this is a sorrowful fact, if regarded in its relation to the mental condition of the people, yet it is no insignificant testimony of the confidence of the people in institutions of this kind, and it very strikingly illustrates the mistaken judgment and defective foresight of the men who, but sixteen years ago, opposed the foundation of this hospital, on the ground that it never would be needed.

In regard to patients discharged, there are two exceptions to the regular annual increase of numbers; but the last one is small, and arose from the fact that the deaths during the last twelvemonth were fewer than in the twelvemonth next preceding. One more patient *left the hospital* in 1870-71 than in 1869-70. During the period covered by the table the increase of annual discharges was from one hundred and sixteen to one hundred and ninety-six.

The total number of persons receiving the benefit of the hospital, in the course of the official year, has been as regularly and as constantly progressive annually as the number of admissions. The increase, during the seven years, is from four hundred and sixty-eight to six hundred and sixteen. It is not improbable that this number will continue to increase.

In the column of the daily average number of patients in the hospital there is one exception to the rule of progressive augmentation. The total increase is from 342 in 1864-5, to 421.9 in 1870-71. This average during the past year is larger, by eight and a fraction, than ever before, and ought never to be increased. A reduction to four hundred would be wiser than any enlargement.

The subjoined table includes the leading general statistics of the medical department for the year just closed.

General Statistics, 1870-71.

	Males.	Females.	Total.
Patients in the Hospital, September 30, 1870, .	175	230	405
Admitted from the general population, . . .	55	41	96
Transferred from the Worcester Hospital, . .	25	30	55
Transferred from the Taunton Hospital, . . .	24	25	49
Transferred from Monson State Almshouse, . .	1	-	1
Transferred from Tewksbury State Almshouse, .	4	5	9
Transferred from Bridgewater State Almshouse, .	-	1	1
Total of admissions within the year, . . .	109	102	211
Total of patients within the year,	284	332	616
Discharged, including deaths,	86	110	196
Remaining, September 30, 1871,	198	222	420

Condition of Patients Discharged.

Recovered,	16	27	43
Improved,	23	41	64
Unimproved,	31	30	61
Died,	16	12	28
Total,	86	110	196
Daily average number of patients,	186.95	234.95	421.9
Largest number on any day, July 20,	203	242	445
Smallest number on any day, December 3,	166	222	388

The largest monthly number of admissions was thirty-six, in July ; the smallest, six, in August.

A majority of the patients received (115 of 211) were transferred from the other charitable institutions of the State. The number received from the general population was but ninety-six, whereas in the next foregoing year it was one hundred and forty-four.

This reduction was in consequence of the rejection, since January last, of applicants from other States. As before intimated, the number might have been very largely increased, if all such applicants had been received.

Of the persons admitted, forty-nine were boarders, thirty-six town patients and one hundred and twenty-six State patients. As all patients not residents of the State were classed as boarders, the number of admissions in that class has necessarily been reduced by the restriction above mentioned.

Of the patients discharged, fifty-five were boarders, twenty-seven town patients and one hundred and fourteen State patients.

Of the patients remaining in the hospital, one hundred and sixteen are boarders, eighty-nine town patients and two hundred and fifteen State patients.

Of the patients discharged cured, twenty-one were boarders, eleven town patients and eleven State patients. No better illustration is needed of the chronic and incurable character of the disease of the great mass of the State beneficiaries who are brought hither, than the fact that, with one hundred and twenty-six admissions and one hundred and fourteen discharges of this class, only eleven were restored to mental health.

Of the twenty-eight persons who died, seven were boarders, six town patients and fifteen State patients. The mortality was equivalent to 4.54 per cent. of the whole number of patients in the hospital in the course of the year, and 6.64 per cent. of the daily average number resident. In but two preceding years since the opening of the hospital has this percentage been so low. Indeed, for the last three years, we have been blessed with remarkable exemption from fatal illness, the proportion of deaths having been, for the whole period, materially less than in any other three years, whether consecutive or not, in the history of the institution. This is made evident by the following table:—

Mortality from the Opening of the Hospital.

OFFICIAL YEAR.	Whole No. of Pa- tients.	Daily average No. of Patients.	DEATHS.			Per cent. on whole No. of Patients.	Per cent. on daily average No. of Patients.
			Men.	Women.	Total.		
1858-59,	313	229.55	7	12	19	6.07	8.27
1859-60,	398	255.96	9	18	27	6.78	10.54
1860-61,	434	314.26	15	15	30	6.91	9.54
1861-62,	442	313.80	9	10	19	4.29	6.05
1862-63,	470	355.28	19	7	26	5.53	7.31
1863-64,	475	357.63	17	30	47	9.89	13.14
1864-65,	469	342.40	17	24	41	8.76	11.97
1865-66,	488	376.35	18	13	31	6.35	8.23
1866-67,	543	401.03	23	24	47	8.65	11.71
1867-68,	565	413.41	25	18	43	7.61	10.40
1868-69,	590	405.10	13	12	25	4.23	6.17
1869-70,	604	408.83	22	11	33	5.46	8.07
1870-71,	616	421.9	16	12	28	4.54	6.64

As usual, the majority of deaths were from consumption, epilepsy, apoplexy, and that gradual decay of the general health and wasting of the body, indicated by the terms "marasmus," and "exhaustion of chronic mania"; a condition which probably has its origin in the diminution of vital power consequent upon the disorder of the brain and nerves.

During the warm weather of the latter part of the official year, dysentery was unusually prevalent in the vicinity and did not wholly spare the inmates of the hospital. There were more severe cases of it among the patients than in any former year; and in two cases, one man and one woman, it proved fatal. Aside from this, there was but little acute disease and no other death from acute disease originating at the hospital.

Inserted below is a table similar to one contained in the last annual report, and the formula of which was originally suggested by the Secretary of the Board of State Charities. It shows that of the two hundred and eleven patients admitted, there were but sixty-two who had not before been inmates of this or some other similar hospital.

	Males.	Females.	Total.
Never before in any hospital,	36	26	62
Former inmates of this hospital,	8	8	16
“ “ of other hospitals in this State,	48	58	106
“ “ of hospitals in other States,	8	3	11
“ “ of this hospital and of other hospitals in this State,	4	3	7
“ “ of this hospital and of hospitals in other States,	3	2	5
“ “ of other hospitals in this State and of hospitals in other States,	2	2	4
Total,	109	102	211

Various other tables illustrative of the personal history of the patients, and of their mental disorder, as well as of the general operations of the hospital, are placed in the Appendix. They require no special remark in this place, other than that many of them are of but little value any farther than simply as expositors, for the year, of the facts or suppositions which they are severally intended to exhibit.

In regard to the medical treatment pursued in the hospital, there is nothing new to be reported. As heretofore, we endeavor to keep in view the fact that drugs are useful, in mental disorders, only so far as they are useful to the body; that no medicine can operate upon the mind in any other way than by a secondary influence resulting from its action upon the body; that there is no medical specific for a “mind diseased”; and that he who attempts wisely to treat such disorders must act upon the common-sense principle of making his medical prescriptions in accordance with the physical signs and symptoms observed.

The bromide of potassium is still used in epilepsy, with results similar to those of former years, namely: in some cases no effect whatever, but in others an important mitigation in the frequency and the severity of the paroxysms. In no instance has it effected a cure, and no such instance is looked for in the future.

Dr. Falret, of Paris, has recently published, in the *Annales Medico-psychologiques*, an article upon the use of the bromide, of which I have seen no mention in any American medical journal. Dr. Falret is known, throughout Europe and the United States, as an eminent specialist in the treatment of insanity. He has had a field of observation, in that specialty, as wide as any which the world affords. As an authority, therefore, he is entitled to respect and confidence. In the article mentioned, he speaks of the complications or unfavorable effects resulting from the use of the bromide. These effects are, first, eruptions and other disorders of the skin; and secondly, cerebral effects disturbing the mind. As the medicine is very extensively used in hospitals and in general practice in this country, it may not be out of place or useless here to insert a translation of a part of this article.

Having mentioned the cutaneous eruption, Dr. Falret says:—

“This eruption, in some cases, becomes so considerable as to require the suspension of the medicine. Very severe upon the face and shoulders, it gradually spreads over the whole body. It is accompanied by other varieties of disease of the skin, and acquires such a degree of intensity, of irritation, and of itching, that the patients, even the most courageous, cannot bear it, and imperatively demand the discontinuance of the medicine. Finally, in some cases, boils, furuncles, or anthrax appear, and may mature to supuration. All the means, however extreme, employed for the suppression of these eruptions, are often insufficient, and it becomes necessary, in order successfully to combat them, to suspend, at least for a time, the use of the bromide.

“The unfavorable cerebral effects have been less studied. They are more rare than the cutaneous disorders. They occur, however, sometimes to a degree of great intensity, especially in private practice. Following the use of the bromide, particularly in large doses, the intellect of the patient is depressed in a very remarkable manner. Memory is lost, and the individual sinks even into hebetude. In other cases, sleepiness and a comatose condition supervene, which may become alarming, and which indicate a sort of saturation, or of intoxication, consequent upon the accumulation of the medicine in the system. If these complications are observed, the use of the bromide should be suspended.

“I have seen, at Bicêtre, a case of sudden death from cerebral

and pulmonary congestion, in a patient who was taking the bromide in moderate doses."

He then asks if it be not possible that the congestion was caused by the bromide, but he gives no definite opinion upon the subject.

Several cases of the cutaneous eruption mentioned in this extract have occurred in this hospital ; but in no instance have we perceived the intellectual depression. It is evident, however, that the bromide should be used cautiously, and with a constant watchfulness in regard to its effects.

To the members of your Board, and to all persons who have read the annual reports of years gone by, the information will not be new, that reliance for the cure of insanity is not placed in drugs or medicines alone. They have their office, it is true, but this office, though often primary, is sometimes secondary. And in all cases, whichever class of means may, in individual instances, be considered paramount, the medical treatment should be combined with other agents which ordinarily have a beneficent effect upon the mind. By such coöperation alone can the greatest amount of good be expected.

One of the leading principles of the extra-medical treatment should be, to make the condition of the patient, so far as his disease will permit, both comfortable and agreeable. The influences around him should have as much of the diversity of common, healthful existence, as circumstances will allow. A judicious cultivation of the religious sentiment is not without its salutary effect both mentally and, indirectly, bodily, and consequently he should be permitted to enjoy the ministrations from the pulpit.

Industry is promotive of health, and perhaps, as a rule, agreeable ; therefore he should be industrious. A degree of relaxation from labor, with diversions, amusements, social entertainments, and all means and methods of wholesome recreation, contribute each its offering to the production and the maintenance of a sound mind in a sound body, the world over. Hence he should be permitted to enjoy their influence, and consequently to partake of their benefits. All the progress which has been made in the moral treatment of the insane, since the day upon which the elder Pinel loosed from the feet of the

wretched man at Bicêtre the chains which had crippled him so long, and Tuke took the initiative step toward the foundation of the Retreat at York, has been nothing more than a development of action upon the principle that, so far as practicable, the influences brought to bear upon the mind should be identical with the influences which contribute to the mental health of men at large.

Other things being equal, the insane person who, having sufficient bodily health for the purpose, occupies himself with some manual employment, is more likely to recover his mental health, and to recover it sooner, than he who rejects all such employment. Hence we advise it in all such cases, how often soever that advice may not be followed or kindly received. But in very many cases it is followed, and they who best know the hospital are certainly conscious of the fact that it is not a "castle of indolence."

The table inserted below shows the number of days' work performed by patients, in the course of the year, upon the farm and in the kitchen, the sewing-room and the laundry.

Days' Work by Patients.

MONTH.	FARM.	KITCHEN.			SEWING ROOM.	LAUNDRY.		
	Men.	Men.	Women.	Total.	Women.	Men.	Women.	Total.
October, 1870, .	352	93	235	328	325	33	299	332
November, .	256	90	234	324	313	39	298	337
December, .	357	93	230	323	360	18	294	312
January, 1871, .	310	93	193	286	393	15	283	298
February, .	240	84	177	261	368	19	237	256
March, . .	292	93	197	290	505	24	267	291
April, . .	297	90	219	309	460	26	269	295
May, . .	339	93	244	337	395	39	306	345
June, . .	381	90	241	331	347	35	314	349
July, . .	405	93	249	342	350	35	292	327
August, . .	445	93	261	354	403	39	314	353
September, .	432	90	244	334	408	30	274	304
Total, . .	4,106	1,095	2,724	3,819	4,627	352	3,447	3,799

The total number of days' work recorded in the table is sixteen thousand three hundred and fifty-one. But this gives a very inadequate idea of the real amount of labor performed by the inmates. A large majority of the domestic work in the apartments occupied by the patients—the whole of both wings of the building—is done by them. The mending of clothing for the department for females, and much other sewing, as well as fancy-work, is done in their halls. Groups of patients keep the roads in order, and do much other job-work upon the farm. One man is constantly employed in the bakery, another in the stable, a third with the painter, and two others in the boiler-room. The carpenter often looks to the men's halls for assistance. Throughout the warm season one of our permanent inmates is a tireless laborer upon the lawns and among the shrubbery and flowers. No other worker upon the premises so defies the ten-hour law, by extra hours, as he; and whatever of beauty may be found in the pleasure grounds, is, in a large measure, the result of his industry. Another man has for nearly a year run the steam-engine at the pump-house, and performed the duty so satisfactorily as to secure to himself not only his board, but ten dollars a month as well. Another saws the wood for the bakery, assists masons whenever they are employed, and is ever ready to lend a hand in any other place where he may be needed. If the season be prolific of nuts, great is the chestnut-picking of the autumnal months; and the woods are ransacked, not only upon the premises, but in the more distant neighborhood, as far as the declivities of Mount Tom. The mattresses and other beds in the hospital, with but very few exceptions, are made and kept in repair upon the premises, the work being chiefly performed by the patients. Nearly a hundred mattresses, some of hair and some of husks, have been made in the course of the past year, besides much reparation of pillows and other mattresses.

Services in the chapel, conducted as in former years by the pastors of the churches in the vicinity, have been continued regularly, upon the Sabbath afternoons. They are a source of much satisfaction and comfort to some of the inmates, and are not without benefit to many others.

The diversified exercises and entertainments upon secular evenings, to which some years ago you gave the sanction of

your approbation, are also continued. The number and the character of them, during the past year, are shown in the following schedule:—

ASSEMBLIES IN THE COURSE OF THE YEAR.

1.	<i>Exercises in Chapel on the Sabbath,—</i>		
	Divine worship in the afternoon, . . .	52	days.
2.	<i>Exercises in Chapel on secular evenings,—</i>		
	Scripture reading and sacred music, . . .	103	“
	Sacred music and reading of poetry, . . .	59	“
	Sacred music and reading of prose, . . .	87	“
	Lectures,	9	“
	Concert,	1	“
	Exhibition of magic lantern,	3	“
3.	<i>Evening entertainments in the Rotunda,—</i>		
	Dances,	25	“
4.	No assembly,	26	“
<hr/>			
	Total,	365	days.

It will be perceived that there were but twenty-six week-day evenings upon which there was no assembly of the inmates. Thirteen of these were on the days of the meetings of the Board of Trustees, and one on that of the visit of His Excellency the Governor.

Seven of the lectures were upon the influence of the mind upon the body; one on reading; and one upon the atmosphere, illustrated by experiments with the air-pump.

The amount of reading matter to which the inmates have access is sufficient for their wants. The hospital library contains about seventeen hundred volumes of books, adapted to a diversity of tastes. Of current publications, the number taken either by the institution or its inmates is as follows: daily papers, 14; semi-weekly, 1; weekly, 32; monthly magazines, 4.

A two-horse carriage is devoted to the use of the patients, in making excursions in the immediate vicinity, and sometimes to the neighboring towns. As the hospital has neither airing-courts nor a wall around the farm, a large part of the inmates, when taking exercise out of doors, are accompanied by their attendants.

The following table has been compiled from the daily record of the females who thus walk out:—

1870.—October,	.	.	.	.	.	1,637
November,	.	.	.	.	.	1,417
December,	.	.	.	.	.	1,173
1871.—January,	.	.	.	.	.	786
February,	.	.	.	.	.	585
March,	.	.	.	.	.	1,086
April,	.	.	.	.	.	1,238
May,	.	.	.	.	.	2,058
June,	.	.	.	.	.	2,410
July,	.	.	.	.	.	2,399
August,	.	.	.	.	.	2,022
September,	.	.	.	.	.	2,324

The total number for the year is nineteen thousand one hundred and thirty-five.

The groves, with their settees and swings, have afforded, as heretofore, agreeable places of recreation, throughout the warm months; and the various games, with the means for which the hospital is provided, have been sufficiently resorted to for entertainment and amusement.

FARM.

The prolonged and intense drought and heat of the summer of 1870 killed the roots of much of the grass upon parts of the farm, the soil and situation of which are such as to render them most liable to injury from those influences. Much labor was expended, in the spring, in re-seeding these desolate places; and the weather was subsequently so favorable that the defect was repaired.

The early spring was unpromising for crops, but the rains at a later date came in season to prevent injury, and were copious to that degree which appears best adapted to the cultivated soil of the farm. The consequence has been that the amount of produce, particularly of roots and other culinary vegetables, exceeded that of any former year; of potatoes, there were three thousand three hundred bushels, by measurement, which is more, by eight hundred bushels, than in any previous year, and

more than twice as many as in 1870. Of the "Early Rose" variety there were no less than twelve hundred bushels. The quality, also, of nearly all the vegetables, was superior to that of most years.

The tomato is a favorite vegetable among the patients; and, during the short season of them, the consumption is from four to six bushels daily.

The subjoined list of products was prepared by Mr. Wright, chiefly after actual measurement; in but a few instances, from estimates:—

PRODUCT.	QUANTITY.	VALUE.
Hay,	75 tons,	\$2,250 00
Corn fodder (dry),	25 "	125 00
" " (green),	25 "	75 00
Corn,	250 bushels,	212 50
Oats,	200 "	140 00
Broom-seed,	125 "	31 25
Potatoes,	3,315 "	1,657 50
Carrots,	500 "	200 00
Beets,	286 "	201 50
Onions,	242 "	259 00
Turnips (English),	500 "	100 00
" (Swedish),	580 "	232 00
Parsnips,	75 "	37 50
Beans (in shell),	124 $\frac{1}{2}$ "	179 50
" (string),	19 $\frac{1}{2}$ "	19 50
Pease (green),	90 "	163 75
Sweet corn,	105 "	105 00
Cucumbers,	126 $\frac{1}{2}$ "	126 50
Tomatoes,	105 $\frac{1}{2}$ "	105 50
Currants,	40 "	120 00
Summer squashes,	28 $\frac{1}{2}$ "	28 50
Lettuce,	33 "	36 00
Asparagus, . . . . .	. . . . .	39 50
Pie plant, . . . . .	. . . . .	45 75
Beet greens,	32 bushels,	32 00
Melons,	1,900 lbs.,	38 00
Winter squashes,	10 tons,	300 00
Broom brush,	800 lbs.,	48 00

PRODUCT.	QUANTITY.	VALUE.
Radishes, . . . . .	. . . . .	\$2 50
Cabbages,	4,000 heads,	200 00
Apples,	10 bbls.,	35 00
Quinces,	4 bushels,	12 00
Beef,	3,253 lbs.,	365 04
Veal,	1,027 "	120 14
Pork,	7,863 "	827 03
Roasting pigs,	2	7 00
Turkeys,	2	8 60
Chickens,	12	8 75
Heads and plucks, . . . . .	. . . . .	29 00
Eggs,	49½ dozen,	12 16
Milk (grass fed),	14,915 quarts,	1,044 05
Wood,	26 cords,	130 00
Straw,	4 tons,	80 00
Tallow, . . . . .	. . . . .	9 16
Total, . . . . .	. . . . .	\$9,799 18

As the prices of potatoes and some other vegetables are much lower than for several preceding years, the estimated value of the products of the farm does not so greatly exceed that of 1870 as does the quantity of these products. But as the hospital is its own market in this matter, the quantity is a more important point than the estimated money value.

Only one-quarter of the milk produced upon the farm is entered in the list, the other three-quarters of it being considered as the product of the hay, roots and other vegetables, the values of which are given. The whole quantity of milk was 59,660 quarts.

Of seventeen swine raised upon the premises and slaughtered in the course of the last winter, the dressed weights, respectively, were 312, 487, 403, 361, 402, 480, 536, 491, 426, 512, 440, 629, 507, 360, 551, 547 and 419 pounds. Total, 7,863 pounds. Average weight, 460 pounds. Average weight of the largest five, 555 pounds.

At the present time, the farm stock consists of 7 horses, 1 colt (two years and five months old, and weighing 1,150 pounds), 6 oxen, 1 bull, 27 cows, 2 three-years'-old heifers

(twins), 2 steer-calves (twins, from the same cow as the twin heifers), and 65 swine.

The grass purchased in the vicinity, and harvested by the employés and patients of the hospital, produced about one hundred tons of hay.

Having, through your generous consideration, been permitted to enjoy a few months' respite from the duties here, I took advantage of the opportunity thus afforded, to make myself acquainted, to some extent, with the present condition of foreign hospitals, and to learn, by observation in them, as well as from other sources of information not easily accessible at home, whatever might be valuable in the endeavor to improve the institution under your direction, and promote the welfare of its inmates.

Twice before, with an intervening period of about ten years, it had been my lot to examine some of the European institutions of this kind. In the course of a journey in 1837, 1838 and 1839, I visited fifteen, of which five were in England, two in Holland, one in Belgium, three in France, two in Italy, one on the island of Malta, and one in the city of Constantinople. Again, in 1849, I visited thirty-five: eight of them in England, five in Belgium, six in France, seven in Prussia and its provinces, two in Austria, six in the German States and one in the free city of Frankfort-on-the-Maine. In the course of my recent journey I visited forty-six; of which seventeen are in England, eight in Scotland, three in Ireland, one in Belgium, six in France, two in Prussia, one in Saxony, one in Bohemia, one in Bavaria, two in Austria, two in Switzerland and two in Italy.

The whole number of institutions visited, in the course of the three journeys, is eighty-three. Eleven of them were visited twice, and two of them three times each. Seventy of them are public institutions, and thirteen private. Sixteen of the former class are county asylums in England.

Thus I was prepared not only to observe the present state of the institutions, but to mark the progress made in them in the course of a period more remarkable than any other in the world's history for the study of mental diseases and the melioration of the condition of the insane by improvement in the method of their treatment.

The interval between the first and the last visit was well-nigh half the period which has elapsed since the first movements in the modern enterprise in this direction were made by Tuke, in England, and Pinel, in France; and the progress during that interval of thirty-four years has been greater than in the next foregoing forty-five years.

But it is not my intention to either attempt a history of this progress, or to enter into a detailed description of institutions as they now are or as they formerly have been. Let it suffice to offer a few general remarks upon the subject.

The British asylums, particularly those of most recent construction, are not so compact as those of the United States. For the accommodation of the same number of patients, the buildings cover more ground and are divided into more sections, chiefly for the better placing of kitchen, laundry and store-rooms,—the different sections being connected with one another by enclosed corridors, or passages. These passages are the more numerous from the fact that, almost invariably, the food is carried by hand from the kitchen to all parts of the establishment, and not upon a railway in the basement and thence by elevators, as in the recently constructed American hospitals.

Much more commonly than with us, the sections of the buildings which are occupied by patients are but two stories in height; and this is true of many of the Continental hospitals. This construction has some very important advantages, but, from its effect of expanding the building, it increases the cost of heating, which is a point of some consideration in a rigorous climate.

With but very few exceptions, in all foreign countries, so far as my observation has extended, the halls of the hospitals of modern origin, as well as many of the older ones, have sleeping-rooms upon but one side of the corridor or gallery. This facilitates natural ventilation, and renders the hall lighter, and consequently more cheerful; but it largely increases the cost of construction for a given number of patients. In the Frankford Asylum, Philadelphia, one of the earliest erected in this country, we have the same architectural arrangement. The facilities for natural ventilation are more important in the European hospitals than in ours, inasmuch as these are generally

their sole dependence for a change of air. Of all the institutions recently visited, there was but one which is supplied with the means of forced ventilation, by fan and motive-power. This is the new hospital at Burgholzli, near Zurich, in Switzerland, where the edifice is as thoroughly built and as completely furnished with all the "modern improvements," as perhaps any in the world.

From the foregoing remarks it will appear that, in foreign establishments, the number of enclosed cubic feet of space is larger, in proportion to the number of patients, than in those of the United States. This is eminently true in some of the asylums in Prussia and Germany. In those countries the older hospitals are the buildings erected centuries ago for the ecclesiastical orders, since suppressed. These buildings have the broad corridors and the large apartments which characterized the solitary grandeur of those orders; and they doubtless contributed as precedents to the idea of liberal dimensions manifested in the hospitals of later construction.

In many of the foreign institutions—and the practice appears to be increasing—the patients occupy the apartments upon the lower floor during the day, and sleep in dormitories of various dimensions, but often very large, upon the second floor. Architecturally arranged upon this plan, the internal construction of the building may be less regular, formal and monotonous; and the day-rooms more diversified in size and shape, and therefore more home-like.

A hospital without airing-courts would be considered, in Europe, as an imperfect establishment; and these useful appendages are there, and particularly in Great Britain, made beautiful with trees, shrubbery and flowers. At some places this ornamental cultivation is seen even in the courts for the most refractory class of patients.

So far as my knowledge extends, the State hospital at Worcester was the first institution of the kind erected on this side of the Atlantic without airing-courts. The idea probably originated with Dr. Woodward; but even he, when additions were made to the building, introduced what he called substitutes for them—the open verandahs at the corners, between two wings joining each other at right angles. This plan was soon followed at the hospital in Columbus, Ohio, and at later dates was

adopted by others, with the *omission of the verandahs*. I cannot regard the suppression of airing-courts in any other light than as a retrograde movement in the adaptation of hospitals to the comfort, convenience and health of their inmates. Dr. Woodward was an able and excellent superintendent, and I cherish the memory of him with sentiments of very high respect; but upon the point in question I cannot agree with him. Such courts are especially needed for a class of patients who, without them, can get but little exercise in the open air.

Judging from a point of view from which are embraced not only organization, architectural construction and general adaptation to their purpose, but systematic operation, neatness, and all those conveniences of life which contribute to what, in the English language, is called "comfort," the British hospitals, as a whole, are undoubtedly superior to those of any other country. But making allowance for the differences in national habits and customs, the *best* hospitals of Great Britain and those of most of the Continental countries, as well as of the United States, are now very nearly upon an equality. If the English hospitals are superior to ours, that superiority lies chiefly in the possession of a more experienced and better disciplined corps of attendants, and a more thoroughly organized system of labor for laboring patients; and in the details of conveniences for the comfort and safety of the patients. If the American hospitals have not yet attained that "marvellous cleanliness," which is mentioned by Dr. D. T. Brown as a characteristic of their English prototypes, they have approximated very nearly to it; and the same is true of some of the institutions on the Continent.

The principle of non-restraint, originally propounded by Mr. Hill, and subsequently advocated by Dr. Conolly, with all the warmth of his humane and sympathetic nature, has been adopted nowhere, to my knowledge, out of the British Islands. Nor is it universally received and enforced, even in England. At one of the county asylums where mechanical restraints are still used, the superintendent advanced this simple argument in their favor: "There are cases in which *some form of restraint* is necessary, and that of mechanical means is less irritating to the patient than that of an attendant's hands and muscles." It is believed that there is a universal coincidence with this view of

the matter, among the superintendents of hospitals, both in Continental Europe and the United States.

It is evident, however, that in the countries of Germanic language there has been a very material diminution, since 1849, in the use of the restraints in question. The medical superintendents of the present generation are apparently more practical and less theoretical than were their fathers in the professional specialty. One of the pleasantest reminiscences of my recent journey is that of a visit to a first-rank hospital, conducted with great freedom from bodily restraints, in the suburbs of Munich. It has been erected since 1849, and is within a short distance of an old establishment which, with the so-called "mad-house" (now destroyed) on Blackwell's Island, New York, and the Timar-hané, at Constantinople, constituted, at that date, the three worst receptacles for the insane I have ever seen.

The plan of still farther expanding the limits of a hospital for a given number of patients, and consequently of more widely separating the several classes of inmates, has found some favor in England; and the Whittingham Asylum, which is now in process of erection near Preston, in Lancashire, is constructed upon this principle. It consists of sixteen separate dwellings and other edifices, connected one with another by covered corridors. The ground-plan of eight of the dwellings,—four for either sex,—with their connecting corridors, is in the form of a horseshoe expanded at the heel, so that the two sides are parallel. The buildings front outwards. Between the two central ones, but so far forward of them that its rear wall is in advance of the walls of their front, is the superintendent's house. Within the space partially enclosed by the eight buildings and their corridors are the kitchen and store-rooms, apartments for assistant-physicians and sub-officers, two reception-rooms, and two buildings for epileptics. Outside of this space, and near the two rearmost of the eight dwellings above-mentioned, are, upon one side the laundry, upon the other the brewery.

The two front dwellings for patients, those which are nearest the superintendent's house, are intended for the most quiet class; the next two are infirmaries; the third are for the refractory, and the fourth for those who work.

The area within the line of these outermost buildings is from ten to twelve acres. The courts into which it is divided by the other buildings and their corridors are to be used as pleasure-grounds for the patients. Other grounds for the same purpose are to be prepared in front of the outer line of buildings.

A like movement in the general design of hospitals has been made in France. The Asylum of St. Anne, erected a few years ago in Paris, not far from the old Asylums, Bicêtre and Salpêtrière, was designed upon the same principle as the Lancashire Asylum, and its general plan is somewhat similar. The buildings for patients, several for either sex, form, with their connecting corridors, the two opposite sides of a parallelogram. Midway between them are other buildings, for the medical and other officers, the kitchen and its appendages, and the chapel. The buildings for patients are mostly but two stories in height; the lower story being occupied as day-rooms and the upper as a dormitory.

Another method of separation and distribution of patients is seen at the private asylum of the brothers Labitte, at Clermont, France. Here the asylum proper, or home department, has about forty acres of land, bordering upon the village of Clermont. At a distance of from two to three miles are the two so-called "colonies" of Fitz-James and Villers, with eight hundred acres in one unbroken tract. On the fifth of July last, the whole number of patients was 1,406, of whom nearly a thousand were in the asylum proper and the rest in the five dwellings of the two colonies. Of the four dwellings of Fitz-James, one is occupied by officers and private men patients, one by laboring men, one by a small number of private female patients, and one by laboring women. They here do the washing and ironing for the whole establishment. The two buildings for men are near each other: the two for women are remote both from them and from each other. At Villers there is but one dwelling, and that is occupied by quiet laboring men, who require little surveillance or restraint.

Nearly all the buildings of the whole establishment are but two stories high, and in those which were erected specially for their present purpose the day-rooms are in the lower story, and the dormitories, mostly quite large, in the second.

Here, then, we have a very large institution, with first, a cen-

tral or principal department, containing a thousand patients, and of which, I believe, there is no pretension, in any quarter, to superiority over many of the public hospitals or asylums of France; and, secondly, remote and separate dwellings which are peopled on the principle of selection. The quiet and harmless are thus widely removed from the noisy and the refractory, and can enjoy a greater degree of personal liberty than at the central department.

Whatever may be thought of the distinguishing feature of this asylum, the establishment itself is a monument as remarkable as it is rare, commemorative of indomitable enterprise, energy and perseverance. Began by the father some forty years ago, and upon the smallest scale, it has developed gradually; but that development has been rapid under the vigorous management of the sons. Now, with a population sufficient for a township of no mean dimensions or trifling importance, with its more than eight hundred acres of land, nearly all of which is under cultivation and either mowed or tilled, with its grist-mill, moved by steam, and its shops for tailors, shoemakers, carpenters, coopers, and other artisans or mechanics whose work is required to any considerable extent, it is, perhaps, as nearly an independent or self-dependent institution as any that the world can show.

The departmental asylum at Quatre Mares, near Rouen, in France, where the original buildings are large and enclose a quadrangular court, has, within the last four or five years, been modified upon the principle of colonization, as practised at Clermont. Upon an elevation in the rear of the original buildings, and at the distance of nearly one-fourth of a mile, five edifices, similar to private dwellings, have been erected for the boarders who pay the highest prices. Their rear walls stand in a right line, and they are connected by a covered corridor. Still nearer the principal buildings, and upon the left of them, as one approaches the asylum, are two well-built, very cheerful and comfortable buildings recently erected for the working patients—the farmers, the common laborers, the tailors, shoemakers, &c. In the shoemakers' shop, at the time of my visit, there were fifteen patients working under the direction of a hired foreman. The shops and dining and other day-rooms are in the lower story; the dormitories above.

We now approach a place and a plan of still greater separation and distribution of patients; the commune and the so-called "colony" of Gheel, in Belgium. Here are about eleven hundred insane persons domiciled in small numbers as boarders in private families, not only in the village, but among the peasantry throughout the commune. A central hospital, erected but a few years ago in the outskirts of the village, is used not only as an infirmary, in some cases, but also as a place of temporary resort and confinement for patients who suffer from paroxysmal mania, or who otherwise become refractory and unmanageable at their boarding places. The great mass of the insane at Gheel are incurables, brought from other communes, and a large part of them from the city of Brussels.

Following, to a certain extent, the precedent found at Gheel, the General Board of Commissioners in Lunacy for Scotland have, within the last few years, granted special licenses to private families to take insane persons, not exceeding four in each, as boarders. The number of patients thus provided for has increased from *four*, in 1863, to *one hundred and four*, in 1870. Although the commissioners appear to prefer that these licensed houses shall be somewhat widely separated, yet, to use the language of Dr. Mitchell, a member of the board, "such houses will often have a tendency to occur in groups, as already happens at Kennoway, Balfron, Aberfoyle and Loanhead." In 1870 there were eleven licensed houses in Kennoway, and in those houses were twenty-four insane boarders. Some of them had been treated in public asylums and some had not. In the cases last mentioned it was believed that the patients did not require asylum treatment; that is, that they were incurable.

Again, in Scotland there are many insane persons who, although under the jurisdiction of the commissioners in lunacy, so far, at least, as the power to send them to an asylum is concerned, are yet permitted to remain in the families of their relatives.

I have thus endeavored, as concisely as convenient, to present an outline of the distinctive features of what may be called the types of the several methods of provision for the insane found in Europe, and differing, to a greater or less extent,

from the compact hospital which is the prevailing form for such institutions upon both sides of the Atlantic.

In this age of unprecedented progress in all the departments of science and of art, and after a half century of unparalleled improvement in the institutions for the insane in all enlightened countries, he who assumes that those institutions have arrived at perfection rejects all the teachings of observation, of analogy and of history. No hospital is perfect in itself, and no general principle or plan for hospitals is perfect, if, in either case, the ingenuity or the wisdom of man can devise one that is better. But in this matter there is no decisive test of any principle or plan other than the result of its practical application and operation. Hence, he who consults the welfare of the insane, may rejoice in the introduction of new or revived principles, and the adoption of novel plans, resting assured that the best will not only be found, but that it will eventually prevail.

The recently-commenced multiplication of edifices and the consequent expansion of the limits of hospitals is not confined to those of the insane alone, but has been applied to institutions for the treatment of general diseases as well. The new St. Thomas's Hospital, in London, just finished and probably without a superior in the world, consists of seven distinct edifices for patients.

The principal objection to this expansion is the increased cost, first, probably, in construction; and, secondly, and assuredly, in the current support of the inmates. A hospital so constructed becomes a place of "magnificent distances," and consequently requires more time and labor in executing its daily operations. Both officers and employés must be more numerous than in institutions more compact, and the expense for heating, in a climate so severe as that of Massachusetts, would be very considerably augmented. The advantages to be gained are, first, if the buildings be properly constructed, a somewhat more nearly perfect ventilation, and, if so, a better hygienic condition; and, secondly, a wider separation of the different classes of patients. The classification itself does not necessarily become more complete than in hospitals more compact. But the quiet and the convalescent can be withdrawn more completely from the noisy and the refractory, and, con-

sequently, from the most repulsive features of their surroundings. There are also, I think, advantages in the separation of the laborers from the other patients. This fact is pretty extensively recognized at the county asylums in England, where, in several places, I found the workers domiciled in special apartments,—sometimes in the main building, sometimes in a building detached.

As the new hospital at Worcester is to be constructed upon the same principles as the Whittingham Asylum, already mentioned, and upon a very similar plan, there will soon be an opportunity, in Massachusetts, of comparing the New and the Old, and, consequently, of arriving at a more positive conclusion in regard to their comparative merits, than is possible at present.

“Colonization,” as practised at Clermont and Quatre Mares, is but a partial modification of the principle of selection and separation. The separation of the classes of patients is still wider, gaining, for this reason, the entire removal of the quiet from the sound and the view of the noisy and the refractory; but losing the pecuniary advantage of a common kitchen, and, in the case of Clermont, whatever benefits may be derived from those assemblies for worship, entertainment, recreation and amusement, which, it is believed, are now a potent agent for good in many hospitals. As a model for a State or other public hospital, Quatre Mares is preferable to the asylum at Clermont, because of the less distance of the colonies from the central establishment. Admirable as MM. Labitte’s establishment may be, of itself, no prudent government would attempt to imitate it. The experiment would be hazardous in a pecuniary point of view, to say nothing of the danger of consequences in regard to the management of patients. It is on too gigantic a scale to be committed to the chances of administrative management in the hands of persons not directly interested in the financial results.

Fashions ever move in cycles, and we are told, by high authority, that there is nothing new under the sun. And so it has come to pass that the plan of an institution,—the colony of Gheel,—if institution it may be called, founded in a religious superstition of the mediæval ages, is now advocated as superior to all others, by some of the best minds of our day.

In that opinion I take no part. But granting, for the sake of argument, that, at Gheel, the incurable, with a few curable insane of Belgium, are as well cared for as they could be in any other way, it does not follow that the same result could be achieved in this country: and I think it may be said of Massachusetts, as Dr. Spurzheim, of Vienna, said of Austria, "A colony like Gheel is an impossibility here." Dr. Mitchell, in the last report of the Scottish Commissioners in Lunacy, asserts that "enough has been seen and done at these places (Kennoway, Balfron, Aberfoyle and Loanhead) to show that it would be quite a possible thing to repeat, in this country, such an institution as that at Gheel;" but he adds, "In the present state of matters, and without the existence of some favoring circumstances which are not likely to arise, it would be unwise to attempt the creation of such an institution."

It appears to me that an erroneous impression is prevalent in this country, not only of the extent to which patients have been placed in licensed houses, in Scotland, but likewise of the extent to which the Scottish commissioners advocate the adoption of that method of provision. Dr. Mitchell asserts that the commissioners do not suppose that more than from *eight to ten per cent.* of the insane are proper subjects for such placement. To the extent of that proportion I think the State beneficiaries received at the Northampton hospital might be domiciled in private families, without detriment to the community. They are the quiet, incurable demented,—the same class, indeed, as those who are in the licensed houses of Scotland. Whether they would be as well provided for as in the hospitals, or, generally, more contented than at those institutions, are matters of serious doubt. The description by Dr. Tuke of the condition in which he found the patients in the licensed houses of Kennoway is not so flattering as readily to induce the authorities in other places to follow the example set by Scotland in this matter. The last report of the commissioners contains what is essentially a reply to Dr. Tuke, the substance of which is, that those patients are as well provided for as the working people generally in the south of Scotland.

In another direction, however, Scotland furnishes an example which is worthy, in my opinion, of all regard and of faithful following. This is found in her county or district

asylums of most recent construction. I am free to acknowledge that I have never seen any other institution for the dependent insane which, upon the whole, coincided with my views of what such an institution should be, more nearly than the district asylum for the counties of Kinross and Fife, at Springfield, in Fifeshire. In June last it had about 250 patients, and it cannot accommodate more than 280. The building is substantial, plainly but neatly finished, with but little expense for mere ornament, either externally or internally, unpretentious yet sufficiently agreeable to the eye. The appearances of personal restraint were few, and the evidences of industry among the patients many. To such institutions, I have the best of reasons to believe, the commissioners in lunacy for Scotland extend their cordial approbation.

Whatever other results may follow the discussion of the different methods of treating the insane, in Massachusetts, nothing, in my view, is clearer than that it will be found that not only will the necessity for all her existing hospitals remain, but, unfortunately, that the time is not far distant when more will be required. It appears to me that in no other way can that future provision be supplied so favorably, both to the interests of the tax-payers and the welfare of the insane, as by county or district hospitals, corresponding in size and character with the above-mentioned asylum for Fife and Kinross.

Our acknowledgments are due to the Hon. W. B. Washburn, M. C., for national public documents; to Miss Sarah Thayer, for several books and magazines; to Mr. Edward Whitney, for two volumes of the "Old and New"; and to the publishers of that magazine for a copy of each issue, from the beginning.

All the officers and the subordinate officers, connected with the hospital at the commencement of the year, retain their places at its end. By a wise provision upon your part, the medical staff has been enlarged by the establishment of the office of Second Assistant-Physician; and your appointee thereto, Dr. Edward R. Spaulding, has filled the place to my entire satisfaction. During my absence, the ability of Dr. Nims and the other officers was put to the best of all tests, with the entirely successful and favorable result which I expected. The

systematic and efficient working of the hospital sustained no detriment while I was gone.

With thankfulness for the blessings of the past, with hope for blessings in the future upon the institution under your direction, and with a renewed sense of my obligations to your honorable Board, this Report is respectfully submitted.

PLINY EARLE,
Superintendent.

NORTHAMPTON, November 1, 1871.

APPENDIX.

TABLE No. 1.

1870-71.—*Admissions, Discharges and Daily Average in the Hospital.*

MONTHS.	ADMITTED.			DISCHARGED.			DAILY AVERAGE IN HOUSE.		
	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Females.	Total.
October, 1870,	6	1	7	9	5	14	174.16	228.19	402.35
November, "	4	4	8	10	6	16	170.60	223.53	394.13
December, "	13	18	31	1	9	10	171.13	228.22	399.35
January, 1871,	20	15	35	5	5	10	181.67	234.58	416.25
February, "	6	6	12	4	2	6	194.14	244.32	438.46
March, "	4	3	7	10	3	13	192.42	247.19	439.16
April, "	8	9	17	8	10	18	188.43	245.16	433.60
May, "	7	7	14	6	8	14	190.74	247.55	438.29
June, "	6	1	7	6	17	23	190.46	240.23	430.70
July, "	16	20	36	9	23	32	195.32	229.58	424.90
August, "	4	2	6	3	4	7	196.81	225.29	422.10
September, "	15	16	31	15	18	33	197.56	225.50	423.06
Totals, . .	109	102	211	86	110	196			
Daily average for year,							186.95	234.95	421.90

TABLE NO. 2.

Showing the supposed Causes of Insanity of Patients admitted this year.

CAUSES.	Males.	Females.	Total.
Congenital,	1	—	1
Old age,	—	1	1
Lightning-stroke,	1	—	1
Paralysis,	—	1	1
Apoplexy,	1	—	1
Injury of the spine,	—	1	1
Exposure,	2	—	2
Syphilis,	—	2	2
Love affair,	1	1	2
Disappointment,	—	3	3
Injury of the head,	3	1	4
Change of life,	—	4	4
Religious excitement,	4	1	5
Fright,	1	4	5
Puerperal,	—	5	5
Overwork,	1	5	6
Loss of friends,	1	5	6
Sunstroke,	5	1	6
Epilepsy,	4	3	7
Business reverses,	5	2	7
Domestic trouble,	2	7	9
Masturbation,	11	—	11
Intemperance,	22	5	27
Ill health,	15	16	31
Unknown,	29	34	63
Totals,	109	102	211

TABLE No. 3.

Showing the Occupations of the Male Patients.

Laborers,	38	Butcher,	1
Farmers,	15	Student,	1
Mechanics,	5	Grocer,	1
Clerks,	4	Printer,	1
Sailors,	3	Glass-blower,	1
Blacksmiths,	3	Sail-maker,	1
Operatives,	3	Wood-turner,	1
Carpenters,	3	Tinner,	1
Merchants,	2	Peddler,	1
Fishermen,	2	Barber,	1
Curriers,	2	Waiter,	1
Masons,	2	Teamster,	1
Artist,	1	Hatter,	1
Stone-cutter,	1	Painter,	1
Druggist,	1	Unknown,	2
Gas-fitter,	1	No business,	6
Shoemaker,	1	Total,	109

TABLE No. 4.

Showing the Civil Condition of the Patients admitted.

CONDITION.								Males.	Females.	Total.
Married,								41	47	88
Single,								65	47	112
Widowers,								2	—	2
Widows,								—	8	8
Unknown,								1	—	1
Totals,								109	102	211

TABLE No. 5.

Showing the Ages of all Admitted during the year.

AGES.	Males.	Females.	Total.
From 15 to 20 years,	13	1	14
20 to 25 years,	18	11	29
25 to 30 years,	24	10	34
30 to 35 years,	16	20	36
35 to 40 years,	10	17	27
40 to 50 years,	8	24	32
50 to 60 years,	12	16	28
60 to 70 years,	6	2	8
70 to 80 years,	1	1	2
Unknown,	1	—	1
Totals,	109	102	211

TABLE No. 6.

Showing the Age at which Insanity appeared.

AGES.	Males.	Females.	Total.
15 years and under,	4	1	5
From 15 to 20 years,	19	5	24
20 to 25 years,	10	12	22
25 to 30 years,	11	9	20
30 to 35 years,	13	10	23
35 to 40 years,	5	8	13
40 to 50 years,	3	12	15
50 to 60 years,	9	7	16
60 to 70 years,	2	1	3
70 to 80 years,	—	1	1
Unknown,	33	36	69
Totals,	109	102	211

TABLE No. 7.

Showing the Duration of the Disease before Admission.

DURATION.	Males.	Females.	Total.
Congenital,	1	—	1
Under 1 month,	11	9	20
From 1 to 3 months,	12	13	25
3 to 6 months,	14	12	26
6 to 12 months,	18	7	25
1 to 2 years,	9	13	22
2 to 5 years,	8	24	32
5 to 10 years,	13	4	17
10 to 20 years,	7	3	10
Over 20 years,	3	3	6
Unknown,	13	14	27
Totals,	109	102	211

TABLE No. 8.

Showing the Causes of Death in those Deceased.

CAUSES OF DEATH.	Males.	Females.	Total.
Anæmia,	—	1	1
Chronic Diarrhœa,	—	1	1
Cardiac Dropsy,	—	1	1
Typhomania,	—	1	1
Paralysis,	—	1	1
Rupture of the Heart,	1	—	1
Paresis,	1	—	1
Acute Meningitis,	1	—	1
Dysentery,	1	1	2
Apoplexy,	2	—	2
Marasmus,	2	—	2
Exhaustion of Chronic Mania,	2	1	3
Epilepsy,	3	1	4
Phthisis,	3	4	7
Totals,	16	12	28

TABLE No. 9.

Showing the Residence of the Patients admitted during the year.

COUNTIES AND STATES.	Males.	Females.	Total.
Hampshire County,	11	10	21
Hampden "	23	10	33
Berkshire "	7	9	16
Franklin "	5	4	9
Worcester "	9	13	22
Middlesex "	13	14	27
Suffolk "	23	15	38
Norfolk "	1	2	3
Essex "	9	11	20
Bristol "	1	6	7
Plymouth "	1	-	1
Barnstable "	-	1	1
Connecticut,	5	6	11
Rhode Island,	1	-	1
New York,	-	1	1
Totals,	109	102	211

TABLE No. 10.

Showing the Proportion of Commitments.

COMMITTED BY	Males.	Females.	Total.
Probate Court,	25	17	42
Overseers of the Poor,	4	2	6
Board of State Charities,	56	61	117
Supreme Judicial Court,	-	2	2
Friends,	24	20	44
Totals,	109	102	211

TABLE No. 11.

Showing by whom the Patients will probably be supported.

SUPPORTED BY	Males.	Females.	Total.
State,	60	66	126
Towns and Cities,	24	12	36
Individuals,	22	18	40
Individuals, with State aid (Connecticut), .	2	5	7
Towns, with State aid (Connecticut), . .	1	1	2
Totals,	109	102	211

TABLE No. 12.

Showing the Nativity of the Patients.

NATIVITY.	Males.	Females.	Total.
America,	60	38	98
England,	3	5	8
Ireland,	40	55	95
Scotland,	1	2	3
Germany,	3	—	3
France,	—	2	2
Italy,	1	—	1
Turkey,	1	—	1
Totals,	109	102	211

TABLE NO. 13.

Number and Status of Patients at the close of each Week in the year.

DATE.	State.	Town.	Private.	Total.	DATE.	State.	Town.	Private.	Total
1870.					1871.				
Oct. 1,	209	73	123	405	April 1,	239	76	119	434
8,	208	72	124	404	8,	240	74	116	430
15,	208	73	123	404	15,	244	74	118	436
22,	208	73	119	400	22,	241	73	120	434
29,	207	72	119	398	29,	239	74	122	435
Nov. 5,	209	72	117	398	May 6,	240	74	123	437
12,	209	72	114	395	13,	248	73	123	444
19,	210	70	112	392	20,	246	72	122	440
26,	211	70	110	391	27,	242	73	121	436
Dec. 3,	209	70	109	388	June 3,	242	73	120	435
10,	209	70	111	390	10,	240	73	119	432
17,	220	69	113	402	17,	238	72	119	429
24,	231	69	113	413	24,	238	72	121	431
31,	230	69	112	411	July 1,	223	85	116	424
1871.					8,	222	86	114	422
Jan. 7,	231	70	115	416	15,	227	86	113	426
14,	232	70	115	417	22,	223	87	112	422
21,	230	70	114	414	29,	223	87	113	423
28,	230	71	113	414	Aug. 5,	223	86	113	422
Feb. 4,	254	69	113	436	12,	223	86	113	422
11,	254	71	113	438	19,	221	87	114	422
18,	255	71	113	439	26,	222	87	113	422
25,	256	71	115	442	Sept. 2,	222	85	115	422
March 4,	256	71	116	443	9,	222	86	116	424
11,	251	72	117	440	16,	221	86	114	421
18,	251	73	117	441	23,	224	86	113	423
25,	247	73	118	438	30,	215	89	116	420

TABLE No. 14.

List of Articles made in the Sewing-Room, 1870-71.

Dresses,	283	Sheets,	504
Chemises,	269	Pillow-cases,	498
Skirts,	213	Bolster-cases,	12
Aprons,	146	Mattress ticks,	136
Night-gowns,	25	Pillow ticks,	33
Sacks,	39	Straw ticks,	30
Waists,	21	Table cloths,	11
Drawers,	73	Table napkins,	72
Caps,	20	Towels,	397
Capes,	7	Rollers,	104
Collars,	228	Curtains,	14
Hats trimmed,	65	Camisoles, *	7
Hoods,	24	Clothes-bags,	44
Shirts,	297	Bed-spreads hemmed,	26
Shirt-bosoms,	48	Under-vests,	4
Suspenders, pairs,	84	Kerchiefs,	50
Blankets bound,	22	Pieces carpet hemmed,	34
Sundries,	22	Articles repaired,	14,518

TABLE No. 15.

Showing the Monthly Consumption of Gas during the last two official years.

1869-70.	Cubic feet.	Daily average.	1870-71.	Cubic feet.	Daily average.
October, 1869,	26,050	840 32	October, 1870,	31,000	1,000.00
November, "	32,000	1,066 66	November, "	40,100	1,336 66
December, "	38,150	1,230 64	December, "	46,900	1,512.90
January, 1870,	37,950	1,224.19	January, 1871,	47,100	1,519.35
February, "	32,250	1,151 78	February, "	37,450	1,337.50
March, "	27,050	872.58	March, "	31,500	1,016 13
April, "	17,650	588.33	April, "	19,600	653 33
May, "	11,800	380.64	May, "	13,450	433 87
June, "	9,350	311.66	June, "	9,750	325 00
July, "	9,400	303.23	July, "	11,150	359 68
August, "	12,600	406.45	August, "	12,850	414.52
September, "	17,800	593 33	September, "	17,450	581 66
Total, . . .	272,050	745.34	Total, . . .	318,300	871.23

TABLE No. 16.
Showing Supplies for the several Departments for the year.

	Sheets.	Pillow Cases.	Bed Spreads.	Blankets.	Bed Ticks.	Pillow Ticks.	Towels.	Curtains.	Wash Bowls.	Ewers.	Chambers.	Mirrors.	Hair Brushes.	Carpet Strips.	Plates.	Cups.	Saucers.	Tumblers.	Mugs.	Bowls.	Pitchers.	Soup Cups.	Castors.	Knives.	Forks.	
<i>Men's Department.</i>																										
Upper 1st Hall, . .	30	24	-	2	2	1	12	-	-	1	9	-	-	-	17	3	3	22	-	1	-	-	-	5	3	
2d Hall, . .	30	24	12	4	3	1	6	3	-	-	11	-	-	-	18	-	4	16	-	-	1	-	-	1	-	
3d and 4th Halls,	20	20	2	16	-	-	-	-	-	-	32	1	1	-	-	3	3	6	-	4	1	-	1	-	4	-
Middle 1st Hall, . .	18	24	6	9	3	-	4	-	-	-	2	-	-	7	3	3	15	-	-	-	1	-	-	-	-	
2d Hall, . .	30	36	1	17	20	-	4	2	-	-	22	-	-	13	-	-	14	-	14	-	-	-	-	2	-	
3d and 4th Halls,	24	6	24	13	29	3	4	-	-	-	41	-	2	-	2	-	8	-	-	7	-	3	1	-	1	-
Lower 1st Hall, . .	24	18	-	9	2	-	4	-	-	-	5	-	-	-	4	-	-	-	12	-	-	-	-	-	-	
2d Hall, . .	40	28	31	23	16	-	6	-	-	-	28	2	1	4	6	2	22	1	3	-	1	-	-	1	-	
3d and 4th Halls,	70	48	22	31	10	14	8	-	-	-	8	-	1	-	14	2	2	-	-	2	-	-	2	-	-	
<i>Women's Department.</i>																										
Upper 1st Hall, . .	9	12	10	-	-	-	18	9	-	1	4	-	-	2	9	12	18	24	-	2	2	1	-	-	-	

Upper 2d Hall,	.	15	40	-	-	7	5	1	30	2	2	3	16	1	-	7	15	18	24	34	-	4	5	-	-	3	3
3d Hall,	.	24	39	-	7	21	1	1	10	-	-	-	18	1	-	-	16	6	12	-	-	-	-	-	-	-	
4th Hall,	.	12	21	4	2	3	-	-	16	-	2	3	6	2	-	-	6	12	12	6	-	3	-	-	-	-	
Middle 1st Hall,	.	9	36	14	3	1	-	-	26	4	-	-	10	1	-	-	12	12	12	18	3	-	1	-	2	1	
2d Hall,	.	33	21	-	7	7	-	-	8	-	-	-	24	-	-	-	6	-	-	2	6	7	3	-	2	4	
3d Hall,	.	27	12	9	9	18	6	6	19	-	-	-	21	1	-	-	-	-	-	-	-	-	-	-	-	-	
4th Hall,	.	9	15	8	8	-	3	3	6	-	-	-	7	-	-	-	6	-	-	2	-	-	1	-	-	-	
Lower 1st Hall,	.	-	-	-	-	-	-	-	9	-	-	-	6	-	-	1	-	24	24	10	-	2	2	-	4	-	
2d Hall,	.	12	12	15	-	-	2	2	10	-	-	-	18	-	-	-	6	-	18	-	12	-	1	-	-	-	
3d Hall,	.	12	24	-	13	9	5	-	-	-	-	-	6	-	-	-	-	-	-	-	-	-	-	-	-	-	
4th Hall,	.	30	15	2	2	7	-	-	6	-	-	-	16	1	-	-	6	-	-	-	-	-	1	-	-	6	
Kitchen,	.	-	-	-	-	-	-	-	2	2	-	-	-	1	-	-	90	36	24	18	-	6	4	1	6	7	
Rear,	.	10	23	4	5	-	-	-	15	4	-	3	3	-	-	2	-	-	-	2	-	-	-	-	-	-	
Centre,	.	4	14	-	-	1	-	-	20	-	-	-	-	2	-	-	-	-	-	-	1	-	-	-	-	-	
Aggregate,	.	492	512	164	180	157	37	243	26	4	4	11	313	13	5	36	236	133	218	155	62	28	26	3	17	35	
																										34	

TABLE No. 16—Concluded.
Showing Supplies for the several Departments for the year.

	Spoons.	Table Spreads.	Napkins.	Tin Plates.	Tin Cups.	Iron Spoons.	Dish Towels.	Rollers.	Wash Basins.	Soap, lbs.	Brooms.	Whisks.	Dust Brushes.	Scrub'g Brushes.	Dust Pans.	Mops.	Pails.	Spittoons.	Blacking.	Shoe Brushes.	Lanterns.	Spools Thread.	Linon Thread.	Papers Needles.	Papers Pins.	Darning Needles.
<i>Men's Department.</i>																										
Upper 1st Hall, . .	-	1	12	-	-	-	-	4	-	8	8	2	1	1	-	-	-	1	-	1	-	-	-	-	1	-
2d Hall, . .	-	4	-	-	-	-	-	-	-	14	12	-	1	-	1	-	2	-	11	3	-	-	3	-	-	-
3d and 4th Halls,	-	-	-	4	6	10	8	8	-	32	8	1	1	-	-	-	1	2	1	2	1	-	1	-	-	-
Middle 1st Hall, . .	-	-	-	-	-	6	-	4	1	26	10	2	1	-	-	-	1	2	1	6	-	-	-	1	-	-
2d Hall, . .	-	-	-	-	-	18	4	5	-	34	16	1	1	-	1	3	-	2	5	2	-	-	1	-	-	-
3d and 4th Halls,	-	-	-	-	10	37	16	3	1	46	12	-	1	1	1	3	1	3	12	2	2	-	-	1	-	-
Lower 1st Hall, . .	-	-	-	-	-	6	9	4	1	22	9	-	-	-	1	-	2	-	3	-	-	-	117	-	1	-
2d Hall, . .	-	-	-	-	11	27	14	-	-	34	14	-	-	1	2	2	2	2	-	11	2	1	-	1	-	-
3d and 4th Halls,	2	-	-	-	18	39	-	4	-	38	14	-	1	1	2	2	3	2	3	1	-	-	1	-	-	-
<i>Women's Department.</i>																										
Upper 1st Hall, . .	-	-	12	-	-	-	4	-	-	28	13	1	2	-	-	-	1	-	-	-	-	1	-	-	-	-

Trustees of the Northampton Lunatic Hospital.

N A M E .	Residence.	When app't'd.	Service ended.	From what cause.
Charles E. Forbes, .	Northampton, .	1856	1857	Term expired.
Lucien C. Boynton, .	Uxbridge, . .	1856	1858	do. do
Eliphalet Trask, .	Springfield, . .	1856	-	Still in office.
John C. Russell, .	Great Barrington, .	1856	1859	Resigned.
Horace Lyman, . .	Greenfield, . .	1856	1857	Removed.
Charles Smith, . .	Northampton, .	1857	1860	Resigned.
Luther V. Bell, . .	Somerville, . .	1857	1859	do.
Zebina L. Raymond, .	Greenfield, . .	1858	1859	do.
Franklin Ripley, .	Greenfield, . .	1859	1860	Died in office.
Edward Dickinson, .	Amherst, . .	1859	1864	Resigned.
Walter Lafin, . .	Pittsfield, . .	1859	1866	Term expired.
Silas M. Smith, . .	Northampton, .	1860	1863	do. do.
Charles Allen, . .	Greenfield, . .	1860	1861	Resigned.
Alfred R. Field, . .	Greenfield, . .	1861	1864	do.
Edward Hitchcock, .	Amherst, . .	1863	-	Still in office.
Silas M. Smith, . .	Northampton, .	1864	-	do. do.
Edmund H. Sawyer, .	Easthampton, .	1864	-	do. do.
Henry L. Sabin, . .	Williamstown, .	1866	-	do. do.

Number of Persons employed in the Regular Duties of the Hospital.

OCCUPATIONS.	Male.	Female.	Total.
Supervisors,	1	1	2
Assistant Supervisor,	—	1	1
Seamstress,	—	1	1
Laundress,	—	1	1
Assistant Laundress,	—	1	1
Baker,	1	—	1
Steward,	1	—	1
General Attendants,	9	12	21
Housework, centre building,	—	2	2
Cook,	—	1	1
Assistant Cooks,	1	3	4
Watchman,	1	—	1
Carpenter,	1	—	1
Painter,	1	—	1
Assistant Engineer,	1	—	1
Hostler,	1	—	1
At the pump-house,	1	—	1
Farmers,	4	—	4
Total,	23	23	46

