

Twenty-first annual report of the Trustees of the State Lunatic Hospital at Northampton : October, 1876.

Contributors

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

OCTOBER, 1876.

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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>
ADAMS C. DEANE, M. D.,	. . . .	<i>Greenfield.</i>
HENRY W. TAFT, Esq.,	. . . .	<i>Pittsfield.</i>

RESIDENT OFFICERS:

PLINY EARLE, A. M., M. D.,	. . . .	<i>Superintendent.</i>
EDWARD B. NIMS, M. D.,	. . . .	<i>First Assistant Physician.</i>
SAMUEL M. GARLICK, 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>
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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>
MARY E. WARD,	<i>Seamstress.</i>
ISABELLE HALLADAY,	<i>Laundress.</i>
CHARLES ZIEHLKE,	<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 to lay before you the Twenty-First Annual Report of the institution committed to our general direction and supervision.

On the 30th of September, 1875, there were 476 patients in the hospital; 223 of whom were men, and 253 women. In the course of the official year 153 have been admitted, of whom 76 were men and 77 women. Hence the total number of patients within the year was 629, of whom 299 were men, and 330 women.

Sixty-one men and 67 women, a total of 128, left the hospital; and 18 men and 19 women, a total of 37, were discharged by death.

The number of patients remaining in the hospital at the termination of the official year, September 30, 1876, was 464.

The largest number of patients upon any day within the year was 494, on the 15th of May. The smallest number upon any day was 456, on the 24th of July; while the average daily number for the year was a fraction over 474.

Of the 128 patients who left the hospital, 32 were discharged as recovered, 49 improved, and 47 unimproved.

In consequence of the continued pressure upon the hospitals of the Commonwealth of a larger number of patients than can be properly accommodated in them, and the resulting necessity of a transfer of a part of them from one of those institutions to another, this hospital is still kept in an unnat-

ural condition, in respect to both the character and the curability of its inmates. A large part of the comparatively quiet ones being withdrawn to the State Asylum in Tewksbury, and their places supplied by transfers from the other hospitals, the proportion of the refractory class is much larger, and that of curables much smaller, than they would be if the institution received none others than those who are directly committed to it from the most westerly four counties of the State. This condition of things must, apparently, not only continue, but constantly become more and more aggravated, until the opening of the hospitals which are now in process of construction.

So far as the general condition of the hospital is concerned, its adaptation to the purpose for which it was destined, its organization, its domestic economy, its discipline, and its symmetry of movement, by which a diversity of subordinate branches are made to unite in the production of a harmonious whole, we have nothing to communicate which has not already been written.

As customary heretofore, our Board have held thirteen meetings at the hospital in the course of the year; one in each month, and one by adjournment for the completion of the financial and statistical work of the year and the preparation of the several reports to the government of the Commonwealth. At each of the twelve regular meetings there was the usual inspection of the establishment, and neither at those times, nor at any casual examination during the intervening period, has anything been discovered which demanded our condemnation or disapprobation.

Aside from, and in addition to, the current necessary operations of the institution, continuous progress has been made in the direction of improvement. As usual for some years, three carpenters have been employed throughout the year. With this constant force, not only are all necessary repairs attended to, but such alterations and additions are made as the lack of convenience may suggest or the need of enlarged accommodations require. Some of the most important changes effected in the course of the year will be noticed, and the list may very properly be introduced by that which was made by purchase.

In our last published report we mentioned the acquisition of a tract of about five and a half acres of land adjoining the hospital premises, upon the eastern boundary, which had long furnished sites for a saw-mill, a brick-yard, and several small dwellings. Much the larger part of that tract was purchased at the administrator's auction of the real estate of the late Samuel Day, to whose homestead lot it belonged, and of which it constituted nearly one-half in superficial area. Upon the other half of the lot stood the homestead buildings. They consisted of a brick dwelling-house, 40×30 feet, and two stories in height, with an adjoining wooden building about 60×20 feet, and one and one-half stories in height; two barns, one 80 and the other 55 feet in length, and a tobacco barn 150 feet long by 30 in width. The situation of this land is such as to render its acquisition desirable, for the purpose of enlarging the front grounds and perfecting the shape of the hospital farm. In consequence, however, of the value of the buildings, it had been held at so high a price that we had not considered it best to purchase it. The buildings were not needed for the hospital, and we thought it imprudent to sacrifice a large sum in consequence of them. About three months ago this obstacle was removed, the property purchased for \$6,000, and paid for from the working fund of the hospital, on the day upon which the deed of conveyance was executed and delivered. The situation of this tract being taken into consideration, its fertility and its improvement of the hospital premises in utility, convenience and comeliness, it is believed that, at the price paid, every man of sound judgment and a reasonable and proper modicum of taste would approve the purchase.

Soon after the acquisition of the estate, it was decided to remove the larger of the two barns to a site west of the large barn in the rear of the hospital. In consequence of its great length, and the weight of its slated roof, the intervening hill was so great an obstacle to its removal whole, that it was decided to take it down. This has been done, and the barn, reconstructed, is now ready for use upon its new site.

The injuries to which the hospital farm has been subjected in by-gone years by the flow of surface-water in its course to the larger channels, was described in the last year's report of

the Superintendent, and the measures then in progress for the prevention of such injuries in the future were mentioned. Before the time of the freezing up of the ground, last autumn, three cylindrical sewers of brick, laid in cement, at a depth below the reach of frost, were completed. The first is in the south-westerly section of the farm. It drains a part of the garden, taking the water down the bluff to the meadow below. Its length is 118 feet, and its internal diameter 12 inches.

The second is south-easterly from the hospital. It drains a large part of the lawn. Its calibre is 18 inches, and it receives a branch which is 28 feet long, and the calibre of which is 12 inches. This branch included, the length of the sewer is 436 feet. It carries the water to the low land adjoining the lot first purchased of the Day estate.

The third begins at the distance of a few rods from the termination of the second, extends across that part of the homestead lot of Mr. Day which was recently purchased, and opens upon the westerly bank of Mill River. Its length is about 570 feet, and its calibre two feet. It has two branches made of cement pipe, of eight-inch calibre, and having an aggregate length of 226 feet. It carries to the river the accumulated water of nearly all of that large section of the farm which lies upon its eastward slope and south of the north grove.

Protected by these sewers and the paved road-drains which have been made within the last two or three years, it was surprising with what little detriment, as compared with the ravages of former years, the grounds passed through the destructive influences of the last winter and spring.

Within the last two months, another and apparently the last necessary improvement of this kind has been made. Beginning at the roadside, below the grove, directly in front of the centre building of the hospital, the sewer extends eastwardly down the hill, a distance of 275 feet; its calibre is 18 inches. It drains the northerly part of the slope above mentioned, and discharges the water into a ditch which carries it to one of the branches of the 24-inch sewer leading to Mill River.

Although one of these sewers was finished within the next preceding official year, the expense of all of them has been defrayed within the year just closed.

At the time the last year's report was written, men were engaged in relaying, with new four-inch pipe, the connecting line between the water-works of the hospital and the branch pipe of the town water-works at Mill River. The distance is not far from 1,600 feet. The work was completed before the season of inclement weather.

In the contracts with the Northampton Water-Works Company, the first of which was made five years ago, there is a stipulation for sufficient water to supply an out-of-door fountain. The needs of the institution for improvements of a more useful character have been such as to deter us, in foregoing years, from the appropriation, for a work generally considered so purely ornamental, of a sum of money so large as is necessary for a fountain reasonably commensurate with a building of such dimensions as the hospital. These needs having been measurably supplied, and the financial condition of the institution appearing to warrant it, we have authorized the disbursement so long withheld. An iron fountain has been erected directly in front of the central doorway, and at a distance from it of 121 feet. The ground basin is 16 feet in diameter, surrounded by a heavy curb of hewn Fitzwilliam granite. Fountain, curb and basin are upon a superstructure of solid stone masonry averaging six feet in height. This elevation was necessary, in order to bring the fountain to a level with the road and the ornamental grounds. The space around this foundation has mostly been filled in with earth, to bring the grounds into a proper shape. Aside from the work done by the regular hospital force, the whole cost of the fountain was near \$1,200, which has been paid.

About 500 feet of underdrain has been laid in the course of the past summer. Four hundred feet of it is in front of the northerly wing of the building. This will immediately remove any excess of water, and prevent it from working through the foundation of the building, as it has in some places hitherto, giving an uncomfortable and unwholesome moisture to the air of the corresponding section of the basement.

That we might not be deficient in the proper commemoration of the centennial anniversary of our national existence, a row of trees, the elm alternating with the maple, has been

set along the boundary of the premises, next the road, from the entrance gateway to the Day homestead. The distance is a little less than one-third of a mile. What was worth the setting was worth saving. Hence, seriously as trees, with all other vegetable growths, have been tested by the prolonged drouth of the summer, with the assistance of occasional artificial watering every tree is alive.

The eaves-troughs of the hospital are placed upon the cornice of the walls, immediately beneath the projecting slate of the roof. To some extent in the course of each of several by-gone winters, and to a very large extent in that of 1874-75, the walls of the building have been injured by the water which, "backing up" under the slate, has run into them, because of the impossibility, in consequence of accumulated ice, for it to flow into the eaves-troughs. Nearly \$1,000 was expended, in the autumn of 1875, in modifying the troughs at such places as had most suffered from the defect. Judging from the experience of one year, the remedy was successful. No damage from the source mentioned occurred during the last winter. In the rigorous climate of Massachusetts no wise man will construct eaves-troughs on the plan here mentioned, particularly if his house be of brick.

An account of the reconstruction of the six elevators, or dumb-waiters, in the two wings of the hospital, was given in the last year's report. The great superiority of the new ones, as contrasted with the old, has led to the completion of the work in the similar reconstruction of the two elevators in the central building.

For many years a large, imperfectly prepared room, of difficult approach, in the basement of the north wing, has been used for the preparation of husks for mattresses. This work having become established as a part of the manual employment of the patients, it was thought best to increase the facilities for its prosecution. The room has been renovated, supplied with a brick floor and new furniture adapted to its needs, and rendered easy of access by a stairway constructed especially for it.

In the second section of the south wing there are, upon each of the three floors occupied by patients, four small rooms,—bath-room, sink-room, water-closet, and a room for

brooms, pails and other small furniture of the hall. This group is inclosed by brick walls, but the rooms are separated one from another by partitions of wood and mortar. From basement to attic floor, all the woodwork of these twelve rooms—partitions, floor-boards and joists—has been removed, and the rooms rebuilt upon a greatly improved model.

The three bath-rooms, one in each story of the third section of the south wing, have undergone the same process of destruction and reconstruction. In doing this, one partition from basement to attic, formerly of wood, was rebuilt with brick.

The floors of the ironing-room, one dormitory, one double room for attendants, and four rooms for patients, have been relaid.

A large number of rooms occupied by patients, and some of those in the central building, have been painted in the course of the year.

The charges for the board of patients in each class, respectively, as well as in the aggregate, during the official year, were as follows:—

For state patients,	\$47,480 00
town patients,	26,716 50
private patients,	19,152 62
<hr/>	
Total,	\$93,349 12

The Treasurer's report contains an exhibit of the receipts of money from all sources, and a partially classified schedule of the purposes of the expenditures.

The auditors report that they have examined the accounts, and that every disbursement is properly authenticated.

According to the balances, there were, on the 30th of September, 1876,—

Cash assets available for future use,	\$29,041 43
And liabilities (bills payable),	6,783 14
<hr/>	
Balance of cash assets,	\$22,258 29

The cost of the provisions and supplies now on hand was \$12,677.18.

Now that provision for the care of our increasing insane population is being made by the erection of large and costly buildings at Danvers and Worcester, it seems not untimely to call more particular attention to the present condition of this hospital, and its cost to the State.

For the nearly two hundred acres of land originally purchased, the erection of the buildings and the furnishing them throughout, and for some improvements since the hospital went into operation, the Commonwealth has appropriated, at different times, and has paid a total sum of \$375,550. The number of patients in the hospital has averaged, daily, for ten years past, 431. Hence the entire cost to the State of providing *a furnished home* for each patient, has been \$871.34. If the number of patients be placed at 400, which is, at most, the *proper* capacity of the hospital, the cost for each patient will be \$938.87.

While, with a larger expenditure of money, more than has been attempted could have been done to beautify and adorn both grounds and buildings, it is yet believed that every necessary and reasonable provision has been made for the comfort, care and restoration to health of those who must here find special treatment; and we think our Commonwealth need not fear to submit to the judgment of philanthropists, the present condition of the institution which her bounty has here provided for her unfortunates.

In justice to those who have been entrusted with the management of the hospital, it needs to be mentioned that very much has been done, from time to time, in improving the buildings and adding to the furniture and grounds.

In addition to ordinary repairs that must be made, a series of extraordinary repairs and improvements has been in constant progress; and several lots of land, either adjoining or near the hospital premises, have been purchased at different times, amounting in all to about thirty-nine acres. The acquisition of these has been of great advantage to the institution, and the cost of them has been saved and paid from its current receipts.

The Trustees are glad to be able to present this favorable

report of the condition and prosperity of this institution, and desire to express their conviction that it is mainly owing to the mutual interest, confidence and coöperation among the members of this Board, and between them and the Superintendent, and to the distinguished ability and conscientious fidelity with which the latter has discharged every duty.

The executive officers of the hospital are the same as at the beginning of the official year. They have performed their duties during the intervening period with their accustomed assiduity and fidelity, giving us the ability to say that the affairs of the institution have been so conducted as to merit and to receive our entire approbation.

EDMUND H. SAWYER,
EDWARD HITCHCOCK,
S. M. SMITH,
A. C. DEANE,
HENRY W. TAFT,

Trustees.

NORTHAMPTON, October 12, 1876.

TREASURER'S REPORT.

To the Trustees of the Northampton Lunatic Hospital.

The subjoined schedule exhibits the sums received for the hospital in the course of the year, and the sources whence they came; as well as the sums disbursed and the purposes for which the money was expended.

RECEIPTS.

Balance in hands of Treasurer, September 30, 1875, .	\$1,128 13
Received for board and contingencies of private patients,	20,039 29
for board and contingencies of town patients,	27,510 50
for board and contingencies of state patients,	48,766 67
for animals and produce, etc., sold,	905 30
for sundry accounts,	2,262 15
Total,	\$100,612 04

DISBURSEMENTS.

For provisions and supplies,	\$29,033 82
fuel,	4,774 65
gas and oil,	1,182 46
water,	800 00
salaries and wages,	22,032 71
medical supplies,	1,618 70
furniture, beds, and bedding,	2,727 92
clothing and dry goods,	4,385 81
contingencies,	2,070 62
farm,	4,716 76
farm stock,	625 00
Amount carried forward,	\$73,968 45

<i>Amount brought forward,</i>	. . . . .	\$73,968 45
For farm wages,	. . . . .	3,830 01
repairs and improvements,	. . . . .	10,250 67
homestead of the late Samuel Day,	. . . . .	6,000 00
miscellaneous expenses,	. . . . .	1,400 54
Balance in hands of Treasurer, September 30, 1876,	. . . . .	5,162 37
		<hr/>
Total,	. . . . .	\$100,612 04

PLINY EARLE,

Treasurer.

NORTHAMPTON, October 12, 1876.

The undersigned, appointed auditors of the accounts of the Treasurer, having performed their duty, report that they have examined the books and accounts of that officer, and have found proper vouchers for all the entries.

EDMUND H. SAWYER.

ADAMS C. DEANE.

NORTHAMPTON, October 12, 1876.

SUPERINTENDENT'S REPORT.

To the Trustees of the Northampton Lunatic Hospital.

In accordance with a duty imposed by the law of the Commonwealth, a Report of the operations of this institution for the official year 1875-76 is hereby presented.

To the end that the description of the movement of the population of the hospital, in the course of that period, may be clearly understood, it may not be unimportant to recall to your attention some circumstances which modify the records of the register, preventing it from representing by its list of numbers the actual number of *persons* received into the house as patients. This discrepancy has its origin in two sources,—

First. The commitment of the same person more than once within the year. One man and three women have been received twice each in the course of the official year just completed.

Secondly. The recommitment of a person already in the hospital under the authority of a former commitment.

The necessity for this proceeding arises from the facts, first, that the State is not obliged to support a person who is not committed by one of the courts having jurisdiction in the matter; and, secondly, that a town cannot be compelled to support a person who is not committed either by one of the proper courts, or by the overseers of the poor of that town. Two instances of these recommitments have occurred within the year. In one of them, a board of overseers of the poor committed a person to the hospital, and subsequently discovered that the person had no legal settlement in their town. Their only resource was in a recommitment, which they

obtained from the court of probate, and thus threw the support of the patient upon the State. In the second case, the person had been in the hospital fifteen years, a private patient, whose expenses were defrayed by the income of a parental legacy left in trust for that purpose. In the financial upheavings and overturnings of the last three years, that fund was lost. No relative or friend appeared for the purpose of either assuming the pecuniary responsibility or removing the patient, and consequently the hospital, by its officers, sought security from the Commonwealth, through the medium of the probate court.

The registered number of the first patient admitted in the official year is 2,825; and that of the last, 2,979. This would apparently indicate 155 *admissions*. As the two persons who, while in the house, were recommitted and received new numbers, were *not* admitted, the proper deduction for them should be made. This done, the resulting number, 153, truly represents the *admissions*, but not the *persons*.

The figures of the table here presented relate to the number of admissions.

General Statistics, 1875-76.

[Based upon the number of admissions, and not of persons.]

	Males.	Females.	Totals.
Patients in hospital, September 30, 1875, . . .	223	253	476
Admitted from the general population, . . .	47	47	94
Transferred from the Worcester Hospital, . . .	17	17	34
from the Taunton Hospital, . . .	11	11	22
from State Almshouse, Tewksbury, . . .	1	—	1
from State Workhouse, Bridgewater, . . .	—	2	2
Total of admissions within the year, . . .	76	77	153
Total number of patients within the year, . . .	299	330	629
Discharged, including deaths, . . .	79	86	165
Remaining September 30, 1876, . . .	220	244	464

Condition of Patients Discharged.

	Males.	Females.	Totals.
Recovered,	19	13	32
Improved,	18	31	49
Unimproved,	24	23	47
Died,	18	19	37
Totals,	79	86	165
Daily average number of patients,	223.51	250.70	474.21
Smallest number on any day, July 24,	218	238	456
Largest number on any day, May 15,	231	263	494

The figures reveal quite a series of coincidences, which are rendered more numerous if the table be compared with that of the next preceding year. Of the admissions from the general population, the numbers of the two sexes are alike. The same is true in respect to the transfers from each and both of the other state hospitals. The whole number of patients (629) in the hospital in the course of the year is the same as in 1874-75, the number of men being less by one, and that of women larger by one, than in that year.

The daily average number in the hospital is not so large by a little more than one (1.14) as in 1874-75, but it exceeds that of any other year.

The extremes of the daily population of the house are more widely apart, the least number being smaller, and the greatest larger, than in the next foregoing year.

There is a diminution of thirteen in the number (94) of persons directly committed from the general population, as compared with that (107) of the preceding year. The similar commitments were the same in number (94) in the official year 1865-66, ten years ago; but in no year of the intervening period have they been so small. If this reduction of the numbers of persons resorting to the hospital could be accepted as indisputable evidence of a corresponding diminution of the prevalence of mental disorders in this section of the State, it

might well be a cause of rejoicing and congratulation. But it is to be feared that it cannot be so interpreted, with any degree of certainty. In all great financial revulsions, with their attendant stagnation or depression in commerce, trade and manufactures, the business of the hospital for mental disorders sympathizes more or less with that in most other spheres of human activity, and is consequently reduced. If money be scarce, or gained with unusual difficulty, the insane relative or friend must be taken care of at home. If the person be dependent upon a town, the same argument holds good, because towns, too, must economize. And yet it is possible that within the last three years there may have been some diminution in the amount of mental aberration among the people. In the general furor of inflation in everything, which reigned for a period of several years next following the close of the war, a period during which nearly all men were engaged in the blowing of bubbles, jubilant with the excitement of their amusement, and wild with the beauty of their frail and treacherous productions, it would, perhaps, have been somewhat difficult for even an angel philosopher to decide who was insane and who was not; or, rather, whether any one was absolutely sane. The bubbles having burst, their prismatic glory having passed away forever, there is a general subsidence to the more even tenor of a necessarily working world. The shock of their bursting, the melting away of the castles in the air, the natural and, sooner or later, inevitable reaction and revulsion from the preternatural mental stimulation, has not, so far as observation here may be taken as evidence, been so potent, as a *cause* of insanity, as might have been expected. What may be the consequences in this direction of a much greater prolongation of the depression in business, time alone can reveal.

In consequence of the committal, twice each, of four persons, as above mentioned, within the year, it necessarily follows that the number of *persons* admitted is 149, or four less than the number (153) of admissions. From the nature of the facts to be illustrated in several of the tables contained in this Report, the number of *persons* is used in them, rather than the number of admissions, or patients.

Of the 149 *persons* admitted, 23 had been patients here in

former years. Twelve of these were men, and 11 women. These readmitted persons constituted 12 per cent., or very nearly one-eighth of the whole number of persons admitted. This was the second admission of 16 of them, the third admission of four, the sixth admission of two, and the eighth of one. When they left the institution upon their next preceding admission, the result of treatment was recorded as *recovered* in 11 of them, as *improved* in six, and as *unimproved* in six.

It has been customary, for several years, to introduce at this place in the annual report, a table showing the number of the admitted patients who had never before been in any hospital, and the extent to which the rest of them had previously resorted to these institutions. The table is now transferred to the Appendix, where it can be consulted by any person interested in the subject.

STATUS OF PATIENTS.

Of the 149 *persons* admitted in the course of the year, the support of 83 was assumed by the Commonwealth, that of 49 by cities and towns, and that of 17 by individuals.

For some one of several reasons, it not infrequently occurs that a patient is transferred from one to another of the classes, and this change takes place not alone among those who were received in the course of the year, but often among those who have been a long time in the hospital. During the period embraced by this Report, fifteen of these interchanges have been made. From the list of private patients, three were removed to that of towns, and one to that of the State. From the town list, three were transferred to that of the State; and from the state list, eight were conveyed to that of towns.

Of the 165 patients discharged, including the 37 who died, the cost of the support of 87 was defrayed by the State; that of 52 by towns and cities; and that of 26 by individuals; and of the 464 who were resident in the hospital at the end of the official year, 254 were maintained by the State, 147 by towns and cities, and 63 by private funds.

The weekly average number for the year of each of the three classes, is, for state patients, 259.19; town patients, 146.02; and private patients, 68.94.

RECOVERIES.

As mentioned in the table of general statistics, 32 patients were discharged whose mental condition, at the time of leaving the hospital, was such as to appear to justify the record of recovery. Thirteen of them were supported here by the State, 12 by cities and towns, and seven by private funds. Twenty-four of them were in the hospital for the first time. Of three it was the second admission; of one, the third; of two, the fifth; of one, the sixth; and of one, the eighth.

The cause of the mental disorder of six of them was attributed by their friends to intemperance in the use of intoxicating liquors; of four, to ill-health; of four, to overwork; of two, to "trouble"; of two, to childbirth; and of one, to the excessive use of opium. Of eight, the origin of the disease was unknown; and there were five cases of recurrent, or periodical insanity, the attacks or paroxysmal invasions of which appear to depend upon no known and special cause.

Of the six cases ascribed to intemperance, the disorder of one of the persons was not insanity, according to the popular acceptance of that word, although he was committed as insane by a judge of probate, but impaired bodily health and a mental condition bordering upon delirium tremens. He left the hospital, after a residence of nearly fifteen months, renovated physically, and hence with more ability of resistance to the demands of appetite than when he entered. Still, the word "recovered" recorded against his name is intended only to convey the idea that he was not under the influence of intoxicating drinks when he left. He is the only person belonging to this class of patients who, within the last twelve years, has fulfilled the pre-announced intention of remaining in the hospital a year.

In each of the five other cases originating in the abuse of alcoholic drinks, the disorder was insanity; but in four of them it was of that form which yields in a comparatively short time to the combined effect of abstinence from the cause and appropriate medical treatment. Of the four, the shortest term of residence here was four weeks; the longest, five months. In one of these cases the patient was a woman, and this was the fifth time that she has been committed to the

hospital. In every instance the insanity was the effect of intemperance, and in every instance she was discharged recovered. In the fifth case, the patient was long considered incurable; but he at length rallied, and was discharged, apparently well, two and a half years after his admission.

Each of the three patients who were here on their second admission, and discharged recovered, had escaped from the hospital on the first admission, their mental condition at the time being recorded as *improved*.

Four cases of which this was, respectively, the third, fifth, sixth and eighth admission, were of periodical mania. The first of them has *now* been discharged *recovered* three times; the second, four times (and *improved* once); the third, six times; and the fourth, five times (and *improved* three times).

As the curability of insanity is discussed at some length in a subsequent section of this Report, the necessity of further remarks in this place is prevented.

MORTALITY.

Thirty-seven patients died within the year. This number is less by four than that of the mortality in the next preceding year. Twenty of these persons were beneficiaries of the State, eleven were supported by towns, and six were independent.

In a large majority of the cases the fatality was a consequence of chronic and essentially incurable diseases; and in most of those whose deaths were the result of maladies more active and acute, as, for example, the *one* case of pneumonia, and the *one* of dysentery, the patients had been so far enfeebled, and their constitutions so far broken down by the disease which brought them to the hospital, as to give great facility of invasion to that of which they died.

Consumption maintains its customary supremacy as the leader of the mortuary list; and epilepsy, coming next, takes a higher rank than usual. A majority of the six fatal cases under this head died in a paroxysm, or "fit," of the disease. In consequence of some meteorological condition, or some other occult cause, we had, in April, the most severe and clearly marked *epidemic* of paroxysms among the epileptic patients that has ever come under my observation. Both

the frequency and the severity of the paroxysms were much increased in nearly all of the cases in the house. The mortality from epilepsy was no less than three within the month; and each patient died in a paroxysm.

During the unusually intense and prolonged heat of July and August, the hospital was remarkably exempt from the customarily prevalent disorders of the warmest season. It was noticed, as a fact worthy of record, that of fifty men patients who worked, regularly, out of the halls and mostly out of doors, throughout that period, not one suffered from any temporary ailment of sufficient importance to require medication. A few of them were using tonics for their general bodily condition, but no one took a special prescription. It may be that in this fact may be found an addition to the materials for an argument in favor of manual employment for the insane.

The numerical record of the mortality in the hospital during the whole period of its operations is contained in the following table:—

Deaths and their Ratios, from Sept. 30, 1858, to Oct. 1, 1876.

OFFICIAL YEAR.	Whole No. of Patients.	Daily average number of Patients.	DEATHS.			Per cent. on whole No. of Patients.	Per cent. on daily avg. 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	421.90	16	12	28	4.54	6.64
1871-72,	619	428.72	19	18	37	5.97	8.63
1872-73,	614	437.23	13	8	21	3.42	4.80
1873-74,	626	469.54	14	11	25	3.99	5.32
1874-75,	629	475.35	23	18	41	6.52	8.62
1875-76,	629	474.21	18	19	37	5.88	7.80

The average, or mean, annual proportion of deaths during the whole period of the practical existence of the hospital, as

calculated upon the whole number of patients admitted, is 6.16 per cent.; and as calculated upon the daily average number of patients, 8.51 per cent. The similar proportions for the official year just closed are, on the number of patients admitted, 5.88 per cent.; and on the daily average number in the house, 7.80 per cent. The mortality of the last year has consequently been notably below the average; so much below, that, during a period in which the average mortality upon the whole number of patients would produce 616 deaths, the last year's death-rate would produce but 588; and during a period in which the average mortality upon the daily numbers resident would furnish 851 deaths, the last year's mortality would furnish but 780.

The hospital has been in operation eighteen years. The death-rate of the whole period, and that of each of the two periods of nine years, are placed in the appended table. The comparative mortality of the two halves of the hospital's existence may thus be seen.

	Eighteen Years.	First Nine Years	Last Nine Years.
Per cent. on the whole number treated, .	6.16	7.02	5.29
Per cent. on daily average number, .	8.51	9.64	7.38

In consonance with all former experience at this institution, disease has proved more fatal among the men than among the women. Of men there were 299 under treatment within the year. Eighteen, or 6.02 per cent. of them, died. Of women, there were 330; and 19, or only 5.75 per cent. of them, died. The daily average of men in the house was 223.51, and the mortality (18) was 8.05 per cent; while the daily average of women was 250.7, and the mortality (19) 7.58 per cent. The difference in favor of the latter is considerable, although less than in some earlier years of the history of the hospital.

It is proper that, in respect to one source of constant solicitude and anxiety, we should acknowledge the favor of a long period of exemption from unfortunate results. No instance

of suicide has occurred in the hospital in the course of the last four years and eight months; and only one within the last six years and ten months. During the eighteen years of the operations of the hospital, twelve instances of fatality of this kind have occurred. Nine of them were within the first nine years of the hospital's existence, and only three within the last nine years.

WORSHIP AND ENTERTAINMENTS.

In presenting an exposition of that part of the so-called moral treatment which consists of exercises either of worship, instruction, entertainment or amusement, by or before an assembly of the household, it has been the custom here, during the last ten years, to enter into statistical detail, rather than to give expression to "glittering generalities." In this matter, at least, accurate and reliable statistics are possible; and if the method of numerals be employed, the reader, if he have any interest in the subject, enjoys the satisfaction of knowing pretty accurately what, and how much, is done.

The history of the hospital in this direction for the year just closed is contained in the following schedule:—

Assemblies in the Course of the Official Year.

1. EXERCISES ON THE SABBATH,—

Divine worship in the afternoon, . . . 52 days.

2. EXERCISES ON SECULAR EVENINGS,—

a. *Readings; opening and closing with sacred music:*

The Bible,	27 days.
The Bible and selections of prose,	9 "
The Bible and selections of poetry,	27 "
Miscellaneous selections of prose,	61 "
Miscellaneous selections of poetry,	40 "
Miscellaneous selections of prose and poetry,	68 "

b. *Lectures; opening and closing with sacred music:*

Dialects,	1 "
National customs,	3 "
The Centennial Exhibition,	3 "

2. EXERCISES ON SECULAR EVENINGS—*con.*,—*c. Other entertainments :*

Pictures shown by oxyhydrogen lantern,	6 days.
Concerts of vocal music,	3 “
Concerts of instrumental music,	3 “
Theatrical exhibitions,	2 “
Recitations,	1 “

d. Social gatherings :

Quadrille parties,	19 “
Exercise not recorded,	1 “
No assembly,	40 “
Total,	<hr/> 366 days.

As appears by this record, the patients were assembled, for *some* purpose, upon 326 of the 366 days in the year. Upon 21 of the 40 exceptional days, the assembly was omitted for the purpose of painting the furniture of the chapel, the walls of which were painted in the next preceding year. There were likewise no assemblies on the evenings of the day of the annual visit of the Board of State Charities, and the thirteen days of the meetings of the Board of Trustees. Too many good things at once may be as objectionable as too few.

The accounts of this part of the operations of the hospital have been so elaborate and detailed in preceding reports, and our opinion in regard to their utility so fully expressed, that it is deemed unnecessary, at this time, to enlarge upon the subject, further than to acknowledge the indebtedness of the audience to the parties from whom several of the entertainments were received : To Professor Carhart, formerly of Wilbraham, but now at the University of Indiana, for three of the readings of prose and poetry. To Dr. Meekins, for the exhibitions of pictures with the oxyhydrogen light. To the Amphion Sextette Club of Amherst College, the Misses Colton of Easthampton, and a quartette club of Northampton, each, respectively, for a concert of vocal music. To the P. Q. R. S. T. Club of Northampton, for the dramatic entertainments ; and to the Assistant Physician, Dr. Garlick, who introduced the stay-at-home travellers to the marvels of the Centennial Exhibition, without the fatigue experienced by the actual observer.

FARM.

Two formidable obstacles to the success of the operations upon the farm presented themselves in the course of the season. These were the potato-beetle and the prolonged and severe drouth. The former, the ravages of which have been so disastrous to the interests of the farmer in the course of its eastward flight from Colorado, first reached us this year, and, though stubbornly fought, did considerable injury to the crop of potatoes. The drouth very seriously affected the product of the "early rose," of which several acres were planted, diminishing it at least one-half; and the combined effect of the two reduced the aggregate yield upon the farm more than one-third.

The quantity of hay, though somewhat larger than in the next foregoing year, was not so large, in comparison with the number of acres mowed, as it has been in some other seasons.

The kitchen-garden suffered seriously, and there was a consequent reduction of product of nearly every edible vegetable.

The serviceable material derived from the farm, within the year, as estimated by Mr. Wright, is as follows:—

Hay (first growth, home farm), 66½ tons, at \$20, . . .	\$1,330 00
“ (second growth, home farm), 20¾ tons, at \$20, . . .	415 00
“ (first growth, Parsons lot), 4¾ tons, . . .	95 00
“ (second growth, Parsons lot), ¾ ton, . . .	15 00
“ (first growth, Clarke orchard), 16½ tons, . . .	324 00
“ (second growth, Clarke orchard), 2 tons, . . .	40 00
Corn-fodder (green),	30 00
“ (dry),	60 00
Oat straw,	24 00
Corn, 200 bushels,	120 00
Oats, 100 “	50 00
Broom-seed, 75 “	26 25
Potatoes, 1,954 “	1,317 20
Carrots, 100 “	40 00
Beets, 325 “	162 00
Onions, 170 “	102 00
Turnips, 400 “	120 00
Parsnips, 20 “	10 00
Beans, Lima, in shell, 48 “	56 50

28 LUNATIC HOSPITAL AT NORTHAMPTON. [Oct.

Beans, common, in shell,	28 bushels,	\$28 00
“ string,	25 “	25 00
“ Lima, dry,	4 “	6 00
Pease, green, in shell,	31 “	47 00
Sweet corn, green, in ear,	201 “	201 00
Cucumbers,	84½ “	84 50
Tomatoes,	57 “	57 00
Squashes, summer,	62 “	54 00
“ winter,	11½ tons,	165 75
Melons,	2,800 lbs.,	28 00
Lettuce, . . . . .	. . . . .	41 00
Asparagus, . . . . .	. . . . .	101 00
Pie-plant, . . . . .	. . . . .	58 00
Cabbages,	5,000 heads,	150 00
Currants, red,	21 bushels,	84 00
“ black,	1 bushel,	4 50
Apples,	503 barrels,	503 00
Pears,	6 bushels,	17 50
Beef, raised here,	3,224 lbs.,	279 46
Veal,	897 “	114 34
Pork,	12,467 “	1,184 35
Pigs, sold, . . . . .	. . . . .	666 75
Turkeys,	58 lbs.,	13 25
Chickens,	130 “	26 55
Heads and plucks, . . . . .	. . . . .	36 00
Tallow,	239 lbs.,	11 95
Eggs,	69 doz.,	20 70
Milk, grass fed,	18,451 qts.,	1,291 57
Cider,	55 bbls.,	82 50
Broom-brush,	500 lbs.,	40 00
Hides, raised here,	538 “	35 29
Calf-skins,	14	16 80
Roasting-pigs,	5	19 00
Wood,	15 cords,	45 00
Total,		\$9,875 71

The value of the products, as thus estimated, is nearly two hundred dollars less than it was in 1875. This diminution is due not alone to the smaller crops of some of the products, but to the reduced valuation of some of the others.

The real quantity of milk produced upon the premises is four times as great as that included in this list, or 18,451 gal-

lons. The deducted three-fourths is that which is estimated to have been the product of hay, grain and roots, with the value of which the farm is credited in other places in the list. The one-fourth is believed to be a fair estimate of the quantity produced by grass.

No meats are included in this credit to the farm which were not wholly produced upon the premises. In the latter part of the warm season, 100 sheep and 21 steers, some two and some three years old, were bought and kept in store until slaughtered. They furnished most of the beef and mutton consumed in the winter months. The farm gets no credit, in this place, for the cost of keeping them.

Twenty-nine hogs, raised and fattened upon the premises, were slaughtered in the course of the year. Their united dressed weight was 12,467 pounds. The weight of each was, respectively, 370, 468, 284, 453, 478, 525, 448, 466, 455, 325, 313, 417, 400, 452, 400, 335, 464, 400, 539, 330, 507, 500, 664, 410, 322, 442, 500, 480 and 270 pounds. The average weight of the 29 is a small fraction less than 430 pounds; that of the heaviest ten, 512 pounds; and that of the heaviest five, 547 pounds.

The farm is now stocked with animals as follows: eight horses, eight oxen, one bull, 31 cows, five calves, 33 fat hogs, four boars, 15 breeding sows, nine shotes, 60 small pigs, and the usual quantity of poultry.

THE FINANCE OF ELEVEN YEARS.

A general view of the financial results of the operation of the hospital during the last eleven years, will here be presented, in the language, as nearly as the conditions will permit, of a similar exposition in the next preceding annual report.

In April, 1865, the hospital was freed from debt, and the financial statement, at the close of that month, showed a balance of three hundred and two dollars and four cents (\$302.04) in its favor. Within the first three subsequent years it received a direct bonus from the State of five thousand dollars, in two appropriations, for specific purposes,—one of two thousand and the other of three thousand dollars. No other assistance from the State has been given it, other than the legal pay of three dollars and fifty cents (\$3.50) per

week for the support of each of its wards, and ten dollars each for burial of such of them as have died.

As an offset to the five thousand dollars bonus, the hospital has purchased and paid for several small lots of land, the total cost of which was seventeen thousand two hundred and fifty dollars (\$17,250). The State, then, has been overpaid for its bonus in the sum of twelve thousand two hundred and fifty dollars (\$12,250).

The amount paid by the hospital for repairs and improvements, in the course of the eleven years, from September 30, 1865, to September 30, 1876, is one hundred and twenty-nine thousand three hundred and sixty-three dollars and seventeen cents (\$129,363.17).

The surplus of cash assets now on hand is twenty-two thousand two hundred and fifty-eight dollars and twenty-nine cents (\$22,258.29), or twenty-one thousand nine hundred and fifty-six dollars and twenty-five cents (\$21,956.25) larger than it was on the 30th of April, 1865.

The purchased provisions and supplies, including fuel and stored clothing now on hand, are estimated to have cost twelve thousand six hundred and seventy-seven dollars and eighteen cents (\$12,677.18). The amount of similar supplies on the 30th of April, 1865, was two thousand and five hundred dollars (\$2,500). The increase of assets under this head is, therefore, ten thousand one hundred and seventy-seven dollars and eighteen cents (\$10,177.18).

The value of household furniture in the hospital is, at a low estimate, at least ten thousand dollars greater than it was on the 30th of April, 1865, at the same rate or standard of appraisal. To be certain, however, of no exaggeration, let it be called eight thousand dollars.

Collecting these several sums, the account of debit of the Commonwealth to the hospital appears to be as follows:—

Excess of cost of land over direct bonus,	\$12,250 00
Repairs and improvements,	129,363 17
Excess of present cash assets,	21,956 25
Increase of provisions and supplies,	10,177 18
Increase of furniture,	8,000 00
Total,	<hr/> \$181,746 60

The *necessary* current repairs of the buildings may be estimated at three thousand dollars annually. Deducting this sum for each of the eleven years since September 30, 1865, a total of thirty-three thousand dollars (\$33,000), there is a remainder of one hundred and forty-eight thousand seven hundred and forty-six dollars and sixty cents (\$148,746.60). To this amount, then, has the hospital assisted itself to things for most of which it is generally expected that such institutions will rely upon direct appropriations from the treasury of the Commonwealth.

SOURCES OF SUPPORT.

The hospital relies for support solely upon its income from the board of its inmates, the products of the farm, and the allowance of the sum of ten dollars each for burial expenses of such of the state patients as die while under treatment here. The amount received during the year just expired, from the source last mentioned, is two hundred dollars. It has three classes of patients, as heretofore mentioned.

For the state patients, it receives three dollars and fifty cents (\$3.50) each, per week, from the public treasury. This sum covers, not board alone, but clothing and all breakage and other damage which is suffered from them. The state patients are a majority of the inmates. The weekly average of them, for the past year, was 54.67 per cent., or about eleven-twentieths of the whole.

For town patients, the hospital is paid three dollars and fifty cents each, per week. This does not include the cost of clothing, or damages for destruction, extra charges being made for those. The weekly average of these patients, during the year, was 30.79 per cent., or not quite one-third of the whole.

For private patients the income varies. No one pays over ten dollars per week, and the average of all who were in the house at the close of the year (September 30) was five dollars and twenty-nine cents (\$5.29). This covers all necessary expenses, except clothing and damages.

The weekly average of private patients, the past year, was 14.54 per cent., or about one-seventh of the whole.

The average weekly pay, per capita, which the hospital received for all its patients in the course of the year, is three dollars and seventy-six cents (\$3.76).

DIETARY.

Requests are not infrequently received for the diet list of the hospital, and it is consequently thought best to have it printed in the Report. There are two bills of fare, the first of which is supplied to the tables of about two hundred persons, and the second to those of somewhat over three hundred. Persons desiring to understand them will please read the notes.

BILL OF FARE, No. 1.

Breakfast.

MONDAY,	. Tea, coffee, broiled beefsteak, potatoes, warm rolls ("biscuit"), bread and butter.
TUESDAY,	. Tea, coffee, fried tripe,* potatoes, warm rolls, bread and butter.
WEDNESDAY,	Tea, coffee, broiled mackerel, potatoes and warm brown (rye and indian) bread.
THURSDAY,	. Tea, coffee, broiled beefsteak, potatoes, warm rolls, bread and butter.
FRIDAY,	. Tea, coffee, fried tripe,* potatoes, warm rolls, bread and butter.
SATURDAY,	. Tea, coffee, either fried fish-balls or liver, meat hash, hot corn cake, bread and butter.
SUNDAY,	. Tea, coffee, cold corned beef, potatoes, warm rolls, bread, butter, and fried indian corn pudding.

Dinner.

MONDAY,	. Roast beef, potatoes and one other vegetable, bread, butter, boiled rice with syrup or sugar.
TUESDAY,	. Vegetable soup, roast or stewed veal,† potatoes and one other vegetable, bread, butter, and baked indian pudding.
WEDNESDAY,	Either fried or baked fresh fish, or boiled mutton, potatoes and one other vegetable, bread, butter, and berry or apple pudding, with sauce.‡
THURSDAY,	. Vegetable soup, corned beef, potatoes and one other vegetable, bread, butter, and boiled suet pudding with syrup.

* Tripe is replaced in winter by sausages, and in spring by fried ham and eggs, except in the season of shad, when that fish is given once each week instead of ham and eggs, and once instead of beefsteak.

† Substituted in winter by fresh pork ribs, roasted.

‡ In spring, maple syrup is used as sauce for puddings.

- FRIDAY, . Either boiled or roasted mutton,* or stewed or roasted veal, potatoes and one other vegetable, bread, butter, and tapioca pudding or raisin pudding of either rice, bread, or cracker.
- SATURDAY, . Baked beans, corned beef, potatoes and one other vegetable, pickles, bread, butter, and baked bread pudding.
- SUNDAY, . Cold corned beef, potatoes, warm baked beans, pickles, bread, butter, and pies, the kind varying with the season.

Supper.

- MONDAY, . Tea, bread, warm corn cake, butter, hard gingerbread, and a relish.†
- TUESDAY, . Tea, white bread, graham bread, butter, soft gingerbread, and a relish in the warm season, substituted by buckwheat cakes in the cold season.
- WEDNESDAY, . Tea, bread, butter, cookies and ginger snaps, and a relish.
- THURSDAY, . Tea, bread, butter, pie (the kind varying with the season), and cheese.
- FRIDAY, . Tea, bread, butter, cake (the kind varying), and a relish.
- SATURDAY, . Tea, bread, butter, doughnuts, and cheese.
- SUNDAY, . Tea, bread, butter, cookies and ginger snaps, and blanc-mange, or corn starch.
- EXTRA,. . In the winter and spring months hulled corn at supper, once in two weeks, on Saturdays.

BILL OF FARE, No. 2.

Breakfast.

- MONDAY, . Coffee, cold corned beef, potatoes, and bread.
- TUESDAY, . Coffee, cold roast beef, potatoes, and bread.
- WEDNESDAY, . Coffee, meat stew, potatoes, and warm rye and indian corn brown bread.
- THURSDAY, . Coffee, pickled codfish, cooked in milk, potatoes, and bread.
- FRIDAY, . Coffee, cold corned beef or meat stew, potatoes, and bread.
- SATURDAY, . Coffee, hash, either of meat or fish, and bread.
- SUNDAY, . Coffee, cold baked beans, potatoes, and bread.
- Butter is used in two halls in the morning.

Dinner.

- MONDAY, . Roast beef, potatoes and one other vegetable,‡ boiled hominy, with molasses, and bread.

* Substituted by stewed oysters in winter and spring, with some kind of roasted meat for those who prefer it.

† This term, used for the want of better, includes dried beef, berries, baked apples, apple sauce, and canned fruits, all of which are supplied, and each according to the season.

‡ Except two months in the spring.

34 LUNATIC HOSPITAL AT NORTHAMPTON. [Oct.

TUESDAY,	. Vegetable soup, potatoes and one other vegetable,* baked indian pudding,† and bread.
WEDNESDAY,	Boiled fresh fish, with drawn butter sauce, potatoes and one other vegetable,* boiled hasty pudding, with molasses, and bread.
THURSDAY,	. Vegetable soup, potatoes, cabbage or some other vegetable, boiled rice, with molasses,‡ and bread.
FRIDAY,	. Boiled codfish, with drawn butter sauce, potatoes, beets, or some other vegetable, boiled hasty pudding, with molasses, and bread.
SATURDAY,	. Hot baked beans, potatoes, baked indian or bread pudding, pickles, and bread.
SUNDAY,	. Cold corned beef, potatoes, pies (the kind varying with the season), and bread.

Supper.

MONDAY,	. Tea, bread and butter.
TUESDAY,	. Tea, bread, butter, and soft gingerbread.
WEDNESDAY,	Tea, bread, butter, and some kind of relish.
THURSDAY,	. Tea, bread and butter.
FRIDAY,	. Tea, bread, butter, and soft gingerbread.
SATURDAY,	. Tea, bread and butter.
SUNDAY,	. Tea, bread and butter.

EXTRAS.

In August and September these tables are furnished at supper with either berries, tomatoes, or baked apples, as many as five times a week.

In four halls, sauce, of either fresh or dried apples, is furnished as often as three times a week for the rest of the year.

EXTRAS FOR THE WHOLE HOUSEHOLD.

All persons have roasted turkey at dinner on "Thanksgiving Day," and either turkey or chicken on one other day in the year.

From four to five bushels of green sweet corn, in the 'ear, is consumed, in its season, daily, with the exception of Sunday.

Tomatoes, cucumbers and melons are furnished in liberal quantities in their season.

In the spring, cowslips and dandelions are largely used as greens, and horse-radish as a condiment.

During eight months of the year, a barrel of apples are distributed, daily, among the patients.

Beef tea, chicken broth, mutton broth, scalded milk, arrow-root gruel, oatmeal gruel, milk punch, cracked wheat, oatmeal porridge, dry toast, milk toast, toast with dropped egg, and boiled eggs, for invalids and all who are not able to take the regular fare.

* Except two months in the spring.

† All baked puddings for the whole household are made with milk.

‡ Maple syrup is furnished, in place of molasses, three or four times in the spring.

THE PREVENTION OF INSANITY.

Inasmuch as every person is liable to an attack of insanity, it is desirable that all should know by what means it may be avoided. Science has furnished no preventive, and the measures which are best calculated to act as such are those which characterize a life governed by prudence, moderation, a good judgment, and sound common-sense. It is rational to conclude that the most certain method of preventing the attack of any disease, is to preserve one's self from the influence of the causes of that disease. He who would evade the intermittent fever must not expose himself to the malaria whence the intermittent originates. The sources of insanity are in the custom, habits, and other influences of civilized life. The necessary inference is, that if we would escape insanity, we must lead a life as near to nature as is possible amid all the surrounding artificialities of civilization. Descending more nearly to particulars, the approximate causes of the disorder are those acts or agents which exhaust or depress the nervous power, and consequently debilitate the whole system. The man, then, who would secure immunity from insanity, must either wholly avoid those acts or agents, or preserve a constant watchfulness, to prevent himself from being subjected to their operation to the extent of exhaustion or great depression. He must be moderate in all things; curbing his appetites and passions; shielding himself, as far as possible, from the manifold causes of bodily disease; remembering that nature has been kindly mindful of her children in supplying them with an exhaustless fountain of the purest drink, without either fermentation or distillation; making neither gold, nor power, nor fame his god; mistaking neither nervous excitement for religion, nor high political agitation for a healthful preserver of good government; tempering his grief by a prudent judgment; converting his disappointments into counsellors of wisdom; and accepting all the blessings, whether physical, intellectual, or moral, which a bountiful Providence has bestowed upon him, and wisely using them "as not abusing" them.

Nor should it be forgotten, by those who are sometimes necessarily forced to extremes of either physical or intellec-

tual exertion, that sleep is the great recuperative agent of nervous power, the regenerator of vital vigor, and consequently one of the surest preventives of mental disorder. Perhaps it may be truthfully asserted, that so long as a person obtains sufficient sleep, he will not become insane. Well has the poet written of it,—

“Tired nature’s sweet *restorer*, balmy sleep!”

And no less truthfully, though somewhat more quaintly and ludicrously, has the simple Sancho Panza exclaimed, “Blessed be the man who first invented sleep! it covereth a man all over, like a cloak”; and the honest squire might have added, “It preserveth the mind from insanity, as the cloak preserveth the body from cold.”

In a critique of the management of hospitals for the insane, not long since published, one of the sins of omission for which the superintendents are arraigned, is the failure to instruct the people in regard to the means and measures for the prevention of insanity. In order partially to remove any culpability in this respect which might, in the opinion of some persons, be attributed to me, I have introduced the foregoing remarks, which were written some years ago, and published in another place. Though brief, they are compendious, covering the whole ground. Taken in connection with the table of causes, which is found in this Report, as well as in every one that has preceded it from this hospital, they can furnish texts, or the suggestion of texts, for several scores of essays or sermons. Philanthropists, humanitarians, or ministers of the churches may thus make use of them, and disseminate the knowledge to a multifold extent beyond the possible power of a hospital report. Although line were linked to line, and precept piled upon precept, in this place, I should have little faith in the direct derivation of beneficial consequences therefrom, in the reduction of the amount of mental alienation among the people.

CURABILITY OF INSANITY.

In a few remarks respecting the curability of insanity in the report of this hospital for the official year 1874-75, attention was called to the fact that the number of recoveries is often considerably increased by repeated admissions of persons subject to periodical or recurrent invasions of mental disorder; and that, in this way, an exaggerated idea of its curability may be and has been imparted to some of the readers of the published reports. Some illustrative cases were mentioned, in the most remarkable of which the patient was reported recovered 46 times, and, nevertheless, died insane and in the hospital from which she had so often departed "recovered." The reader of the reports had no means of knowing that these 46 recoveries belonged to *one* person, and consequently supposed or believed that 46 persons had recovered.

Dr. Joshua H. Worthington, Superintendent of the Friends' Asylum at Frankford, Pennsylvania, informs me that 87 *persons* have contributed 274 recoveries to the statistics of that institution, an average of a fraction more than three to each person. One patient recovered 15 times; another, 13; a third, nine; a fourth, eight; and a fifth, seven. Those statistics are indebted to those five persons for 52 recoveries, or an average of ten to each person, and the uninformed reader believes that 52 persons recovered. The Doctor does not state how many, if any, of the five died insane.

The report for the official year 1867-68, of the Retreat, at Hartford, Connecticut, contains a table by which it is shown that of the 4,898 cases admitted, thitherto, into that institution, only 3,062 were of first admission. In other words, there were but 3,062 persons. Seven hundred and seven of these were readmitted once or more, making a total of 1,836 readmissions. Hence, of each hundred of patients received, 37 (37.48) had been there before. One person was admitted 13 times, and 13 persons were admitted a total of 108 times. How many of those 108 times the 13 persons were discharged recovered, the report does not inform us; but we may reasonably conclude that it was a large majority. Yet, which of those persons was really cured?

At the Pennsylvania Hospital for the Insane, of 7,167 admissions recorded in the report for 1875, only 5,186 were cases of first attack. No less than 1,981 were of attacks subsequent to the first. One man was admitted on the twenty-second attack, and one woman on the thirty-third; six men and six women on the tenth attack; 94 persons on the fifth attack; and 172 persons on the fourth. Dr. Kirkbride does not state the number of times that any of these had recovered; but if a person have a thirty-third *attack* of a disease, it necessarily follows that he had previously recovered from 32 attacks.

In all these instances, as in many others which might be gathered from hospital reports, the percentage of recoveries is very considerably increased by this duplication and multiplication of them in the same person; and yet, by the way in which they are published, the uninitiated reader generally has no reason even to suspect that the number of *persons recovered* is not equal to the *number of recoveries*.

Aside from the repeated admissions and recoveries of the same person, there is another influence which has an important effect upon the proportionate reported restoration of mental disorders. I allude to the special characteristics of the person reporting them,—his temperament, his constitutional organization, his psychological individuality.

How often we find the people of a neighborhood differing in opinion in regard to a neighbor alleged to be insane! How frequently the superintendents of the hospitals are annoyed by persons holding this difference of opinion in regard to patients committed to their care, one party strongly asserting the existence of mental disorder, the other as strongly denying it. In the trial before legal tribunals of cases involving the question of the sanity or insanity of a prisoner or other person, it is not uncommon for even the most expert experts to differ in both opinion and testimony, taking opposite views of the mental condition in question. In a case like this, it is to be inferred that if, when that testimony is given, the person whose mental condition is in question were to be discharged from a hospital to which he had been committed when unquestionably insane, the experts upon one side would report him *recovered*, while those upon the other would record

him as *not* recovered. The individuality mentioned has sometimes, though rarely, been recognized and acknowledged in the reports emanating from the institutions for the insane.

"It has come to be well understood among those familiar with vital statistics," says Dr. D. Tilden Brown of the Bloomingdale Asylum, New York, in his report for 1867, "that they comprise an element not easily discovered among groups of figures, but which is, nevertheless, present as a leaven more or less potent. Borrowing a term from physiology, this element may be called the 'reflex action' of the observer's own temperament, and no just estimate of such statistics can be formed, until its value can be approximately determined."

For many years, I have believed, and have often asserted that belief, that of a given number of patients discharged from a hospital for the insane, the number reported as recovered might differ at least 25 per cent., according to the man who might act as judge of their mental condition.

The medical history of the Worcester hospital, during the seven years next preceding the 1st of October, 1875, furnishes a remarkable illustration of the uncertainty of the statistics of insanity, as originating in the source under consideration.

From September 30, 1868, to October 1, 1875, there was no known agency operating upon the people from whom the patients of that hospital are drawn, which might either increase or diminish the prevalence of insanity, or so modify it as to render it less amenable to curative treatment. About the middle of the period, a change of superintendents of the institution took place. Dr. Bemis resigned the office, and was succeeded by Dr. Eastman. This occurred within the official year 1871-72, so that each of those gentlemen occupied the office during a part of that year.

The last three *entire* official years of the administration of Dr. Bemis embraced the period from September 30, 1868, to October 1, 1871; and the first three of Dr. Eastman, the period from September 30, 1872, to October 1, 1875. The statistics of admissions and recoveries in the course of each of these periods, as derived from the published reports, are as follows:—

First Period.

OFFICIAL YEAR.	Admissions.	Recoveries.	Per cent. of Recoveries.
1868-69,	337	149	44.21
1869-70,	384	158	41.11
1870-71,	470	209	44.46
Total,	1,191	516	43.32

Second Period.

1872-73,	407	98	24.08
1873-74,	400	71	17.75
1874-75,	362	90	24.86
Total,	1,169	259	22.16

Thus, although the number of admissions (1,169) in the second period was but twenty-two less than (1,191) in the first, the number of recoveries (259) was but *one more than half as great*. The proportion of recoveries of the first period is to the proportion of recoveries of the second, as 195 to 100, or as 100 to 51.15. There is, in my opinion, but one explanation of this most surprising difference; and that is, the difference in the physical and mental constitution of the two men by whom these statistics were reported. Were it possible to apply to the two sets of cases a standard of sanity, and an accurate measure of mentality, it would doubtless be found that there were as many recoveries in the second period as there were in the first.

There are yet other modifying agents which have undoubtedly acted, to some extent, in the production of the statistics of insanity, as they have in so many other departments and directions of the enterprise of mankind. The medical officers of institutions for the insane can claim no exemption from the common weaknesses of human nature. They are men "with like passions as other men." Self-interest, in some instances, and ambition in perhaps all,—that ambition, at least, which is manifest in the desire to show as fair a record and as favor-

able results as are exhibited by colleagues in the specialty,—have probably not been wholly inoperative in the reporting of recoveries from insanity, even though unconsciously to the persons producing those reports. These influences have constituted, and, from the very nature of things, always must constitute, an element in the solution of the problem of the curability of mental disorders.

Of all the causes which have contributed to the production of the impression that those disorders yield to curative treatment in a larger ratio than is now believed by physicians best acquainted with the subject and having the largest practical experience, the most potent has been the frequently repeated assertions of their eminent curability, by the superintendents of hospitals, and by some other writers upon the subject. In proof of this assertion, it is proposed to present a cursory history of the subject during the last fifty or sixty years, with quotations of such evidence as the annals of the period may furnish.

In the year 1820, Dr. George Man Burrows of London, England, published a small work entitled "An Inquiry into certain Errors relative to Insanity," one object of which was to demonstrate that mental disorders are more curable than was at that time generally supposed. He therein asserts, that, of all the cases which had been treated by him, both in general practice and in his private asylum, "including patients in a state of fatuity, idiocy, and epilepsy, the proportion of recoveries was 81 in 100; of recent cases, 91 in 100; of old cases, 35 in 100." He admits that he had "been much favored by an unusually large proportion of recent cases"; and in his "Commentaries," published eight years afterwards, he acknowledges that his percentage of cures "appeared by some to be doubted."

Dr. Burrows had treated only 296 cases, not half so many as are to-day under the care of Dr. Godding, at Taunton. Of the 242 recent cases, 121 recovered, and of the 54 old cases, 19 recovered.

In the appendix to the inquiry, the Doctor published the statistics of recoveries at the Retreat, at York, from 1796 to 1819. These were furnished by Samuel Tuke, and were

classified according to the duration of the mental disorder. They are as follows:—

Cases.	Duration.	Attack.	Recovered.	Per cent.
47	Less than three months, .	First, . . .	40	85.10
45	Three to twelve months, .	First, . . .	25	55.55
34	Under twelve months, .	Not the first, .	21	61.76
48	Under two years, . . .	First, . . .	12	25.00
79	More than two years, . . .	. . . . .	14	17.72

Hence are derived the further statistics that, of the 92 cases of first attack and of less than one year in duration, the recoveries were 65, or a proportion of 76.52 per cent. Of *all* the cases (126) of less duration than one year, whether of first or subsequent attack, the recoveries (86) were equal to 68.25 per cent. The ratio of recoveries of the whole number treated was 44.23 per cent.

The next authority to which our attention is called, is the annual report of the Retreat, at Hartford, Connecticut, for the official year 1826–27. The information contained in that report “fell upon dry and stony ground,” and doubtless would have there remained, fruitless and comparatively unknown, had it not been gathered and disseminated by a travelling foreigner. Captain Basil Hall, of the Royal Navy of Great Britain, visited the Retreat on the 25th of October, 1827, and gave an account of that visit in the history of his American tour, which was subsequently published.*

“Dr. Todd,” says the Captain (vol. 2, p. 192), “the eminent and kind physician in charge of the Retreat, gladly communicated his plans, and showed us over every part of this noble establishment,—a model, I venture to say, from which any country might take instruction.” Upon subsequent pages, he copies “extracts from the report of the visiting physicians,” one of which is as follows:—

* “Travels in North America, in the years 1827 and 1828,” by Captain Basil Hall, Royal Navy. In 3 vols. Edinburgh, 1829.

"During the last year there have been admitted twenty-three recent cases, of which twenty-one recovered, a number equivalent to $91\frac{3}{10}$ per cent. The whole number of recent cases in the institution during the year was twenty-eight, of which twenty-five have recovered, equal to $89\frac{2}{10}$ per cent."*

Thus recognized and indorsed, not merely *in* Great Britain, but by a representative of that arm of her power in which has hitherto rested her confidence, as the source of her greatest pride and glory, the "report of the visiting physicians" suddenly became worthy of recognition upon this side of the Atlantic. The newspapers took it up and sent it through the length and the breadth of the land; and in this way, whatever a few physicians and others might have previously learned from the report itself, the people at large received their first impression that insanity is largely curable. By a few strokes of his magic pen, Captain Hall did what, were it not for him, would have required the labor of years.

Very soon after the appearance of this book in the United States, and while the memory of the Hartford statistics was still fresh and vivid, Massachusetts caused to be erected her first state hospital for the insane, at Worcester. It was opened in January, 1833. Dr. Samuel B. Woodward, its first superintendent, came directly from the atmosphere of the Hartford Retreat. That institution was in part indebted to him for its existence. He was one of the few who took the initiatory measures for its foundation; he was one of the original directors to whom its charter was granted; and its welfare had always been to him an object of interest and solicitude.

Dr. Woodward's intellectual abilities were considerably above the average. He was cheerful and sanguine, and much interested in his specialty, which he consequently pursued with enthusiasm and entire dedication of time and thought and feeling. Both his physical temperament and his intellectual constitution were such as not only to induce, but perhaps to force him to "look upon the bright side of things," whatever might call for his opinion or action.

A man so constituted, having such antecedents and the reported success at Hartford as an example, would not be

* Vol. 2, p. 196.

likely to present the subject of insanity, as it appeared at Worcester, in a less cheerful light than nature and truth would justify. In his second annual report, which embraced the official year terminating with the 30th of September, 1834, he wrote as follows, in his summary of the statistics of the year: "Recovered, of all the recent cases discharged, $82\frac{1}{4}$ per cent." The reader will please observe that this high percentage represents the ratio of recoveries to cases *discharged*, and *not* to cases *admitted*. It is believed that a non-observance of this fact, by the casual or the careless reader, was one cause of the erroneous impression conveyed to the public mind.

In his third report, the Doctor says, "Recoveries of those patients during the year ending November 30, 1835, whose insanity was less than one year's duration, $82\frac{1}{2}$ per cent."; and, upon another page, "In recent cases of insanity, under judicious treatment, as large a proportion of recoveries will take place as from any other acute disease of equal severity." It is believed that this was the first public annunciation, in America, of the principal idea of the proposition contained in the quotation; namely, the curability of insanity as compared with other severe acute diseases.

In the fourth report, for 1836, he says, "Per cent. of recoveries of recent cases discharged, $84\frac{1}{5}$ "; and in the fifth, for 1837, "Per cent. (of recoveries) of recent cases discharged of less than one year's duration, $89\frac{1}{5}$."

Whatever erroneous idea may have, thus far, been inadvertently and unintentionally produced by the method of computing the proportion of recoveries upon the number *discharged*, it *ought* to have been corrected by the subjoined extract from the report for 1838, in which the language would imply that it is computed upon the number *admitted*.

"There have been admitted, since the hospital was opened, three hundred and thirty-four cases of less duration than one year; of which, two hundred and seventy-six have recovered, which is about eighty-two and two-thirds per cent.

"In most institutions, it is customary to deduct those that have not had sufficient time; this may be said of the twenty-eight recent cases left in the hospital at the end of the year; these deducted, the per cent. of recoveries will be *ninety and one-half*.

“If we make a further deduction of the deaths of the cases from this class, which is also the rule in many institutions, we should increase the per cent. to about ninety-four.”

Although apparently avoiding the erroneous method of computation before mentioned, this extract well illustrates the prevalent desire of the time at which it was written to produce enormous percentages. That both reason and common-sense were sacrificed to that desire, is sufficiently proved by not this quotation alone, but by others, from other sources, yet to be produced. In the second paragraph of the above extract, the reader is asked to reject all cases remaining in the hospital, although unquestionably a considerable part of them were incurable; and, as if this were not enough, he is then, in the third paragraph, invited to set aside all who have died!

If, in calculating the curability of mental disorders, all cases of mortality are to be rejected, why not in all other diseases? The principle appears as reasonably applicable in pneumonia or typhoid fever as in insanity; but it is a principle better adapted to the consolation of the physician than to the discovery of truth in science. Let it be applied, for example, to consumption and Asiatic cholera; calculate the percentage of recoveries accordingly, and behold what harmless diseases they immediately become!

In the seventh report of the hospital at Worcester, the proportion of recoveries, for the year, of recent cases discharged, was asserted to be ninety (90) per cent.; in the eighth, 64 patients of 70, equal to 91.42 per cent.; and in the ninth, 91 per cent. This was in the latter part of the year 1841. “The average of recoveries of cases of less duration than one year,” says this report, “is now 88 per cent. for the whole time (nine years), and is as great as can be expected.”

When Dr. Woodward took charge of the hospital at Worcester, there were but eight other institutions specially devoted to the care and custody of the insane in the United States. Four of them were incorporated, and only three—in Virginia, South Carolina, and Kentucky—belonged to the States, respectively, within which they are situated. Of a majority, at least, of the eight, the chief medical officer was merely a visiting physician engaged in general practice. Annual reports were published by but a part of them; and such

as were published were brief, and their circulation very limited. Thus circumstanced, there was a golden opportunity for the Doctor to disseminate among the people some knowledge of insanity and its treatment in hospitals, and thus give an impetus to the hitherto languid and lagging enterprise for the amelioration of the condition of the insane upon this side of the Atlantic. This opportunity he did not fail to seize. His very elaborate reports, abounding in statistics, as well as in other matter more attractive to the general reader, were widely circulated, and he soon became known, not only throughout the States, but likewise in Europe, and was generally regarded as the highest living American authority in the treatment of mental disorders. In the course of the ten years next following his removal to Worcester, no less than twelve hospitals for the insane were founded and opened within the States, and seven of them were state institutions. The superintendents of some of these were men of no less ability than Dr. Woodward, and they entered heartily into the prosecution of their work. Some of the older institutions, meanwhile, had become newly and ably officered. Dr. Bell had taken charge of the McLean Asylum, and Dr. Brigham of the Hartford Retreat. A spirit of emulation was aroused, which, at length, by stimulation, became what might more properly be termed rivalry, albeit the generous rivalry of friends, and conducted as a whole in the love of science and under the promptings of benevolence.

We are now about to arrive at the maximum curability of insanity. The foregoing historical paragraph was considered important, as showing some of the causes which led to it. In 1840, the Worcester hospital had attained, as shown above, a proportion of 91.42 per cent., and in 1841, 91 per cent. The percentage of Dr. Burrows, as has been seen, was 91.

In the report of the Eastern Asylum for the Insane, in Williamsburg, Virginia, for the year 1842, Dr. John Galt, the superintendent at the time, quoted the percentages of recent cases claimed to have been cured by Sir William Ellis,*

* In his treatise on insanity, published in 1838, Dr. Ellis does not discuss the subject of curability. Probably this claim, "about 90 per cent.," was made in a report of either the Wakefield or the Hanwell Asylum, with each of which he was at different times connected.

Dr. Burrows, Dr. Woodward, and, on the authority of Basil Hall, the Retreat at Hartford. He then gave a statistical account of thirteen cases of recent insanity received at the institution under his charge in the course of the year from July, 1841, to July, 1842. Six months after the expiration of that year, twelve of them, equal to 92.3 per cent., had recovered, and one had died. The Doctor describes this single case of mortality, and then, adopting that admirable principle of exclusion the precedent for which, in this country at least, had been established by Dr. Woodward, says, "If we deduct this case from those under treatment, the recoveries will amount to one hundred per cent.!" "From such facts as the above," he continues, "I am led to believe that there is no insane institution either on the Continent of Europe, in Great Britain, or in America, in which such success is met with as in our own."

The considerate reader will forbear to arraign the Doctor for a deficiency of modesty. He had excelled his colleagues in the work of benevolence, and who but he could make it known? He had produced the thitherto maximum of percentage figures, including deaths; nay, more, had he not, under a recognized principle, mathematically demonstrated the curability of one hundred per cent., that is, *all* of the insane? Lest the living may not reply to this interrogation, I call upon the dead. What says Dr. Bell of the McLean Asylum thereupon,—Dr. Luther V. Bell, than whom, in the United States of America, no abler man, intellectually, and no more conscientious man, morally, has ever been engaged in the specialty of psychology?

"The records of this (McLean) asylum," says he, in his report for the year 1840, "justify the declaration that *all cases certainly recent*,—that is, whose origin does not, either directly or obscurely, run back more than a year,—recover under a fair trial. This is the general law; the occasional instances to the contrary are the exception."

These things sound so very strange at the present day, that, in order to reassure the reader, it would appear proper to inform him that no instance is recollected, and none, at the time of the present writing, has been discovered in the books, in which the claim to have cured *more* than 100 per

cent., or even that more than 100 per cent. are curable, has been advanced. Logically, perhaps, claims of that nature might have been made; because the foregoing extracts from Galt, Bell, and Woodward were written more than thirty years ago, and some of the writers of the present day apparently believe that great improvements have been made in the treatment of insanity since that time.

One year after the recounted success at Williamsburg, Dr. Woodward, in his report for 1843, wrote as follows:—

“I think it not too much to assume that insanity, unconnected with such complications (epilepsy, paralysis, or general prostration of health), is *more** curable than any other disease of equal severity; more likely to be cured than intermittent fever, pneumonia, or rheumatism.”

Dr. Bell's report for the same year (1843) contains a general review of all the cases, “somewhat exceeding a thousand,” which he had treated during his connection with the McLean Asylum, in which he says: “The best judgment I can form is, that six out of every ten discharged, including those considered unfit, those discharged with incomplete trial, and those dying prior to the event being determined, have recovered.” Of those cases the duration of which was less than six months at the time of admission, he says, “Certainly nine-tenths have recovered.”

Although the spring-tide of mathematical curability had now apparently attained its highest point, and Dr. Galt was upon the crest of its topmost wave,—with Dr. Bell beside him in opinionative curability, for Dr. Bell entertained an inveterate dislike of the Arabic numerals as applied to insanity,—yet one further change was in reservation in the undeveloped but still immediate future. In the Worcester report for 1844, the recoveries of recent cases were stated at *ninety-three* (93) per cent., and Woodward took the place just occupied by Galt.

“The dream is past; it had no further change” in the upward direction; and the change which actually followed

* Not italicized in the original.

was indicative of a waking rather than of a continuation of the dream. The indications of an ebbing tide were apparent in 1845, even in the Worcester report, Dr. Woodward's thirteenth and last, where the recoveries of recent cases for the year were placed at $89\frac{1}{2}$ per cent.

Dr. Chandler succeeded Dr. Woodward, and in his report for 1846, the retrograde movement was still greater than in the next preceding year, the proportion of recoveries of recent cases being but 79 per cent. This recession, however, was subsequently in part recovered from, and during the ten years' administration of Dr. Chandler the average was 83 per cent., whereas, during the whole period of Dr. Woodward's administration, it was 88 per cent.

He would be mistaken who should entertain the belief that, throughout this period of apparent struggle for the largest numerical symbols, there was a unanimity of opinion and feeling among the medical superintendents of the institutions. Yet, whatsoever might have been thought, or, in conversation, expressed upon the subject, but little, if anything, appeared in the published reports discrediting either the asserted results of treatment, or the accuracy of the method by which the numerical statistics were obtained. The first important shadow of this kind which was thrown upon the glamour of Arabic numbers, was projected by Dr. James Bates, a man of sterling common-sense, who succeeded Dr. Ray in the superintendence of the State Asylum at Augusta, Maine. In his report for 1847, he used the following language:—

“Few things are more various, in the numerous reports which come to hand from institutions similar to our own, than what are termed *recent* cases. In general, of late years, cases admitted within one year of the attack are denominated *recent*. This would be very well, and easily understood, if such cases were continued to be *recent* cases, in the reports, until discharged. But such is not the fact. In one report which contained a table purporting to give the admissions and discharges of recent and old cases, it was seen that the recoveries, discharges, and deaths, together with recent cases remaining, were much less than stated in the admissions. Further examination showed, that at the end of each year those

remaining in hospital which had become of more than one year's standing, were turned over to the department of old cases.*

"By such a course, and rejecting deaths, paralytic and epileptic cases, and perhaps some others, from the aggregate, the cures of recent cases are very conveniently carried up to 90 per cent."

Not satisfied with this, he again expressed his opinions, and perhaps more strongly, when discussing the subject of statistics, in his report for 1849. Says he:—

"When honestly made, they are not likely to do injury; but I am sure they are sometimes made the instruments of deception. If figures cannot lie, they may mislead, by disguising the truth. For instance: suppose, at the end of each year, instead of reporting all cases as *recent* which were actually admitted within one year of the attack, I should, for the purpose of *appearing* to cure 90 per cent. of recent cases *discharged*, report only *such* as *recent* cases as had not become *old* ones by remaining with us, I might impose the belief on the *uninitiated*, that 90 per cent. of recent cases could be cured, when every man acquainted with the subject knows that no instance can be shown in which 90 out of 100 cases, admitted in succession, no matter *how recent*, were ever cured."

About this time, Dr. S. Hanbury Smith, a man of broad culture and extensive professional knowledge, was appointed to the superintendence of the State Asylum for the Insane at Columbus, Ohio. In his report for 1850, he presents the statistics of all the recent cases of insanity received at that institution, from the time of its opening to the 30th of November of that year; and shows that the recoveries, according to the records, and including those remaining in the hospital who were believed curable, were equal to 75.43 per cent. "The curability of recent cases in this institution,"

* The practice mentioned may be illustrated as follows: A hospital receives one hundred (100) *recent* cases, and reports them as such. It discharges eighty (80) of them *while recent*; and, of these eighty (80), seventy (70) have recovered. Consequently, seven-eighths, or $87\frac{1}{2}$ per cent. of the *number discharged*, are reported as recovered. The remaining twenty (20) of the original hundred (100) stay in the hospital so long that their disease has existed more than a year, and hence is no longer recent. They are then transferred to *chronic cases*, and thenceforth, in all statistics relating to them, are reported as such. It is thus made to appear, that of the original one hundred (100) cases, $87\frac{1}{2}$ per cent. recovered, when, in fact, only 70 per cent. recovered. There was a time at which this practice was pursued at more than one hospital.

he then remarks, "would be exactly represented by these figures, were it certain that the word *recovered*, when entered opposite a name on the books of the institution, is always properly employed. The term has probably been applied to many cases which were only very much improved, but not in scientific strictness cured, 70 per cent. being considered by some authorities as about the limit of possible cures in recent cases."

Several years ago, Dr. Edward Jarvis wrote as follows:—

"In a perfect state of things, where the best appliances which the science and skill of the age have provided for healing are brought to bear upon these lunatics in as early a stage of their malady as they are to those who are attacked with fever or dysentery, probably 80, and possibly 90, per cent. would be restored, and only 20, or perhaps 10, per cent. would be left among the constant insane population."

To the superficial reader, particularly if he be young and enthusiastic, this reads well, appears full of promise, and *may* be received as the assertion of a positive proposition in scientific truth. The thoughtful reader finds it too heavily laden with the conditional, the doubtful and the impossible. "Go to the foot of the rainbow"—how often it was heard, and how it excited our admiration in boyhood—"and you will find a golden cup." "In a perfect state of things," the writer might better have said, "there would be no insanity," for that would have been a positive truth. The "perfect state of things" which he fancied, is unattainable, and consequently the whole substance of the proposition is little better than speculation.

It is utterly impossible, and so will it continue to be throughout all time, unless the characteristics of insanity undergo very important changes, to subject the insane to curative treatment at as early a stage of their disorder as are persons seized with fever or dysentery. In a very material proportion of the cases,—more than ten, and, in my opinion, more than twenty per cent.,—the approach of the malady is so slow and insidious, that the insanity is not recognized, often not suspected, until it has passed the period in which it might

have been amenable to appropriate treatment. Hence, practically, it is chronic and incurable from the beginning. To this class belong all cases of paresis,—the *paralysie générale* of the French,—as well as those in which natural peculiarities or eccentricities gradually increase with advancing years, until they become so exaggerated as to be generally and properly accepted as the manifestations of insanity; those in which the brain and the nervous system in general hopelessly, and somewhat suddenly, succumb to the accumulated deleterious effects of intemperance in intoxicating drinks and of other forms of dissipation; and those of “spoiled children,” who, by the results of unwise management during the periods of youth and adolescence, become some of the annoyances, *par excellence*, of the hospitals. There are other cases still, but it is unnecessary here to mention them.

The last clauses of the proposition quoted from Dr. Jarvis, those which express the deduction or the sequence of the conditional premises, are deprived of force by the assertion of a “probability” and a “possibility,” instead of a certainty. But, as has been shown, the certainty has not been, and it cannot be, demonstrated. At most, then, the quotation, strictly interpreted, signifies that by the performance of an impossibility, you may arrive at a probability or a possibility.

But very much to my surprise, and, as I apprehend, to that of every person of long and large experience with the insane, Dr. Jarvis has quite recently repeated his proposition modified to a more positive form. “Under appropriate influences,” says he, “insanity is among the most curable of grave diseases. If the persons who are attacked with this disorder are as promptly cared for as others when attacked with fever, dysentery, pneumonia, etc., 80 or 90 per cent. can be restored to health and usefulness.”*

But even this is the expression of a hypothesis which requires, as is shown above, an impossibility,—the placing of the patient under treatment as immediately as in the other serious diseases mentioned.

Familiarity with the writings of Dr. Jarvis, and a personal acquaintance with him of not less than thirty-five years, have led me to regard him as one of the ablest statistical philos-

* Fifth Annual Report of the State Board of Health of Massachusetts, page 382.

ophers of the United States. Perhaps no American has been more deeply interested in the subject of insanity than he, and few have made themselves so extensively acquainted with its literature. His practical knowledge of it is, nevertheless, but small. He has never been connected with a public hospital for the insane, except for a few years as trustee, and his experience in the treatment of the disease is limited to cases in general practice, and a comparatively very small number in a private asylum. Had his observation extended over the large numbers who have been under the care of any one of a dozen superintendents who might be named, he never, as I believe, would have written either of the foregoing extracts; for he is a conscientious searcher after truth, and no less conscientious in the expression of what he believes to be the truth.

But the essence of the proposition is not original with Dr. Jarvis. Dr. Woodward, as has already been shown, expressed and published it forty years ago. Dr. Burrows did the same more than fifty-five years ago. Upon page 37 of the "Inquiry," already mentioned, he says he has "a clear conviction that it (insanity) admits of cure in a ratio equal with almost any disorder marked by as strong indications of morbid action in the corporeal system"; and farther on (page 50), reasoning from his own success, as stated in his numerical statistics, he adds, "It is a legitimate inference that, if no other impediments than are usually opposed to the successful termination of corporeal diseases supervened, the recoveries of cases of insanity would be actually in excess" of those of other diseases.

It is now proposed to introduce the statistics of some authorities who have not found mental disorders, when treated within a twelvemonth from the time of invasion, to yield to curative measures in so large a proportion as most of those hitherto quoted. They deal with comparatively large numbers of cases, and hence are more reliable as premises from which to deduce truthful results, than the 23 cases of the Hartford Retreat which, thanks to Basil Hall, made so much noise in the world; or the 13 cases of Dr. Galt, upon which he claimed the championship of success; and, being based upon all the cases *admitted*, their results are more

truthful, as an expression of actual curability, than the highest percentages of Dr. Woodward, which were derived from the numbers of cases *discharged*. The first, and the most valuable for our present purpose, of these statistics, are those of the Friends' Asylum at Frankford, Philadelphia. They are the most valuable, because of the means of their analyzation, to a certain extent, with which I have been furnished by Dr. Worthington.

The Friends' Asylum was opened in 1817. It is a small institution, the number of its patients at any time not having been one hundred. Hence every patient comes more directly and constantly under the observation and influence of the physician-in-chief, and is more subjected to "individual treatment" than is practicable in the large hospitals. No public or corporate institution in the country approaches more nearly to the ideal "cottage" plan. It has always been well managed, and its rank as a first-class curative institution has never, to my knowledge, been questioned.

The report of that asylum, issued this year, informs us that the whole number of cases of less than twelve months' duration, admitted since the opening of the institution, was 1,061. Of these *cases*, 697, or 65.69 per cent., recovered. This proportion is already small compared with some which have been noticed. But let us examine a little farther. Of these 1,061 *cases*, 187 were of *readmissions*. Hence the number of *persons* was 874. Eighty-seven (87) of these *persons* recovered 274 *times*, or 187 times more than the number (87) of *persons*. These were duplicate or multiply recoveries. Subtracting them (187) from the total (697) recoveries, the remainder is 510 recoveries, and these are the recoveries of *persons*. Consequently, of 874 *persons*, 510 recovered. This is equivalent to a percentage of 58.35. This process makes a material alteration in the aspect of things, if the proposition be to ascertain the proportion of recoveries of insane *persons*. Only fifty-eight (without the fraction) of each hundred recovered. And these were not all *permanent* recoveries. Of the 510 *persons* who recovered at least once each, 87 were admitted on subsequent attacks. Therefore, at most, only (510 less 87) 423 *persons* were *permanently cured*. This is but 48.39 per cent. of the whole

(874), or *less than forty-nine in each hundred*. It is very far from certain, it is not even probable, that so many were permanently cured. Who knows how many of them suffered from subsequent invasions of the disorder, slighter, perhaps, than the first, and for this reason—or perhaps quite as severe as the first, and for some other reason, for such reasons are many—detained and treated at home? Who can tell the number that, having a recurrence of the malady, were taken to some other institution? Such changes are not infrequent, and in this instance would be particularly likely to occur, from the fact that, in the course of the period during which these persons were admitted, several other excellent institutions were established within the territory from which the Friends' Asylum, in its earlier years, received its patients.

At some of the institutions, a number not inconsiderable of the admissions of recent cases are not cases of insanity, properly so called, but of delirium tremens. My impression is, that but few, if any, of these have been treated at the Friends' Asylum. But if any there have been, the number of them should be rejected, and the recoveries would thus be proportionately reduced. There are still other influences tending to diminish the apparent curability; but as they are of minor importance, I will not further pursue this special investigation.

The report for 1869 of the asylum at Dayton, Ohio, which was at that time under the superintendence of Dr. Richard Gundry, contains the results of treatment, in respect to restoration, of all the patients admitted in the course of the fourteen years during which that institution had been in operation. Of the 1,427 cases the duration of which did not exceed one year, 831, or 58.23 per cent., recovered. But these were *cases*, not *persons*. Were the proper deductions made, as in the cases at Frankford, for readmissions, it would be found that the recoveries of *persons* was little, if any, in excess of fifty in the hundred. Other proper deductions would doubtless reduce them below fifty per cent.

Of the 1,427 *cases*, 530 came under treatment within one month subsequent to the attack. Of these, 363, or 68.49 per cent., recovered. The recoveries of *persons* probably but slightly exceeded 60 per cent. The very large proportion

taken thus early to the hospital justifies the suspicion of many cases of delirium tremens, and many readmissions.

Dr. Godding, in the last published report of the state hospital at Taunton, informs us that "out of 3,131 patients admitted to the hospital, where the disease was of less than six months' duration at the time of admission, 1,351 recovered." This is 43.14 per cent. These were *cases*, and *not persons*; and they do not include the cases of from six to twelve months' duration,—the most incurable of the cases which have existed less than a year.

It may here be mentioned, as bearing upon the subject under discussion, that at the Worcester hospital, under Dr. Woodward, during the second period of five years of its operations, the per cent. of recoveries of recent cases was 90.1, yet, twenty-four years later, under Dr. Bemis, during the period of five years, from 1864 to 1868, inclusive, it was but 68.8. In both instances these were *cases*, and *not persons*; and the percentage was upon patients *discharged*, and not upon patients admitted.

Dr. Stearns, in the report of the Hartford Retreat for the official year ending with the close of March, 1876, asserts that during the first nine years of the operations of that institution, which was then in charge of Dr. Todd, 90.1 per cent. of recent cases recovered. Forty years afterwards, during the six years from 1869 to 1874, inclusive, under Doctors Butler, Denny and Stearns, in succession, only 62.3 per cent. recovered. The proportion of recoveries during the first period was 44.62 per cent. greater than it was during the last period. If the proportion during the second period be represented by 100, that of the first period is represented by 144.62.

The first authority (Dr. Burrows) quoted in the discussion of this subject, is that of an eminent psychologist of London, fifty years ago. We have now arrived at a point where the recent language of another eminent psychologist, of the same city, may very appropriately be introduced. He speaks not alone from his own observation, which has probably been as extensive as that of Dr. Burrows, but out of the accumulated knowledge of the vastly enlarged experience of the last half-century in England. Dr. G. Fielding Blandford, lecturer

on Psychological Medicine at the School of St. George's Hospital, London, uses the following language in his treatise upon mental disorders lately published :—

“If we could carefully watch every case of insanity from its commencement, I fear we should see that a less number than 53 per cent. recover from the first attack, so great is the proportion of those who are incurable from the first, or who, from the prejudices of friends, are not subjected to treatment till the chance of cure is gone; and if, by dint of proper treatment, the above percentage recover, they only recover again to become insane in a large proportion.”

Such was the testimony in the British capital, in 1870, precisely fifty years after the publication of the “Inquiry” by Dr. Burrows.

Having given a historical sketch of the means by which an impression of the eminent curability of insanity, in its recent stages, has been widely impressed upon the minds of persons more or less interested in the subject, and shown that the opinions of the writers who were chiefly instrumental in the production of that impression have not been sustained by subsequent and more enlarged experience, I now propose to give a cursory glance at the question of curability, in that broader signification which embraces all classes of cases, both recent and chronic, as they are received at the curative institutions.

Every person who has made himself conversant with the operations of the hospitals during the last thirty years, cannot fail to have observed the constantly diminishing number of reported recoveries, relatively, to the number of patients admitted.

At the State Hospital in Maine, in the five years from 1846 to 1850, inclusive, five hundred and eighty-seven patients were admitted, and two hundred and eighty-five, or a proportion of 48.55 per cent., recovered. At the same institution, in the five years from 1871 to 1875, inclusive, nine hundred and fifty-three were admitted, and three hundred and forty-nine, or a proportion of only 36.62 per cent., recovered. The difference in the per cent. of recoveries is 11.93.

At the McLean Asylum, in the five years from 1823 to

1827, inclusive (fifty years ago), the admissions were two hundred and ninety, and the recoveries one hundred and eighteen, or 40.69 per cent.; while in the five years from 1871 to 1875, the admissions were four hundred and twenty, and the recoveries ninety-one, which is only 21.66 per cent. The difference is 19.03 per cent. The proportion of recoveries is but little more than one-half as great as it was half a century ago.

At the Worcester hospital, during the five years from 1839 to 1843, inclusive, nine hundred and twenty-two cases were admitted, and four hundred and forty-eight, or 48.59 per cent., recovered. During the five years from 1871 to 1875, inclusive, two thousand and sixty were admitted, and six hundred and thirteen, or only 29.75 per cent., recovered. The ratio of recoveries is but about three-fifths as great as it was thirty-five years ago.

At the Utica asylum, from 1848 to 1852, inclusive, eighteen hundred and ninety cases were admitted, and eight hundred and sixteen recovered, which is 43.17 per cent.; whereas, from 1871 to 1875, inclusive, twenty-one hundred and twenty-five were admitted, and six hundred and eighty-seven, or only 32.33 per cent., recovered. The proportion of recoveries is about three-fourths as large as it was twenty-five years ago.

In each of these illustrative instances, the beginning of the first of the two periods of five years between which a comparison is instituted, was five years after the institution went into operation. For example, the Maine State Asylum was opened in 1840, and the first period used in the comparison is from 1845 to 1850. This was done for the purpose of avoiding the unnatural or abnormal influence, whether favorable or unfavorable,—as a general rule the latter,—of the cases which are taken to any new institution within the first year or more after its opening. After the lapse of five years, the current of admissions, it is assumed, has attained its normal character in respect to the curability of the patients.

In the last report of the Hartford Retreat, Dr. Stearns informs us that, at that institution, the percentage of recoveries "on all admissions" from 1824 to 1833, inclusive, was 55.5. During the next six years, from 1834 to 1839, inclusive, it was 56.90; during the five years 1847 to 1851, it was 48.10; during the thirteen years from 1855 to 1867,

inclusive, 45.7; and during the six years ending with 1874, it was 37.8. The difference of the extremes is 19.1. Hence, in about forty years, the proportion of recoveries upon admissions diminished (from 56.9 to 37.8 per cent.) a little more than one-third.

It is unnecessary to pursue this detailed illustration any farther. The cumulation of evidence may be presented in a manner more condensed. The table here subjoined contains the principal facts of evidence, as furnished by the reports of twelve institutions.

INSTITUTION.	Second five years from opening.	Last five years.	Total admitted.	Total recovered.	Per cent. of sec- ond five years.	Per cent. of last five years.	Decrease of per cent.
Augusta, Maine, . . .	1846-50,	-	587	285	48.55	-	-
" " " " . . .	-	1871-75,	953	349	-	36.62	11.93
Concord, N. H., . . .	1848-52,	-	471	221	46.92	-	-
" " " " . . .	-	1872-76,	746	246	-	32.97	13.95
McLean, Mass., . . .	1823-27,	-	290	118	40.69	-	-
" " " " . . .	-	1871-75,	420	91	-	21.66	19.03
Worcester, Mass., . . .	1839-43,	-	922	448	48.59	-	-
" " " " . . .	-	1871-75,	2,060	613	-	29.75	18.84
Taunton, Mass., . . .	1859-63,	-	1,132	492	43.46	-	-
" " " " . . .	-	1871-75,	2,189	506	-	23.11	20.35
Hartford Retreat, . . .	1829-33,	-	324	186	57.40	-	-
" " " " . . .	-	1870-74,	533	209	-	39.21	18.19
Bloomington, N. Y., . . .	1826-30,	-	635	302	47.55	-	-
" " " " . . .	-	1871-75,	602	196	-	32.55	15.
Utica, N. Y., . . .	1848-52,	-	1,890	816	43.17	-	-
" " " " . . .	-	1871-75,	2,125	687	-	32.33	10.84
Flatbush, N. Y., . . .	1861-65,	-	1,072	449	41.88	-	-
" " " " . . .	-	1871-75,	1,700	563	-	33.11	8.77
Pennsylvania Hosp., Pa.,	1846-50,	-	1,037	530	51.10	-	-
" " " " . . .	-	1871-75,	1,371	570	-	42.30	8.80
Dixmont, Pa., . . .	1861-65,	-	479	181	37.78	-	-
" " " " . . .	-	1871-75,	1,156	347	-	30.01	7.77
Catonsville, Md., . . .	1839-43,	-	376	194	51.59	-	-
" " " " . . .	-	1871-75,	671	274	-	40.83	10.76
Mendota, Wis., . . .	1865-69,	-	680	230	33.82	-	-
" " " " . . .	-	1871-75,	835	216	-	25.86	7.96

The total admissions at the twelve institutions, in the course of the first period (second five years of operation), is 9,895;

the number of recoveries 4,452; and the proportion of recoveries on admissions, 44.99+ per cent.

The admissions during the second period (last five years) were 15,361; the recoveries, 4,867; and the per cent. of recoveries, 31.68.

The recoveries diminished from 44.99 to 31.68, which is 13.31. The diminution of recoveries is equal to nearly thirty (29.58) per cent. of the recoveries in the first period. For every hundred that recovered, on an average of thirty years ago, only seventy now recover.

The reader will observe that, in all of the contents of this table, the figures relate to *cases*, and not to *persons*. The depreciation of percentage in such statistics, if the object be to ascertain the proportionate recoveries of insane *persons*, has been clearly illustrated. If only thirty-two (31.68) in each hundred of the *cases* now received into the hospitals are discharged recovered, the recoveries of *persons* cannot be more than twenty-eight or twenty-nine in the hundred.

It has now been shown that,—

1. The reported recoveries from insanity are increased to an important extent by repeated recoveries from the periodical or recurrent form of the disease in the same person; and, consequently,—

2. The recoveries of *persons* are much less numerous than the recoveries of *patients*, or *cases*; and, consequently,—

3. From the number of reported recoveries of *cases*, or *patients*, it is generally impossible to ascertain the number of *persons* who recovered.

4. The number of reported recoveries is influenced, sometimes largely, by the temperament of the reporter; each man having his own standard, or criterion, of insanity.

5. The large proportion of recoveries formerly reported, were *often* based upon the number of patients *discharged*, instead of the number *admitted*, and *generally*, upon the results in a number of cases too small to entitle the deduction therefrom of a general formula of scientific truth; and those proportions were evidently increased by that zeal and (for want of a better word) rivalry which frequently characterize the earlier periods of a great philanthropic enterprise.

6. The assumed curability of insanity, as represented by those proportions, has not only not been sustained, but has been practically disproved by subsequent and more extensive experience.

7. The reported proportion of recoveries of all cases received at the institutions for the insane, has been constantly diminishing during a period of from twenty to fifty years.

The last clause under the fifth of these heads suggests the remark that, at a later period in the life of Dr. Luther V. Bell than that in which he wrote what is quoted in this article, his opinions in regard to the general curability of mental disorders underwent an important modification. He then regarded them as far less susceptible of cure than he had believed them to be in his earlier years: and the language which he used upon the subject contrasted so strongly with some of that which is herein quoted from his writings, that it might be alleged as indubitable proof that "a wise man sometimes changes his opinions."

If the causes of the general reduction of the proportion of recoveries, as stated under the seventh head, be sought, some of them will be found in, or inferred from, preceding portions of this discussion. Among others are, first, the probable fact that, as institutions have multiplied, the proportion of chronic and incurable cases taken to them has increased; and, secondly, the not improbable fact that insanity as a whole is really becoming more and more an incurable disease. If it be true, as asserted by that accomplished scholar and profound thinker, Baron Von Feuchtersleben,—and doubtless no one will deny its truth,—that in the progress of the last few centuries, as civilization has advanced and the habits of the race have been consequently modified, disease has left its stronghold in the blood and the muscular tissues, and at length seated itself in the nervous system; it follows, perhaps, as a necessary consequence, that by a continuation of the cause of this change, the diseases of the brain and nerves *must* become more and more permanent.

Hence it has happened that the proportion of recoveries from insanity has not kept pace with the improvement of hospitals and of the management of the insane.

Dr. Isaac Ray, in his report of the State Hospital in Maine, for the year 1844, asserted that "he would be a bold man who should venture to say that Pinel and Esquirol, whose medical treatment was confined chiefly to baths and simple bitter drinks, were less successful in their cure of mental diseases than those numerous practitioners who have exhausted upon them all the resources of the healing art."

If the assertion was true thirty-two years ago, it is believed that the contents of this exposition sufficiently prove that it is, to say the least, none the less true at the present day. The years of a generation have passed since that time, and, in the course of their progress, remedy after remedy before untried has come up, big with the word of promise to the hope, but essentially breaking it to experience. Haschish was experimentally tried, proved a failure, and is now nearly forgotten. Chloroform and ether have become convenient and useful to a certain extent, but they have no curative power previously unknown in other remedies. The same may be said of chloral and the bromides. Electro-magnetism, upon which great hopes were placed, is very beneficial in a few cases of abnormal nervous action, but hitherto has proved itself powerless to correct those cerebral functions the abnormal operations of which constitute insanity.

It would appear, indeed, that the truth of Dr. Ray's proposition would have been little if any affected, if he had gone back to a period a full century anterior to the time of Pinel. Dr. Burrows informs us, on the authority of Dr. Tyson, physician at Bethlehem at the time, that from 1684 to 1703, twelve hundred and ninety-four (1,294) patients were admitted to that hospital, and eight hundred and ninety (890) recovered. This proportion of recoveries is almost sixty-nine (68.77) in the hundred. But epileptics, paralytics, and perhaps some other incurables, were not admitted at Bethlehem at that time.

The reported recoveries at the same hospital, one hundred years later, in the decade from 1784 to 1794, were thirty-four in a hundred. By a remarkable coincidence, this proportion is almost identical with that (34.01) of the recoveries in all the institutions for the insane in England and Wales during the sixteen years from 1859 to 1874, both inclusive.

In conclusion, I quote from Dr. Thurnam his estimate of the curability of the insane, derived from a more thorough investigation of the subject, as presented in the patients treated at the Retreat in York, England, during a period of forty-four years, than has ever been attempted by any other writer. I have long regarded this estimate as the most nearly accurate, and hence the most reliable, of any that has been published; and it is believed that the attentive reader of what has here been written will have arrived at a similar conclusion.

“In round numbers, then, of ten persons attacked by insanity, five recover, and five die, sooner or later, during the attack. Of the five who recover, not more than two remain well during the rest of their lives; the other three sustain subsequent attacks, during which at least two of them die. But, although the picture is thus an unfavorable one, it is very far from justifying the popular prejudice that insanity is virtually an incurable disease; and the view which it presents is much modified by the long intervals which often occur between the attacks; during which intervals of mental health (in many cases of from ten to twenty years' duration), the individual has lived in all the enjoyments of social life.”

THE STATE HOSPITAL AT DANVERS.

In a section of the nineteenth annual report of this hospital, I ventured to express opinions of the proper course to be pursued by the State of Massachusetts in her future provisions for the custody and care of the insane. That exposition would have sufficed, and no allusion to the subject, even in its broadest sense, would now have been made, were it not that circumstances which have arisen in the intermediate time appear to call for something of the kind, as a duty not to be disregarded.

When that report was written, it was generally expected that the State Hospital at Danvers would be completed at a cost not exceeding one million of dollars. Subsequent events have shown the fallacy of that expectation. The appropriations of nine hundred thousand dollars, which had been granted for its construction, having been expended, the commissioners of that hospital issued a report in which they represent that six hundred thousand dollars more would be requisite for its completion; and they asked the Legislature of 1876 for that amount. They backed their request by letters from several superintendents of hospitals, of whom the writer of this Report was one. My letter commended the plan of the hospital as among the best of "very large hospitals," in respect to convenience in practical operation, provisions for the supply of pure air, and general adaptation to its purpose. The opinion was expressed that the hospital ought to be completed as soon as properly practicable; and a single reason was given as the basis of that opinion. That reason was, "the crowded condition of all the other state hospitals."

I assuredly thought, and the conviction still abides, that, under the circumstances stated, the hospital ought to be finished and put into operation, notwithstanding my firm belief that *it never should have been begun* upon the extravagant scale of expenditure that was adopted. The State, in this matter, was and is dealing with the stern logic of necessity.

There was, moreover, another reason by which I was influenced. Too much money to be thrown away had already been expended. The State had held its hand to the plough too long to admit the indulgence of the thought of looking

back. Let the experiment, even though unwisely begun, be pushed to completion, and, should it fail, let the State share the fate of individuals, and learn wisdom from experience.

The Danvers hospital is a state institution, founded by law and erected by funds drawn from the treasury of the Commonwealth, and, through that treasury, from the purses of the people. Its primary object is to furnish a shelter and a comfortable curative home for a class—an unfortunate class, it is admitted—of the wards or beneficiaries of the Commonwealth. In all probability a very large majority of its inmates will be persons who are supported at public expense. Judging from present knowledge, that hospital, if completed according to design and intention, will have cost, when opened for the reception of patients, not less than eighteen hundred thousand dollars. If that sum be not reached by direct appropriation, the deficiency will be supplied by the accumulation of interest paid by the State upon the amount of the appropriations.

If the extent of benefit to be derived from this large sum be demanded, the commissioners, in their last report, answer by stating the respective ability of the several sections of the building, and saying that it "gives a total of 450 as the capacity of the hospital, *exclusive of the attics, which, if necessary, can be finished to accommodate 150 more patients, thereby affording accommodations in the entire building for 600 patients.*" The italics are not in the original. It is evident that the commissioners *think* that the *proper* capacity does not exceed four hundred and fifty. It is also evident that there was no intention, originally, to use those fourth-story (including a high basement, *fifth* story) attics as dormitories. It is still further evident that the increase of capacity, above four hundred and fifty, can be gained only by the sacrifice, total or partial, of the very advantages intended to be gained by the enormous cost, and which, it was thought, would render their institution superior to the other state hospitals.

Let it be granted, for the present purpose, that the building may give suitable domicile to five hundred patients. From the data given, the fact is derived that the cost of the

hospital will be at the rate of *three thousand six hundred dollars per patient*.

If a State can afford to expend that sum of money in a dwelling for each of a large class of its wards, we may celebrate the advent of a new era in political economy, or be forced to acknowledge that the hitherto recognized principles of that science are all at fault. No monarchical State, it is safe to assert, has ever attempted such an enterprise. If a republic, more hazardous, ventures to do it, then we may readily believe that it was not without good reason that Montesquieu declared that "republics fall by luxurious habits." If provision of mere shelter and lodging, preparatory to the further provision of clothing and sustenance, for dependent persons, many of whom are fully capable of earning their support, be *not* a remarkable evidence of luxurious habits, it would be difficult, how closely soever the various spheres of society might be scrutinized, to discover any such evidence.

Perhaps something may be excused to the inherent fondness for ostentatious display manifested by the race in all ages, conditions, and degrees of enlightenment. Having no sovereign, under whatever title, upon whom to lavish the means for external grandeur, we build palaces for our insane as a substitute; and even many a *royal* palace, and that, too, in the European nations, is neither so large nor so pretentious, architectually, as the hospital at Danvers. Three thousand six hundred dollars, *per capita*, for a place of domicile! Scattered all over Massachusetts there are hundreds, perhaps thousands, of farms, averaging one hundred acres of land each, with a good country dwelling-house of two stories in height and from three to five rooms upon the ground floor, a suitable barn and (often) other out-buildings, and wood sufficient for the perpetual maintenance of two fires; and any one of these farms may be purchased for less money than that. The marketable value of more than five hundred such farms will be spent in the construction of that hospital. If the Commonwealth should buy that number of them, and give them, in perpetuity, to the five hundred perpetuity persons who otherwise will occupy that hospital, and then pay to each of those five hundred persons three dollars and fifty cents weekly for his support, would not the proceeding be

considered a most glaring instance of extravagance? Yet this, substantially, is precisely what the Commonwealth is doing, and will do, at Danvers.

"It is a great piece of folly,—a great piece of folly," said the late A. T. Stewart, when speaking of the dwelling which he had caused to be erected, and in which he died.

Thus far the State has borrowed money for its disbursements in the construction of the hospital, and doubtless it will continue to borrow for the purpose of meeting all future appropriations for the same object. The people are paying the interest of the loan; and those hundreds or thousands of farms, the total value of each of which would only pay the cost of one bed (without support of its occupant) in the hospital, are more heavily taxed than the personal property in the State to pay that interest. Can the owners of those farms afford such taxation? Does justice, or philanthropy, or humanity demand it of them? The insane are to be cared for, and *properly* cared for, by the people of the Commonwealth; but while this is to be strenuously insisted upon, it must not be forgotten that, in human society, there are other interests, and other claims, and other rights than those of the insane. Benevolence ceases to be true benevolence when it creates injustice.

When the little boy saw the crane upon the seashore, and his attention was directed by his father to its long legs and bill, as striking illustrations of a beneficent providence, in thus conferring the ability to seek and capture the bird's food in the water, the boy readily granted the truth of the proposition in relation to the bird; but, with the artless and unsophisticated reasoning of childhood, he nevertheless thought that it was "a little tough upon the fishes." There are two sides, both morally and materially, to the Danvers hospital, as well as to the bill of the crane. The hospital must have *its* "fishes," and its bill is marvellously long.

These criticisms are based upon the assumption that, for at least one-half of the cost of construction of the hospital, nothing is added to its excellence as a curative institution; and no compensation is gained, in any way, at all commensurate with the amount of money disbursed. No attempt will be made to prove the justness of this assumption. That

will, in my opinion, be granted without argument by every properly informed and disinterested person. Had the State built the hospital with one-half of its appropriations, both actual and in prospect, and with the other half purchased that amount of its outstanding bonds,—or even if it had bought national bonds and burned them,—it would, in my estimation, have done a greater work of beneficence than it will have performed by the lavish expenditure of that half upon Hathorne Hill. The burned bonds would no longer oppress the people with their demands for either principal or interest; but the extravagance of the establishment at Danvers entails a perpetual and unnecessary burden, in the increased taxation, direct or indirect, to meet its current expenses.

The financial trouble is not going to end with the completion of the establishment. So large and expensive a structure cannot be run cheaply. It is to be feared, indeed, that the hospital will, for this reason, prove a calamity to the charitable enterprise for the insane within this Commonwealth. The State now pays to its hospitals three and one-half dollars a week, per capita, for the support of its beneficiaries. It has never paid more, even in the time of the greatest inflation of prices consequent upon the recent war. Experience has proved its sufficiency, with such pecuniary aid as is derived from private patients.

During the year just closed, the necessary current expenses of this hospital for each of its patients is estimated at three dollars and fifty-two cents. The actual total earnings of the hospital for the year have been but three dollars and seventy-six cents a week for each patient. This has defrayed the current expenses, enabled us to buy and pay for six thousand dollars' worth of real estate, and make repairs and improvements to the amount of several thousands of dollars.

The death-rate here, and the fact that there has been no case of typhoid fever in the institution in the course of the last twelve years, are, independently of all other testimony, sufficient proofs of the healthful condition of the building. In its furniture, its food, the clothing of its patients, its medical service, its munitions of all descriptions, it is believed that it is upon as liberal a scale, *as high a plane*, as a state institution ought to be; and such, if expressed, would doubt-

less be found to be the opinion of ninety-nine hundredths of the legal voters within the State. At the Danvers hospital, with the same officers, employés and patients, not a patient, in my opinion, would be cured that could not be cured at the Northampton hospital, or in the additional buildings recently erected at the hospital at Taunton.

These things being so, it is not probable that the Legislature will very easily be induced to increase the pay for the support of state patients. If that be not increased, and if there be not a much larger proportion of high-priced independent patients than the present prospects would indicate, and if the number of its patients be not so much increased beyond its estimated capacity as to destroy all the advantages which its liberal dimensions and its excessive cost were intended to insure, the Danvers hospital will not and can not pay its current expenses. The inevitable consequence will be, that, punctually as the year rolls round, its officers will look to the Legislature for an appropriation for deficiencies. And then will come "the tug of war," the troubles of which may well be foreseen by those who are instructed in matters of this kind. It would probably be prudent for him who shall suffer the misfortune to be elected to the superintendence of that hospital, to request in the beginning the prayers of all the churches in the Commonwealth.

Two institutions in Great Britain have recently been brought prominently into notice upon this side of the Atlantic by Americans who have visited them, and by others who quote from the published accounts of them. They are the asylum for the West Riding of York, at Wakefield, England, and the asylum for the counties of Fife and Kinross, in Scotland. They have been commended as models, rather for the excellence of their management than for that of their buildings; but, as the latter establishment has been so recently constructed as to be properly accounted as one of Scotland's new asylums, and consequently embodying most of the latest ideas in that country of the architecture of such buildings, it is not inappropriate that it be introduced in this place as an illustration.

I have recently obtained from Dr. Arthur Mitchell of Edinburgh, a member of the Commission in Lunacy for

Scotland, an account of the cost of the Fife and Kinross asylum. It is copied here, with the pounds sterling represented in dollars and cents, at the rate of five dollars to the pound.

" 1. Whole cost of asylum buildings, including medical superintendent's house, gas-works, water supply, farm buildings, and all other out-buildings, .			
	£32,440	\$162,200	00
" 2. Whole cost of land (95 acres), including garden, farm, and site of asylum, and other buildings,			
	6,228	31,140	00
" 3. Cost of making roads,			
	1,153	5,765	00
<hr/>			
" Total,	£39,821	\$199,105	00 "

In round numbers, then, its cost, without furniture, was two hundred thousand dollars. It has beds for two hundred and eighty-nine patients. The cost for each patient was six hundred and eighty-eight dollars and ninety-two cents. *At the same rate, the Danvers hospital for five hundred patients would have cost, without furniture, three hundred and forty-four thousand four hundred and sixty dollars. It will cost nearly five times that sum. How many patients will recover at Danvers that would not recover at Fife and Kinross?*

Let it not, however, be forgotten, that the Danvers hospital is not a legitimate or truthful expression of the will or the wishes of the people of Massachusetts. *Had it been known in the beginning that it would cost even fifteen hundred thousand dollars, the sum already asked for, no one will pretend that the enabling Act for its foundation could ever have been obtained.*

The thanks of the inmates of the hospital are hereby acknowledged to Miss Dix, for the implements for the game of Buffet; to the two Book Clubs in Northampton, for copies of reviews and magazines; to Dr. J. B. Stoddard, for three volumes of "The Independent"; to the Star Printing Company, for a large number of illustrated newspapers; and

to the publishers of the "Christian Register," for one copy, weekly, and the publisher of the "Staaten Zeitung," for two copies, weekly, of those papers.

No change has taken place within the year in the staff of officers, either principal or subordinate; and to the continued faithfulness, each in his own department, of those by whom I am assisted, am I largely indebted for the successful prosecution of the operations of the hospital during the year now closed.

With renewed acknowledgment of the continued confidence and support of your Board, and with a grateful recognition of the unbroken harmony of opinion and action which for the last twelve years has prevailed between us, this Report is respectfully submitted.

PLINY EARLE,

Superintendent.

OCTOBER 12, 1876.

APPENDIX.

APPENDIX

TABLE No. 1.
Admissions, 1875-76.*

MONTHS.	BY COMMITMENT.			FROM OTHER STATE HOSPITALS.			TOTALS.		
	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
October, 1875, .	3	4	7	-	-	-	3	4	7
November, .	8	2	10	-	-	-	8	2	10
December, .	4	8	12	-	-	-	4	8	12
January, 1876, .	3	4	7	6	6	12	9	10	19
February, .	3	4	7	-	-	-	3	4	7
March, .	4	2	6	-	-	-	4	2	6
April, .	7	5	12	-	-	-	7	5	12
May, .	5	7	12	10	11	21	15	18	33
June, .	4	6	10	-	-	-	4	6	10
July, .	-	-	-	12	11	23	12	11	23
August, .	5	3	8	-	-	-	5	3	8
September, .	2	4	6	-	-	-	2	4	6
Totals, .	48	49	97	28	28	56	76	77	153

* This table, in accordance with its caption, includes the number of *admissions*, which is larger by four than the number (149) of *persons* admitted. Several of the succeeding tables include the latter alone.

TABLE No. 2.
Discharges, 1875-76.

MONTHS.	DIRECT.			REMOVED BY BOARD STATE CHARITIES.			TOTALS.		
	Males.	Fem.	Total.	Males.	Fem.	Total.	Males.	Fem.	Total.
October, 1875, .	4	2	6	2	-	2	6	2	8
November, .	12	6	18	-	2	2	12	8	20
December, .	2	5	7	-	-	-	2	5	7
January, 1876, .	2	3	5	1	-	1	3	3	6
February, .	4	7	11	1	1	2	5	8	13
March, .	4	4	8	-	-	-	4	4	8
April, .	9	7	16	-	-	-	9	7	16
May, .	6	4	10	-	21	21	6	25	31
June, .	6	5	11	-	-	-	6	5	11
July, .	10	9	19	-	-	-	10	9	19
August, .	5	4	9	3	1	4	8	5	13
September, .	8	5	13	-	-	-	8	5	13
Totals, .	72	61	133	7	25	32	79	86	165

TABLE NO. 3.

Daily Average Number of Patients in the Hospital, 1875-76.

MONTHS.	Males.	Females.	Total.
October, 1875,	222.	254.35	476.35
November,	219.33	252.73	472.06
December,	218.35	252.35	470.70
January, 1876,	222.	256.12	478.12
February,	223.86	257.38	481.24
March,	222.06	254.48	476.54
April,	220.47	252.06	472.53
May,	227.58	249.77	477.35
June,	230.26	244.44	474.70
July,	224.13	243.	467.13
August,	229.	246.93	475.93
September,	223.03	244.93	467.96
Average for the year,	223.51	250.70	474.21*

* These totals were obtained by a division of the sums of daily residence, for the year, by 366.

TABLE NO. 4.

Relation to Hospitals of the Persons Admitted, 1875-76.

	Males.	Females.	Total.
Never before in any hospital,	35	34	69
Former inmates of this hospital,	10	7	17
of other hospitals in this State,	26	25	51
of hospitals in other States,	1	3	4
of this hospital, and of other hospitals in this State,	2	3	5
of this hospital, and of hospitals in other States,	-	1	1
of other hospitals in this State, and of hospitals in other States,	1	1	2
of this hospital, of other hospitals in this State, and of hospitals in other States,	-	-	-
Total of persons,	75	74	149

TABLE NO. 5.
Residence of the Patients Admitted, 1875-76.

COUNTIES.	Males.	Females.	Total.
Hampshire,	4	10	14
Hampden,	20	22	42
Franklin,	8	2	10
Berkshire,	14	9	23
Suffolk,	14	12	26
Worcester,	4	4	8
Middlesex,	4	4	8
Essex,	6	10	16
Norfolk,	1	—	1
Bristol,	—	1	1
Total of persons,	75	74	149

TABLE NO. 6.
Nativity of the Patients Admitted, 1875-76.

NATIVITY.	Males.	Females.	Total.
Maine,	1	—	1
New Hampshire,	1	1	2
Vermont,	2	1	3
Massachusetts,	31	20	51
Rhode Island,	—	1	1
Connecticut,	1	4	5
New York,	3	6	9
New Jersey,	1	—	1
Pennsylvania,	1	—	1
Virginia,	—	3	3
Total of Americans,	41	36	77
Canada,	1	1	2
Nova Scotia,	1	—	1
England,	1	2	3
Scotland,	1	—	1
Ireland,	26	32	58
Germany,	1	1	2
Prussia,	1	—	1
Sweden,	2	—	2
Poland,	—	1	1
Bohemia,	—	1	1
Total of foreigners,	34	38	72
of Americans,	41	36	77
of persons,	75	74	149

TABLE No. 7.

By what Authorities Committed, 1875-76.

AUTHORITIES.	Males.	Females.	Total.
Probate Court,	34	31	65
Overseers of the Poor,	3	8	11
Board of State Charities,	30	30	60
Friends,	8	5	13
Totals,	75	74	149

TABLE No. 8.

Ages of the Patients Admitted, 1875-76.

AGES.	Males.	Females.	Total.
Fifteen years and under,	1	—	1
From 15 to 20 years,	2	5	7
20 to 25 years,	6	13	19
25 to 30 years,	14	9	23
30 to 35 years,	11	10	21
35 to 40 years,	13	10	23
40 to 50 years,	11	15	26
50 to 60 years,	7	7	14
60 to 70 years,	5	3	8
70 to 80 years,	—	1	1
Unknown,	5	1	6
Total of persons,	75	74	149

TABLE No. 9.

Civil Condition of the Patients Admitted, 1875-76.

CONDITION.	Males.	Females.	Total.
Married,	30	34	64
Single,	42	28	70
Widows,	—	10	10
Divorced,	—	1	1
Unknown,	3	1	4
Total of persons,	75	74	149

TABLE No. 10.

Occupations of the Men Admitted, 1875-76.

Lawyer, 1	Operatives, 4
Student, 1	Porter, 1
Clerk, 1	Moulder, 1
Merchants, 2	Gardener, 1
Farmers, 16	Bootmaker, 1
Laborers, 13	Plumber, 1
Glass-blower, 1	Miner, 1
Butcher, 1	Peddler, 1
Machinists, 4	Mechanic, 1
Sailors, 2	Stone-cutter, 1
Currier, 1	Teamsters, 2
Masons, 2	Shoemaker, 1
Blacksmith, 1	None, 7
Carpenters, 5	
Veterinary surgeon, 1	Total, 75

TABLE NO. 11.

Alleged Causes of Insanity of the Patients Admitted, 1875-76.

CAUSES.	Males.	Females.	Total.
<i>Mental.</i>			
Domestic trouble,	3	4	7
Business reverses,	6	—	6
Trouble,	1	2	3
Loss of friends,	—	3	3
Fright,	—	2	2
Religious excitement,	1	—	1
Pecuniary difficulties,	—	1	1
Love affair,	1	—	1
Hard study,	1	—	1
Personal deformity,	—	1	1
Total of mental,	13	13	26
<i>Physical.</i>			
Ill-health,	6	23	29
Intemperance,	12	6	18
Epilepsy,	5	4	9
Masturbation,	7	—	7
Overwork,	2	4	6
Injury of head,	3	—	3
Change of life,	—	3	3
Puerperal,	—	2	2
Cerebro-spinal meningitis,	1	—	1
Cerebral inflammation,	—	1	1
Prolonged lactation,	—	1	1
Injury,	1	—	1
Physical excesses,	1	—	1
Total of physical,	38	44	82
of mental,	13	13	26
Unknown,	24	17	41
Total of persons,	75	74	149

TABLE No. 12.
Duration of Disease before Admission, 1875-76.

DURATION.	Males.	Females.	Total.
Under 1 month,	6	12	18
From 1 to 3 months,	6	8	14
3 to 6 months,	6	4	10
6 to 12 months,	8	9	17
1 to 2 years,	4	13	17
2 to 5 years,	12	7	19
5 to 10 years,	5	3	8
10 to 20 years,	9	5	14
Over 20 years,	1	—	1
Unknown,	18	13	31
	75	74	149

TABLE No. 13.
Age at first Attack of Insanity, 1875-76.

AGES.	Males.	Females.	Total.
Fifteen years and under,	4	1	5
From 15 to 20 years,	3	4	7
20 to 25 years,	7	15	22
25 to 30 years,	8	8	16
30 to 35 years,	6	7	13
35 to 40 years,	6	5	11
40 to 50 years,	11	9	20
50 to 60 years,	4	1	5
60 to 70 years,	1	3	4
Unknown,	25	21	46
	75	74	149

TABLE NO. 14.

Status of the Patients Admitted, 1875-76.

HOW SUPPORTED.	Males.	Females.	Total.
<i>As first admitted.</i>			
Supported by State,	42	41	83
by towns and cities,	23	26	49
by individuals,	10	7	17
Total of persons,	75	74	149
<i>Of the same patients as at present, or when discharged.</i>			
Supported by State,	38	39	77
by towns and cities,	27	28	55
by individuals,	10	7	17
Total of persons,	75	74	149

TABLE NO. 15.

Deaths, 1875-76.

CAUSES OF DEATH.	Males.	Females.	Total.
<i>Nervous System.</i>			
Epilepsy,	4	2	6
Exhaustion of chronic mania,	4	1	5
Exhaustion of acute mania,	2	2	4
Paresis,	2	1	3
Paralysis,	1	1	2
Cerebro-spinal meningitis,	—	1	1
<i>Respiratory.</i>			
Phthisis,	2	6	8
Acute tuberculosis,	—	1	1
Pneumonia,	—	1	1
<i>Digestive.</i>			
Gastritis,	1	—	1
Dysentery,	—	1	1
Diarrhœa,	1	—	1
Hepatic abscess,	—	1	1
<i>General.</i>			
Dropsy,	1	1	2
Total of persons,	18	19	37

TABLE NO. 16.

Number and Status of Patients at the close of each week in the Year 1875-76.

DATE.	State.	Town.	Private.	Total.	DATE.	State.	Town.	Private.	Total.
1875.					1876.				
Oct. 2,	262	140	74	476	April 1,	258	148	69	475
9,	263	141	74	478	8,	257	151	69	477
16,	263	141	74	478	15,	256	148	67	471
23,	263	139	73	475	22,	255	148	68	471
30,	262	140	73	475	29,	255	148	68	471
Nov. 6,	261	142	74	477	May 6,	266	148	69	483
13,	259	140	73	472	13,	266	148	68	482
20,	259	141	72	472	20,	258	147	69	474
27,	255	140	73	468	27,	258	148	69	475
Dec. 4,	254	142	73	469	June 3,	257	149	68	474
11,	255	144	73	472	10,	257	150	67	474
18,	256	143	73	472	17,	259	151	66	476
25,	256	143	73	472	24,	258	151	66	475
1876.					July 1,	252	155	64	471
Jan. 1,	254	144	72	470	8,	250	151	64	465
8,	254	144	72	470	15,	249	150	64	463
15,	266	144	72	482	22,	247	147	63	457
22,	267	146	72	485	29,	269	145	63	477
29,	266	145	72	483	Aug. 5,	266	146	64	476
Feb. 5,	265	148	70	483	12,	266	145	65	476
12,	263	148	71	482	19,	266	147	66	479
19,	261	149	70	480	26,	264	146	65	475
26,	259	149	70	478	Sept. 2,	260	144	64	468
Mar. 4,	257	150	69	476	9,	261	145	65	471
11,	259	149	69	477	16,	261	142	65	468
18,	258	149	70	477	23,	257	144	65	466
25,	258	149	70	477	30,	254	147	63	464

WEEKLY AVERAGE.

State patients,	259.19
Town patients,	146.02
Private patients,	68.94
Total,	474.15

The above table contains the numerical history of fifty-three weeks, there having been that number of Saturdays in the official year.

TABLE No. 17.
Classed Average of Patients.

OFFICIAL YEAR.	State Patients.	Town Patients.	Private Patients.	Total.
<i>Monthly Average.</i>				
1864-65, . . .	225.10	48.16	69.83	343.25
1865-66, . . .	252.16	50.58	75.58	378.33
<i>Weekly Average.</i>				
1866-67, . . .	261.96	49.46	89.75	401.17
1867-68, . . .	262.65	47.92	103.06	413.63
1868-69, . . .	248.52	54.98	101.46	404.96
1869-70, . . .	236.19	65.04	107.23	408.46
1870-71, . . .	234.10	77.07	118.38	429.55
1871-72, . . .	226.96	89.57	112.27	428.80
1872-73, . . .	248.02	99.23	90.	437.25
1873-74, . . .	284.48	102.88	82.06	469.42
1874-75, . . .	274.35	128.34	72.46	475.15
1875-76, . . .	259.19	146.02	68.94	474.15

TABLE NO. 18.
Monthly Consumption of Gas, 1875-76.

MONTHS.	Cubic Feet.	Daily Average.
October, 1875,	35,150	1,133.87
November,	41,300	1,376.66
December,	46,100	1,487.09
January, 1876,	45,100	1,454.83
February,	36,300	1,251.72
March,	27,650	891.93
April,	19,450	648.33
May,	14,950	482.90
June,	11,350	378.33
July,	10,950	353.22
August,	13,800	445.16
September,	24,700	823.33
Totals,	326,800	892.89*

* Daily average for the year.

TABLE NO. 19.
Annual Cost of Gas.

YEAR.	Cost of Gas.	Average Number of Patients.	Cost per Patient.
1860-61,	\$2,030 39	314.26	\$6 46
1861-62,	2,085 29	313.80	6 64
1862-63,	2,109 02	355.63	5 93
1863-64,	2,069 79	357.63	5 78
1864-65,	1,653 05	342.40	4 82
1865-66,	1,107 98	376.35	2 94
1866-67,	1,056 16	401.03	2 63
1867-68,	1,022 51	413.41	2 47
1868-69,	903 92	405.10	2 23
1869-70,	915 30	408.83	2 23
1870-71,	1,043 99	421.90	2 47
1871-72,	980 94	428.72	2 28
1872-73,	1,006 61	437.23	2 30
1873-74,	1,066 74	469.54	2 27
1874-75,	1,012 63	475.35	2 13
1875-76,	1,089 82	474.21	2 29

The hospital has always been supplied with gas by the Northampton Gas-Light Company, at the uniform price, under special contract, of three dollars and twenty-five cents (\$3.25) per thousand cubic feet, with an additional charge for meter-rent.

TABLE No. 20.
Supplies for the several Departments for the year 1875-76.

	Sheets.	Pillow-cases.	Bed-spreads.	Blankets.	Rubber Sheets.	Bed-ticks.	Pillow-ticks.	Towels.	Curtains.	Wash-bowls.	Ewers.	Chambers.	Mirrors.	Hair-brushes.	Carpet Strips.	Plates.	Cups.	Saucers.	Tumblers.	Mugs.	Bowls.	Pitchers.	Syrup-cups.	Casters.	Knives.	Forks.	Combs.	
<i>Men's Department.</i>																												
Upper 1st hall,	12	18	6	2	-	5	4	6	-	-	2	4	-	-	-	15	9	12	12	1	1	1	2	1	-	-	-	-
2d hall,	18	26	3	-	-	4	2	18	2	-	-	15	2	3	1	2	20	4	20	-	-	-	1	1	-	-	-	-
3d and 4th halls,	21	29	6	2	-	6	4	3	-	-	-	12	1	3	1	12	9	12	-	-	-	-	-	2	5	3	4	
Middle 1st hall,	29	24	4	-	-	2	-	4	5	-	-	8	2	-	1	-	3	3	15	1	2	3	-	2	-	-	-	
2d hall,	12	22	10	-	1	2	-	-	-	1	-	25	2	1	-	3	-	6	6	-	6	1	-	-	-	-	-	
3d and 4th halls,	36	38	3	3	-	9	6	4	-	-	-	20	-	3	-	21	6	24	-	6	-	1	1	-	4	-	4	
Lower 1st hall,	24	36	-	-	-	1	-	8	-	1	1	9	-	-	1	-	-	4	4	-	4	1	-	-	-	-	1	
2d hall,	12	30	-	1	-	-	-	-	-	-	-	4	-	1	-	-	-	18	-	-	-	-	-	-	2	1	-	
3d and 4th halls,	24	26	-	-	8	6	-	-	-	-	-	5	1	3	-	2	-	6	-	-	1	1	-	-	-	-	1	
<i>Women's Department.</i>																												
Upper 1st hall,	12	24	6	-	-	1	3	12	7	1	1	6	-	-	-	-	-	-	12	-	-	1	-	-	-	-	-	
2d hall,	22	28	6	4	-	21	6	30	8	1	1	12	1	-	2	18	18	12	36	-	8	2	1	1	6	6	1	
3d hall,	12	12	2	-	-	-	-	19	2	-	-	12	1	-	-	-	36	24	-	-	-	2	-	1	-	-	14	
4th hall,	-	15	6	-	1	1	-	18	-	-	-	9	-	-	-	9	-	12	-	-	4	1	-	1	-	-	1	

[illegible]

TABLE No. 20—Concluded.

	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.	Skein Linen Thread.	Papers Needles.	Papers Pins.	Darning Needles.
<i>Men's Department.</i>																										
Upper 1st hall, . . .	-	-	6	-	-	-	-	3	-	22	12	4	-	2	-	2	2	-	3	7	2	-	-	-	-	-
2d hall, . . .	-	-	-	-	-	-	-	-	-	24	22	-	1	3	1	1	1	3	1	12	3	-	-	-	-	-
3d and 4th halls,	-	-	-	-	6	24	12	6	-	52	13	-	2	1	-	1	1	2	4	15	3	-	-	-	-	-
Middle 1st hall, . . .	-	-	-	-	-	-	6	-	-	38	8	1	-	-	-	-	-	-	1	7	1	-	-	-	-	-
2d hall, . . .	-	-	-	-	6	12	6	6	-	46	29	1	1	1	1	1	5	2	6	24	2	-	-	-	-	-
3d and 4th halls,	-	-	-	3	6	12	6	6	1	29	17	-	-	-	1	3	-	-	1	20	2	-	-	-	-	-
Lower 1st hall, . . .	-	-	-	-	-	-	-	-	-	44	12	1	-	-	1	-	1	5	7	1	-	-	-	-	-	-
2d hall, . . .	-	-	-	6	7	12	-	-	1	48	17	1	2	1	1	2	2	2	1	19	4	-	-	-	-	-
3d and 4th halls,	-	-	-	3	-	18	18	10	2	42	16	2	4	-	1	4	2	5	11	1	-	-	-	-	-	-
<i>Women's Department.</i>																										
Upper 1st hall, . . .	-	2	-	-	-	-	-	4	-	18	4	-	1	-	-	1	1	-	-	-	-	-	-	-	3	-
2d hall, . . .	6	2	-	-	-	-	-	6	-	44	12	-	-	-	-	1	4	-	-	-	-	-	3	5	1	5
3d hall, . . .	-	-	-	-	-	-	-	-	-	44	10	-	2	-	-	-	1	1	-	-	-	-	15	2	-	5
4th hall, . . .	-	-	-	-	-	-	-	-	-	30	11	-	-	-	-	-	-	2	-	-	-	2	1	3	-	5

Middle 1st hall,	.	.	-	-	-	-	-	-	-	3	1	38	15	2	-	-	-	-	-	13	-	2	6	-
2d hall,	.	.	-	-	3	12	12	12	6	6	-	44	19	-	1	-	-	-	-	14	1	7	-	
3d hall,	.	.	-	-	-	12	12	-	-	-	-	30	16	1	-	-	-	-	23	6	4	8	6	
4th hall,	.	.	-	-	-	-	-	-	-	-	-	22	6	1	-	-	-	-	17	4	2	12	-	
Lower 1st hall,	.	.	-	-	-	-	-	-	6	3	-	26	12	-	1	-	-	-	10	1	1	6	6	
2d hall,	.	.	-	-	-	6	12	12	6	4	1	32	13	-	-	1	-	-	21	5	4	16	-	
3d hall,	.	.	-	-	-	18	42	-	-	6	2	32	18	-	2	-	-	-	16	7	3	12	-	
4th hall,	.	.	-	-	-	6	24	-	6	6	-	28	5	-	-	-	-	-	16	4	1	4	-	
Kitchen, .	.	6	7	-	108	18	12	7	7	12	-	70	58	1	-	3	1	1	-	-	-	-	-	
Rear, .	.	-	2	-	-	1	-	-	-	-	-	156	67	7	1	3	1	1	-	1	-	7	-	
Centre, .	.	-	2	-	-	-	-	-	-	-	-	36	17	2	2	-	-	-	-	-	-	-	-	
Aggregates, .	.	12	15	6	129	104	192	85	75	8	995	429	24	20	15	10	27	40	31	123	19	96	18	

TABLE NO. 21.

Trustees of the Northampton Lunatic Hospital.

N A M E .	Residence.	When app'ted.	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	1875	do. do.
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 Laffin, . .	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	1876	Term expired.
Adams C. Deane, . .	Greenfield, . .	1875	-	Still in office.
Henry W. Taft, . .	Pittsfield, . .	1876	-	do. do.

TABLE NO. 22.

Number of Persons, other than Officers, employed in the regular duties of the Hospital.

OCCUPATIONS.	Males.	Females.	Total.
Supervisors,	1	1	2
Assistant Supervisor,	—	1	1
Assistant Clerk,	—	1	1
Seamstress,	—	1	1
Assistant Seamstress,	—	1	1
Laundress,	—	1	1
Assistant Laundress,	—	1	1
Baker,	1	—	1
Steward,	1	—	1
General Attendants,	11	15	26
Housework, centre building,	—	3	3
Cook,	—	1	1
Assistant Cooks,	1	3	4
Watchman,	1	—	1
Carpenters,	3	—	3
Painter,	1	—	1
Assistant Engineer,	1	—	1
Hostler,	1	—	1
Paver and Lawn-dresser,	1	—	1
Farmers,	6	—	6
Totals,	29	29	58

TABLE NO. 23.
Days' Work by Patients, 1875-76.

	FARM.	KITCHEN.			SEWING-ROOM.	LAUNDRY.		
	Men.	Men.	Women.	Total.	Women.	Men.	Women.	Total.
1875.								
October, . .	649	93	209	302	250	24	225	249
November, . .	655	90	207	297	246	13	223	236
December, . .	466	93	212	305	262	13	220	233
1876.								
January, . . .	256	93	211	304	242	10	236	246
February, . . .	347	87	189	276	218	10	189	199
March,	403	93	217	310	244	11	230	241
April,	452	90	209	299	236	10	200	210
May,	502	93	219	312	230	11	215	226
June,	613	90	202	292	234	11	209	220
July,	640	93	214	307	231	10	186	196
August,	690	93	219	312	261	11	205	216
September, . .	716	90	218	308	249	10	195	205
Totals,	6,389	1,098	2,526	3,624	2,903	144	2,533	2,677

The total of days' work here recorded is 15,593. This is what was performed by the regular workers on the farm and in the three departments mentioned. No record was kept of the work on the ornamental grounds, at the stable, in the bakery, the boiler-room, and the carpenter's shop. A large amount of other work is done, both in the halls and, at irregular times, out of them.

TABLE No. 24.

List of Articles made in the Sewing-room, 1875-76.

Pants,	5	Sheets,	472
Shirts,	160	Pillow-cases,	394
Suspenders (pairs),	83	Bolster-cases,	27
Dresses,	259	Straw ticks,	13
Skirts,	217	Mattress ticks,	40
Chemises,	196	Feather ticks,	2
Drawers,	47	Pillow ticks,	18
Aprons,	103	Bedspreads (hemmed),	85
Sacks,	41	Table-spreads, "	12
Night-dresses,	42	Dish-towels, "	164
Camisoles,	40	Carpets, made,	1
Collars,	115	Carpet strips,	45
Waists,	7	Buffalo-robcs,	2
Hats (trimmed),	68	Ox-blankets,	6
Curtains,	40	Sundries,	19
Clothes-bags,	34	Articles repaired,	23,584

TABLE No. 25.

Upholstery done in 1875-76.

Hair mattresses made, new materials,	4
Hair mattresses made, new ticks,	29
Hair bolster made, new materials,	1
Hair pillows made, new materials,	20
Husk mattresses made, new materials,	34
Husk mattresses made, new husks,	9
Hair mattresses overhauled, with increase of hair,	31
Husk mattresses overhauled, with increase of husks,	39

The husks were split and the hair picked in the house.

TABLE No. 26.

Officers and Employés. Time Employed. March 1, 1876.

N A M E .	Years.	Months.	Days.
Pliny Earle, M D., Superintendent, . . .	11	7	26
Edward B. Nims, 1st Assistant Physician, . .	7	2	14
Samuel M. Garlick, 2d Assistant Physician, .	1	4	10
Walter B. Welton, Clerk,	10	-	14
Asa Wright, Farmer,	18	3	-
Danford Morse, Engineer,	11	-	7
Jeremiah E. Shufelt, Supervisor,	12	2	4
Lucy A. Gilbert, Supervisor,	9	-	18
F. Josephus Rice, Steward,	17	4	24
Mary Ward, Seamstress,	5	6	3
Isabelle Halladay, Laundress,	2	4	25
Charles Ziehlké, Baker,	13	6	-
Frances C. Earle, Assistant Clerk,	4	3	6
Annie L. White, Assistant Supervisor, . . .	4	8	23
Ada Ward, Assistant Seamstress,	-	2	-
Ellen Halladay, Assistant Laundress, . . .	2	4	25
Charles H. Dudley, Attendant,	7	-	25
Perry Davis, Attendant,	6	4	16
Andrew N. Thorington, Attendant,	5	1	30
Robert H. Gallivan, Attendant,	2	10	11
D. Erskine Barrett, Attendant,	2	9	8
Thomas Powers, Attendant,	1	11	11
Alfred J. Cusson, Attendant,	1	10	14
James Neil, Attendant,	-	11	6
James Ahearn, Attendant,	-	10	-
Charles S. Johnson, Attendant,	-	8	1
Walter Pillinger, Attendant,	1	9	29
Agnes S. Wilson, Attendant,	17	6	19
Isabella S. Johnston, Attendant,	7	11	5
Maria E. Graves, Attendant,	8	1	7
Fanny R Powers, Attendant,	3	4	-
Louanna Payne, Attendant,	2	8	26
Hannah Merrifield, Attendant,	2	5	25
Martha R. Harris, Attendant,	1	6	7

TABLE No. 26—Concluded.

N A M E .	Years.	Months.	Days.
Jane McGuire, Attendant,	—	10	3
Ella Doolan, Attendant,	—	6	27
Mary J. Willard, Attendant,	—	6	15
Mary H. Huggins, Attendant,	—	6	12
Atlanta J. McPhee, Attendant,	—	5	12
Nellie Henchy, Attendant,	—	2	2
Mary Ransome, Attendant,	—	3	15
Jerusha Howe, Cook,	16	7	13
Harriet Aldrich, Assistant Cook,	1	5	14
Charlotte E. Clark, Assistant Cook,	1	2	3
Emma Tower, Assistant Cook,	—	—	6
William Lacore, Assistant Cook,	2	10	24
Emily J. Mercier, Centre,	8	1	26
Elizabeth S. Welton, Centre,	5	11	5
Harriet Halladay, Farmer's Dining-room,	1	7	11
William C. Hall, Assistant Engineer,	10	5	17
Nicholas Roel, Night Engineer,	—	2	25
William D. Dixon, Watchman,	4	6	26
Sifroi Belville, Carpenter,	5	10	7
Edward Addis, Carpenter,	4	3	15
Waldy Tetro, Carpenter,	2	11	23
Alfred Parenteau, Painter,	10	6	18
Napoleon Valcour, Hostler,	—	10	3
James Madden, Paver and Lawn-dresser,	2	10	—
Benjamin Rockwell, Assistant Farmer,	8	9	—
John Mercier, Assistant Farmer,	8	8	—
Eugene Sullivan, Assistant Farmer,	3	10	—
Herbert Persons, Assistant Farmer,	1	10	13

Ten of the persons have not been in their present situations during the whole period of service. For examples, the supervisors, the assistant supervisor, and the seamstress, were formerly attendants.

Ten of the persons have been employed more than once. In these instances the table gives the total time of service.

