

**Eighteenth annual report of the managers of the State Lunatic Asylum :
transmitted to the Legislature January 16, 1861 / New York State Lunatic
Asylum.**

Contributors

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EIGHTEENTH ANNUAL REPORT
OF THE
MANAGERS
OF THE
STATE LUNATIC ASYLUM.

Transmitted to the Legislature January 16, 1861.

ALBANY:
CHARLES VAN BENTHUYSEN, PRINTER.
1861.

THE STATE OF TEXAS

IN SENATE

STATE LEGISLATIVE SYSTEM

Transmitted to the Legislature January 15, 1902.



STATE OF NEW YORK.

No. 13.

IN SENATE,

January 16, 1861.

EIGHTEENTH ANNUAL REPORT Of the Managers of the State Lunatic Asylum.

UTICA, January 12, 1861.

To the Hon. ROBERT CAMPBELL,

President of the Senate:

SIR—Herewith is submitted the annual report of the Managers of the State Lunatic Asylum.

Very respectfully yours,

SILAS D. CHILDS,
S. NEWTON DEXTER,
CHRISTOPHER MORGAN,
E. A. GRAHAM,
D. P. BISSELL,
HOWARD TOWNSEND,
SPENCER KELLOGG,
WARD HUNT,
FRANCIS KERNAN.

OFFICERS OF THE ASYLUM.

MANAGERS.

SILAS D. CHILDS, Utica.
S. NEWTON DEXTER, Whitesboro'.
CHRISTOPHER MORGAN, Auburn.
EDMUND A. GRAHAM, Utica.
DANIEL P. BISSELL, M. D., Utica.
HOWARD TOWNSEND, M. D., Albany.
SPENCER KELLOGG, Utica.
WARD HUNT, Utica.
FRANCIS KERNAN, Utica.

RESIDENT OFFICERS.

JOHN P. GRAY, M. D., Superintendent and Physician.
JOSEPH M. CLEAVELAND, M. D., First Assistant Physician.
LOUIS A. TOURTELLOT, M. D., Second Assistant Physician.
F. MARKOE WRIGHT, M. D., Third Assistant Physician.
HORATIO N. DRYER, Steward.

SARAH A. STARR, Matron.

EDMUND A. WETMORE, Treasurer, Utica.



EIGHTEENTH ANNUAL REPORT

Of the Managers of the State Lunatic Asylum, for the year
ending on the 30th November, 1860.

The Managers of the State Lunatic Asylum respectfully submit
to the Legislature the following

REPORT:

We transmit herewith the annual report of the Superintendent. In accordance with the practice of the institution, it contains a full account of all its affairs and operations during the year. It is believed that the people of the State desire information in detail respecting its management, condition, and results; and that there is no better means of circulating useful knowledge upon the subject of insanity among our fellow-citizens, than by the reports of the Superintendent, printed and distributed through the State by the authority of the Legislature.

The Superintendent's tables show that there were five hundred and nineteen patients in the Asylum on the first of December, 1859: that three hundred and thirty seven were received during the year ending on the 30th November, 1860: that the whole number under treatment during the year was eight hundred and fifty-six; that one hundred and five were discharged, recovered; fifty-six discharged, improved; one hundred and thirty-three unimproved, and three not insane; and that forty-two have died, leaving five hundred and seventeen patients at the close of the year.

It appears, also, that since the opening of the institution on the 16th of January, 1843, six thousand one hundred and sixty-five patients have been admitted, and that five thousand five hundred and thirty-four have been discharged, of which number two thousand four hundred and forty-five have recovered, nine hundred and fifteen had improved, fourteen hundred and fourteen were discharged unimproved, seven hundred and thirteen had died, and forty-five were not insane.

The Asylum seems to be crowded to its limit of accommodation.

Happily it has been exempt during the past year, as it was for several previous years, from all epidemic diseases. The general health of the household has been remarkably good, and the institution has been successful and prosperous in all its departments.

The annual summary report of the Treasurer is, also, herewith submitted, by which it appears that the balance in the treasury on the first of December, 1859, was eight thousand four hundred and fifty-five dollars and eighty-eight cents; that the receipts from that date to the first of December, 1860, (including the appropriation of \$10,880 by this State, and \$6,900 for officers' salaries,) were one hundred and twelve thousand one hundred and fifteen dollars and fifty-nine cents; that the expenditures were one hundred and five thousand eight hundred and sixty-five dollars and forty-four cents; and that the balance remaining in the treasury on the said first day of December, 1860, was fourteen thousand seven hundred and six dollars and three cents. This balance will be required to meet the quarterly bills becoming due in December, and the ordinary expenses of the month.

It appears, likewise, that on the first of December, 1859, there was a balance in the treasury of two hundred and forty-eight dollars and fifty-eight cents, on account "for warming and ventilating the buildings by steam, and repairs connected therewith," and that the same has been expended for repairs during the year; also, that the balance of eight hundred and ninety-two dollars and forty-four cents, which was due to the treasury on "fire account" on said first of December, 1859, has been refunded from the general fund.

By reference to our report of last year it will be seen that in making some purchases, special changes, and extensive repairs, rendered necessary by the fire of 1857, (all mentioned in that report and in the report of 1859,) we had been compelled to expend an unusually large sum from the general funds of the institution, and that we asked for an appropriation of three thousand dollars to refund a portion of that expenditure; also, for the sum of eighteen hundred and thirty dollars to pay for land which we had been under the necessity of purchasing for the accommodation and protection of the barn and outhouses; and for the sum of four thousand five hundred and fifty dollars to pay for forty-five and a half acres of land which we had purchased under the circumstances detailed in the last year's report; and for the further sum of fifteen hundred dollars to aid in re-building our gas

works, or obtaining a supply from the Utica City Gas Company, making altogether the sum of ten thousand eight hundred and eighty dollars, which sum was appropriated by the Legislature. The Treasurer's report shows that the appropriation has been expended for the objects specified, except a balance of one hundred and twenty-two dollars and sixteen cents, which remains in the Treasurer's hands.

A contract has been made with the Utica Gas Company to supply the Asylum with coal gas, of standard illuminating quality, for ten years, at the rate of two dollars and eighty-five cents per thousand feet, with a provision for a rateable deduction from that price whenever the company shall reduce the price charged to its general consumers, which is now three dollars and fifty cents per thousand feet. The contract requires a long line of independent main pipe to be laid by the company, and contains such agreements and conditions as were deemed necessary to protect the interests of the Institution, in all respects, in reference to this subject. The gas is only about to be introduced, and we cannot yet speak of results.

We erected, in the fall of 1859, an ice-house, and a new slaughter-house, both suitable for our large establishment; and during the past summer and fall we have erected a hay-barn, 40 by 60 feet in size; a new cow-house, 42 by 80 feet, of approved construction, and fitted for the accommodation of thirty cows, and have made quite a large addition to our building and pens for hogs. We refer to the Superintendent's report for a fuller account of these, and other improvements and repairs; all have been paid for from our ordinary funds. In last year's report, we made statements respecting the large annual expenditures from those funds, to meet the incessant demand in such an extensive establishment as this is, for repairs, improvements and additions. We particularized items amounting to sixteen thousand eight hundred and eighty dollars, which we thought ought not to be a charge upon the receipts for the support of patients, but should be met by an appropriation. Being desirous, however, of limiting our demands to the smallest sum which our necessities would permit, we asked, (as hereinbefore mentioned,) for only ten thousand eight hundred and eighty dollars, being the amount of four items, which were specified. This sum was granted, and expended as we have stated.

The re-laying of the main sewer, from the Asylum to the river, (of which sewer a description was given in that report, and the

re-laying of which was estimated to cost, at least, two thousand dollars,) was not provided for. This is a very important work, and must be done as soon as the necessary means can be obtained.

The Superintendent calls the attention of the managers to the condition of the fence, on the easterly side of the grounds and garden. A large portion of this fence was erected about fourteen years ago, and the whole of it is in a bad condition and must soon be re-built. It runs along a much frequented road, and the Asylum premises are exposed to depredations. Thefts are frequently committed in the fruit yard and gardens, and it has often been necessary to set a night watch. A more serious evil, is the exposure of the female patients, who occupy the wings fronting that road, to the observation of rude men and boys, who look over and clamber upon the fence, with a view of conversing with, exciting, and endeavoring to induce those patients to expose themselves. This is, and has been for several years, a source of very great annoyance; and it has become necessary to obtain from the city authorities the appointment of special policemen to protect the Asylum in relation thereto. It is proposed to erect a fence of eleven to twelve feet in height, with fourteen feet posts, set five to six feet in the ground, and the fence to be suitably capped, and built in all respects, with reference to strength and permanence. The length of the line is one hundred and thirty-six rods, and the cost is estimated at nine dollars per rod—amounting to twelve hundred and twenty-four dollars. In some similar institutions, it has been found necessary to surround the more exposed portions of their grounds with high, heavy brick walls.

The rear and cross wings of the Asylum are of brick. From motives of economy they were covered with a wash—not painted. This was thirteen or fourteen years ago. The wash is worn off in many places, and the buildings present a shabby appearance, and require to be painted. They have an exterior surface of thirteen thousand eight hundred and forty-six square yards. The estimate for painting is twelve cents per yard, which amounts to sixteen hundred and sixty-one dollars and fifty-two cents.

The Superintendent also calls our attention to the increasing necessity for a vegetable cellar and house. We have, this winter, to provide cellar and store room for about eighteen hundred bushels of potatoes, besides a full supply of turnips, beets, onions, parsnips, squashes, cabbages, celery, peas, beans, and all the smaller vegetables, for the consumption of six hundred persons,

besides a large quantity of carrots for the cows. The larger portion of this supply is in the cellar of the barn—an inconvenient and unwholesome place. It has become necessary to place a considerable quantity of the potatoes under a part of the buildings occupied by the patients. This is very objectionable. What vegetables are not disposed of in one or the other of these places, are left out of doors, and covered by earth. It is proposed by the Superintendent to erect a building, 40 x 100 feet in size, with a stone cellar and basement, for storing roots, and one (framed) story above, for beans, peas, sweet corn, onions, squashes, &c. Such a building would cost about one thousand dollars.

We heartily concur in these suggestions and recommendations of the Superintendent, respecting the fence, the painting, and the vegetable house, and commend them, together with what we have said in reference to the other objects of necessary expenditure, to the favorable consideration of the Legislature.

On the 19th day of November, 1860, Norris Tarbell, of Leonardsville, in the town of Brookfield, Madison county, was admitted as a patient, upon the order of one of the superintendents of the poor of that county. He was brought to the Asylum by his brother and two other persons. He was in a state of acute mania when received. He died on the 11th of December following. His remains were taken to Brookfield by his friends, after a post-mortem examination made at the Asylum, with their permission. A coroner's inquest was held in that town, before D. L. Fisk, one of the coroners of Madison county, commencing on the 14th, and terminating on the 22d day of December. The jury found that the patient came to his death by injuries received by him at the hands of the attendants and employees of the Asylum. Doctor A. L. Saunders, of Brookfield, (who was the foreman of the jury,) and others, presented a memorial to the last Legislature, asking for an investigation into the causes of Tarbell's death. The Assembly, on the 3d of March, appointed a committee, consisting of doctors W. M. Smith, of Allegany, W. R. Crocker, of Steuben, S. R. Millington, of Herkimer, James Savage, of Washington, and Mr. T. C. Callicot, of Kings, to make such an investigation. The committee met at Albany, and held its first session on the 20th of March; continued its sittings until the 6th of April, and made a report on the 16th of that month—a day or two before the close of the legislative session. That report, with the evidence taken by the committee, has been printed, under an order of the Assem-

bly, and probably will be upon the tables of the members of the present Legislature.

The conclusions of the committee, are—

1st. That there is no affirmative evidence before the committee that the injuries of Tarbell were inflicted at the Asylum.

2d. That there is evidence of a struggle, more or less severe, at Leonardsville, on which occasion, the injuries, possibly, may have been given.

3d. That there is evidence of a struggle, more or less severe, between Tarbell and the attendants at the Asylum.

It is said, in the course of the report, "that the evidence of the witnesses before the committee materially differs from that given by them at the coroner's inquest, in Madison county." And the committee conclude by saying, that "the attendants employed to have the immediate supervision of the patients, should be selected with the greatest care; they should be not only intelligent and observing, but able and accustomed to the most perfect self-possession and control; and, in the opinion of the committee, if Tarbell was injured at the Asylum, it was for want of due attention in this respect." The report was signed by all the members of the committee, except Dr. Savage.

The allegation of the death of a patient in the Asylum, produced by ill-usage of any kind, is of so serious a nature, and is so likely to affect the character of the Institution in the estimation of the public, and thereby to deprive many of the insane, (especially of the poor insane,) of its benefits, that we deem it to be our duty to state, briefly as we can, a few facts, and to express distinctly our own opinions respecting this case of Tarbell.

The committee, as has been mentioned, speak of a discrepancy between the testimony of the witnesses before them and that taken by the coroner. As far as this relates to the testimony of the officers and attendants of the Asylum, we state, that they were unexpectedly summoned to attend the inquest, and were obliged to leave their duties and go, hurriedly, into another county, and appear as witnesses, in a neighborhood in which there was great excitement, and a hostile feeling towards the Asylum, and especially towards the attendants who had charge of Tarbell; that they were without counsel, except on one day of the inquest; that their testimony was taken by counsel who acted in behalf of Tarbell's friends; that the minutes of testimony were imperfectly taken; and that in three instances of evidence given by the at-

tendants, and in seven instances of that given by other witnesses, the minutes of that evidence, (being in truth mere minutes of counsel,) were not signed by them. It would not be surprising, if, under these circumstances, there should be some discrepancy between the testimony before the inquest, and that taken before the legislative committee. Nevertheless, we have been unable to discover in the testimony of the officers and attendants any material difference, and we believe that no such difference exists.

At the first business meeting of our board after the coroner's inquest, a committee, consisting of Messrs. Hunt, Graham, and Morgan, was appointed "to examine all persons at the Asylum, having any knowledge of the circumstances attending the reception, residence and death of Norris Tarbell." That committee made a careful examination of the officers and attendants who had charge or care of the patient, and were entirely satisfied that he received no injury whatever while at the Asylum, but was, in all respects, properly and kindly treated, and that he must have died from the effect of injuries received, in some way, before he was admitted as a patient.

Immediately after the presentation of the memorial of Doctor Saunders and others, the Superintendent and individual managers solicited members of the Assembly to exert their influence to procure an early and a thorough investigation of the case, and after the committee was appointed we urged an immediate performance of its duties at the Asylum as well as at Albany. Only one of the committee (Doctor Savage) was able to visit the Asylum, and the majority were compelled to make a report amidst the pressure of business at the close of the session, without any opportunity of examining the hall and rooms in which it was alleged that the patient was injured, or ascertaining upon the spot in what manner and under what regulations and restrictions the duties of the attendants having him in charge were performed. Doctor Savage did not sign nor concur in the report.

The opinion of the Superintendent and of the managers is, that Tarbell's death was caused by injuries received by him at Leonardsville on the day before he was taken to the Asylum, and they believe that a careful examination and collation of the testimony taken by the committee will lead to the conclusion that that opinion is well founded. We cannot say that the majority of the committee did not entertain the same opinion, but by saying that "possibly" the injuries of which the patient died were

received at Leonardsville, and that "if he was injured at the Asylum it was from want of due attention" in the employment of attendants, they have suggested a doubt which we believe to be unjust and not warranted by the testimony. We beg leave to make an extract from the report of the committee, which (especially when taken in connection with their declaration that there was no positive evidence that the injuries of Tarbell were inflicted at the Asylum) is, of itself, sufficient to justify the opinion which we have expressed. The report says: "The sum of the evidence of the witnesses from Madison county is, that the patient had exhibited some symptoms of insanity for two years past; that a few days before coming to the Asylum he became very violent; that his wife was afraid of him, and had him removed to his mother's, where it required several men to manage him; that on the day before he was brought to Utica a violent outbreak occurred, in which he held a number of men at bay for a considerable time, *tearing a stove to pieces*, and throwing the pieces at those endeavoring to secure him. He was finally arrested by his brother-in-law and others and secured. The degree of violence made use of in effecting this arrest, is somewhat differently stated by different witnesses. If the injury was inflicted upon Tarbell before leaving Leonardsville, it must have been on this occasion. Those who arrested him rushed in upon him, and a struggle ensued in which the brother-in-law and Tarbell came into collision, and thence upon a lounge, the latter underneath the former. By some statements the attack is represented as not violent; *by others that his brother-in-law drew his cap over his eyes, rushed upon Tarbell, seized him, and thus bore him to the sofa; that Tarbell immediately succumbed and was much exhausted; that the physician who saw him within an hour afterwards expressed his fears that he would never speak again.* He did, however, revive, and the morning after the encounter with Clark appeared quite rational, and said he had not been hurt, except a scratch on the finger. The next day Tarbell was taken to Utica, a distance of twenty-five miles, in a spring wagon, *supporting himself mainly by leaning back upon a friend who accompanied him. During this time he was in a state of quiet delirium.*"

We have italicised parts of this extract, to which we ask particular attention.

It thus appears, by the testimony of some of Tarbell's neighbors and friends, that a few days before going to the Asylum, he

became very violent; that on the day before going there, he was so strong as to be able to hold several men at bay, and break a stove in pieces; that in the midst of such an exhibition of strength and madness, he was rushed upon, seized, and thrown upon a lounge or sofa; and that thereupon he immediately succumbed, and was so much exhausted that his physician expressed fears that he would never speak again; and that although he revived the next morning, and did not himself complain of any injury, yet in riding to Utica, he was obliged to support himself by leaning upon a friend.

The Managers, after the investigation made under their own direction, and after the report of the legislative committee, passed resolutions, to be placed upon their own records, in which they expressed the following conclusions, viz :

First. That Tarbell received no injury whatever at the Asylum, and was not, while there, engaged in any struggle or controversy in which his injuries could have been received.

Secondly. That there is evidence of a severe struggle with him, and of great violence therein, at the place of his residence, on the day before he was brought to the Asylum; which evidence, with the proof of his condition immediately after the struggle, and in connexion with the testimony of Doctors McNaughton and March, of Albany, is sufficient to account for the injuries of the patient, and to remove all doubts as to the cause of his death.

We cannot but express our regret that the members of the committee, who signed the report, were unable to visit the Asylum, believing, as we do, that if they had personally inspected the situation, condition, and furniture of the rooms which Tarbell occupied; examined the attendants where they had charge of him, and made themselves acquainted with their characters, with the checks and control under which they performed their duties, and with the general interior arrangements of the Asylum, their minds would have been freed from all doubt upon the subject, and they would have concurred fully in the opinions we ourselves entertain. Doctor Savage (of the committee) heard all the testimony in the case, and afterwards visited the Asylum. His opinion, as expressed to the Superintendent, was, "that Tarbell did not receive any injury at the Asylum, but was kindly and humanely treated while there; that he received his injuries before going to the Asylum; and that the officers and attendants ought to be exonerated from all blame whatever in the case.

The managers deem it to be their duty to add, that they have undiminished confidence, not only in the skill and ability, the diligent attention, the careful management, and the kindness and humanity of the officers of the Asylum, (which they have no reason to suppose were doubted by the committee,) but also in the faithfulness, kindness, competency and general good conduct of their attendants, and other subordinates.

So much has been said in many counties of the State, in relation to this "Tarbell case," and there have been so many unjust and untrue statements respecting it in newspapers, that it appeared to be the manifest duty of the managers to state facts, and express their own opinions in this report to the Legislature, which will reach the hands of almost all who have any connection with the Asylum; and thus, as we hope, aid in disabusing the public mind of erroneous impressions.

The managers make no complaint whatever of the legislative investigation. They only regret, as they have said, that the committee were compelled to make it near the close of the session, and they were unable to pursue it at the Asylum itself, which, as is believed, was necessary to a full understanding of the subject committed to them. The managers and officers of the Asylum need hardly say, that they are at all times, ready for, and desirous of the fullest and most rigid investigation of all its affairs; and that it will always afford them pleasure to give every facility in their power to any committee of the Legislature, or proper officer of the government, for the accomplishment of that object.

SILAS D. CHILDS,
S. NEWTON DEXTER,
CHRISTOPHER MORGAN,
E. A. GRAHAM,
D. P. BISSELL,
HOWARD TOWNSEND,
SPENCER KELLOGG,
WARD HUNT,
FRANCIS KERNAN.

TREASURER'S REPORT.

To the Managers of the State Lunatic Asylum:

The Treasurer of the Asylum respectfully submits the following summary of his receipts and payments, for the year ending on the 30th November, 1860 :

General account.

RECEIPTS.

1859. Dec. 1.	Balance in the treasury.....	\$8,455 88
Dec. 1, 1859, to		
Dec. 1, 1860.	From sundry counties, for the support of patients.....	66,247 68
do	From sundry private patients.....	23,253 16
do	From the State Treasurer, appropriation of April, 1860.....	10,880 00
do	From the State Treasurer, for officers' salaries.....	6,900 00
do	From State Treasurer, for support of insane convicts.....	2,093 23
do	From State Treasurer, for support of Mark Jack, an Indian.....	195 52
do	From the steward, for hides, drippings, pigs, old copper and lead, peltry and rags, sold by him.....	2,545 00
do	From Oneida Bank, to correct error.....	1 00
		\$120,571 47
		\$120,571 47

PAYMENTS.

Dec. 1, 1859, to		
Dec. 1, 1860.	For provisions and household stores	\$38,782 93
do	For furniture of all kinds.....	4,706 31
do	For attendants, assistants, and labor, including the salaries of the chaplain, engineer, butcher, baker, tailor, farmer, bookkeeper, &c....	19,898 45
do	For fuel and lights.....	5,010 07

Dec. 1, 1859, to		
Dec. 1, 1860.	For miscellaneous expenses.....	887 01
do	For books, stationery, binding, &c.	535 70
do	For officers' salaries.....	6,900 00
do	For medicines and medical supplies	2,096 59
do	For additions, alterations, and re-	
	pairs.....	6,588 55
do	For farm, barn, garden, and grounds,	
	including the cost of new hay,	
	cow, and hog barns, and of part	
	of ice and slaughter house, and	
	the sum of \$3,232.29, balance	
	paid for 45½ acres of land, pur-	
	chased, according to the man-	
	agers' report of last year.....	9,405 63
do	For clothing of patients (advances)	8,519 45
do	For patients' miscellaneous expenses	743 30
do	For the steward's petty expenses..	700 00
do	For Utica gas light company, (on	
	contract).....	1,000 00
do	For refunding to sundry patients	
	(on discharge).....	91 45
Dec. 1, 1860.	Balance in the treasury, to new ac-	
	count	14,706 03
		<hr/>
		\$120,571 47

Account for warming and ventilating the buildings by steam, and repairs and improvements connected therewith.

1859. Dec. 1. Balance in the treasury, by report of
this date \$268 58

Dec. 1, 1859, to

Dec. 1, 1860. Paid on account of repairs, and in-
cluded in general account..... 268 58

*Account for re-building and repairing the centre building, &c.,
destroyed by fire.*

Dec. 1, 1859. Balance due the treasurer, by re-
port of this date..... \$892 44
do Reserved by the treasurer from the
General Fund..... 892 44

Appropriation of April, 1860.

1860. May 30. By cash from the State Treasurer \$10,880 00

PAYMENTS.

do	Refunded to the General Fund, amount of payments for lots pur- chased, to accommodate and pro- tect the barn and outhouses, according to the Managers' re- port of 1860.....	\$1,830 00
do	Refunded to the General Fund, amount of payments on account of 45½ acres, purchased accord- ing to that report.....	1,695 55
do	Paid mortgage on the same (princi- pal and interest).....	3,232 29
do	Refunded to the General Fund part of advances made from it, as men- tioned in the same report.....	3,000 00
do	Paid city gas light company, on con- tract.....	1,000 00
1860. Dec. 1.	Balance of appropriation in the treasury	122 16
		<u>\$10,880 00</u>

EDMUND A. WETMORE, *Treasurer.*

UTICA, December 1, 1860.

EIGHTEENTH ANNUAL REPORT

Of the Superintendent of the New York State Lunatic
Asylum, for the year ending November 30th, 1860.

To the Board of Managers of the Asylum:

Gentlemen—In compliance with the act organizing the institution, the following report of its operations during the past year is respectfully submitted:

	Males.	Females.	Total.
Number of patients at the commencement of the year	274	245	519
Received during the year	185	152	337
Whole number treated	459	397	856
Daily average under treatment			516
	Males.	Females.	Total.
Discharged, recovered	52	53	105
do improved	23	33	56
do unimproved	72	61	133
Not insane	3	--	3
Died	27	15	42
Whole number discharged	177	162	339
Remaining Nov. 30th, 1860	282	235	517

During the entire year the Institution has been crowded to its fullest capacity. The highest number, any one day, was 533; the lowest, 497; and the daily average, 516.

To secure the full benefits of our system of classification, we should not have under treatment an average of more than 500 patients. However, in the pressure for admission, we have been unable to control this; and, to accommodate the increase, we

have been compelled to resort to temporary expedients, crowding the associate dormitories more than formerly, and often putting up additional beds, temporarily, in the wards. This temporary expansion has, at times, afforded great relief, where acute, maniacal, or dangerous cases, were pressing for admission. The danger from this course is, that this occasional pressure may become permanent, and seriously embarrass the working of the Institution, as over-crowding almost necessarily implies interference with, or disturbance of classification.

Though we have endeavored to restrict the admissions to cases of insanity of recent date, yet a large proportion of those received were in the chronic, incurable stages of the disease. This, however, may be said, that while many cannot receive any benefit in the way of cure, they are entirely fit subjects for the treatment and care of an Asylum, and their removal from home absolutely necessary for their own welfare, as well as that of others.

Insanity, in the majority of cases, through its chronic stages, requires treatment out of the family, either because of the irritability it develops, the propensities and habits accompanying it, or the unhappy influence its presence exerts in a family and in a community. Further, it is undoubtedly true, that a great many persons laboring under mental disease, are far happier away from than in their homes. This is true, also, to some extent, in other diseases, especially in some forms of dyspepsia. Persons under the pressure of business which they are unable to direct, and of cares and responsibilities which they feel their strength inadequate to meet, pass into a state of unrest and disquietude, are morbidly sensitive and irritable, and often timid. They go from home, and improve at once; and if they return before they have fairly recovered their health, they often experience, at once, a return of their uncomfortable feelings. We use this familiar illustration to show that removal from home is a palliative, and often a curative remedy, and that it is known to be such beyond the limited range of mental disease.

Of the 337 admitted, 86 were cases of chronic disease, and 36 were associated either with epilepsy, paralysis, consumption, or other grave bodily diseases. 21 of those admitted were between 60 and 70, and 6 over 70 years of age. We would here take occasion to urge upon physicians and county officers closer attention to the character and fitness of the cases sent by their advice and authority. It is due not less to the interest of the commu-

nity than to the institution, that the admissions should be limited to cases of insanity in the strictest sense of the term; that is, to those in which insanity is the disease, and not the complication merely. Cases of paralysis, of epilepsy, of delirium tremens, of hysteria, (where there is not mental impairment, or aberration, amounting to dementia,) can hardly be considered as proper cases for admission, especially when their accommodation would exclude many acute cases of insanity from the benefits of the institution.

The 56 discharged improved returned to their homes. In some instances the friends thought they detected no insanity. This may be true in some cases of incomplete recovery. There may be no delusions remaining, no unkindly feelings towards friends, good general health, with a disposition and ability to a good degree to renew business, and the duties of domestic relations, and yet a marked and permanent impairment of mind exists, touching and deteriorating the entire man. This, we know, also frequently occurs in other cerebral affections, as after apoplexy and paralysis. Even improvement is in all cases a valuable benefit, and to no small number a result not attainable outside of the influences and appliances of an asylum.

The number discharged unimproved is very large. Of the 72 males, 30 returned to their families, 37 were removed to the county receptacles, and 5 to other asylums. Of the 61 females, 23 returned to their families, 35 went to county receptacles, and 3 to other asylums. Of this whole number 70 (or more than 50 per cent.) were in the chronic stages of disease, and supposed to be incurable when admitted. 12 of the remaining 63 were removed contrary to advice or before, sufficient time had elapsed to sett the value of treatment. Of the 53 who returned home as unimproved in mind, many were improved in habits, being benefited by the discipline of the Asylum; while others had been cared for during the acute stages of mania, when it would have been impossible for their friends to take as good care of them, if, indeed, they could have cared for them at all.

Those not insane were cases of hysteria, or of intemperance, or moral perversion.

Of the 337 admitted, 25 were received for the second, 10 for the third, 6 for the fourth, and one for the fifth time. Of these, 20 had formerly been discharged recovered. It must be borne in mind that insanity is a disease, and that all diseases are liable to

recur, especially when the original inducing causes continue after restoration. Again, after the brain has once suffered from a severe shock, as in the case of any other organ, it is, for a time, and in some instances always, more susceptible; and slight causes, which before the attack might have been harmless, readily disturb its functions. When we reflect how little regard is paid to this general fact after recovery from sickness, and that insanity is no exception (most persons being quite as thoughtless about overwork, exposure, or loss of sleep, as though they had never suffered), we are only surprised that relapses do not more frequently occur.

The mortality is greater than last year, mainly from the increase of cases of general paralysis. Nine deaths from this disease is a very large number in one year. This disease is of very fatal character, and usually runs its course rapidly. Although it is considered incurable, it may be somewhat alleviated, and we cannot refuse its admission, because those laboring under it are very difficult of care at home.

We must again refer to the practice of delay in sending recent cases to the Asylum. This neglect has been commented on from year to year, and though in some sections there has been some amendment, yet cases generally are kept as long as possible at home, and many, in the end, are only brought here because they have become so dangerous to themselves, or others, as to make their removal absolutely necessary. In cases of mania, with high excitement, when there is refusal of food, resistance to control, denuding of the person, dislike of friends, and distressing delusions, delay is especially unwise, if not criminal. In these cases emaciation often proceeds with wonderful rapidity, and in a few weeks, and sometimes in a few days, the patient presents an appearance, in this respect, of one in the latter stages of typhus fever. If, through this period, treatment is attempted at home, and nutritious diet and sustaining remedies, with some sleep, and control against excessive muscular action, are not secured, great exhaustion ensues, and whether subsequently placed in an institution or not, if the patient survives, the chances for recovery are materially diminished, and, under any circumstances, restoration greatly protracted.

The detention of acute maniacal cases in the county receptacles for trial, during the first weeks of the attack, generally, if not universally, confirms the disease. This detention is more injurious even than detention at home, inasmuch as less general care is

bestowed upon the sufferers. It is of frequent occurrence, and it cannot be too severely condemned as illegal, unwise, inhuman, and in every way unjustifiable, whether viewed in the light of morals or economy. It is a well established fact, that the first six weeks of an acute attack is the most important period for successful treatment, and that after this the chances for complete recovery rapidly diminish. The law, therefore, wisely directs that this detention shall not exceed ten days, giving only the necessary time to obtain the proper papers, and make arrangements for transmission to the Asylum.

The enormous and unnecessary increase of incurable cases of insanity is mainly owing to this policy of delay, and to the disregard of this wise provision of the law. The almost universal rule of action seems to be, "keep the patient as long as possible, and then send to an institution for treatment." The reverse of this alone can, in the end, relieve the public from the constantly increasing burden of the care of incurables. If such delay were practised in other diseases, in private life, or under the public charge (diseases less terrible than insanity in character and consequences), what a fearful result the tables of mortality would everywhere present.

The sources of insanity are always subjects of public interest. These are the same, from year to year, with the exception of an occasional spread of an epidemic delusion, such as Millerism, mesmerism, or spiritualism, which add to the number of insane for a time. The general causes, and the increase of the disease, must be sought for in the extreme activity of the age, the overstrained, overtasked energies of the people, the educational pressure from childhood up, and in the prevalence of vice and intemperance, in inducing want, disease and domestic misery. No profession or occupation seems to afford exemption from this disease. The farming occupation, where health and contentment ought to exist, add a full quota to the list. Here, however, in this country, there is the same restless activity and struggle for wealth and place, that we find elsewhere, and the same over-working, over-anxiety, and consequent results. As this institution is in the midst of an agricultural population, farmers and farm-laborers must necessarily form a large class of the admissions. A few years ago we made a careful analysis of the census of this State, and found that persons in the various professions, trades, and occupations, were alike, and in about the same proportion, subject to insanity.

We have not, for several months, received any cases of intemperance; and while unable to accommodate the insane, will feel ourselves obliged to refuse all applications of this class, however pressing.

The moral perversion under which many persons labor who are given up to inebriety, persuade some to look upon it as a form of insanity, rather than a vicious habit. The change of character often manifest; the periodic abandonment to excessive drinking, till reaching a full debauch; the penitence and promises afterwards; the craftiness in stealing away from friends at these periods of self-indulgence; the ultimate loss of self-respect in some, and disregard of the duties and responsibilities of life in all; the maintaining of an *irresistible impulse* to drink to complete gratification, and when arrested in the midst of a debauch, to return and complete it; all these are, by some, placed to the credit of mental disease, and the destructive vice of intemperance is thus sheltered, and in some sense excused. Unfortunately, not only in the medical profession, but in the pulpit we have advocates for the recognition of this vice, in some of its phases, as belonging to the catalogue of "forms of insanity." Oinomania, (an irresistible impulse to drink to drunkenness, in disregard of consequences or character,) is the respectable name under which this vice would seek refuge from moral responsibility, and claim the sympathy and indulgence of society, in the gratification of an excessive appetite, self-induced. Some give way to these "paroxysms" of drinking, or, more properly speaking, debauches, maintaining that appetite becomes too powerful for resistance. Others, under some slight trouble, because somebody has slighted or wounded, or wronged them; or because they have, in some way, been disappointed; or because the world, or society around them, have failed to appreciate them; or, because they have become wearied or disgusted with the constantly perplexing duties and cares of life.

We look upon one and all of these cases, as the voluntary abandonment of self to appetite, as progressive drunkenness, producing what might well be anticipated from vicious self-indulgence, namely, the loss of self-control, and the gradual, but sure degradation, and final demoralization of the individual.

That intemperance may and does impair the mental faculties, no one can doubt. That it may and does produce insanity, is equally certain. That it is itself a form of insanity, under the

name of oinomania, is not established, and the admission of such an error would be too fatal to morals to encourage for an instant.

If an irresistible impulse to self-indulgence, disregard of the consequences flowing from such indulgence, and general demoralization, were the characteristics of insanity, intemperance might found some shadow of claim to be recognized as a form of the disease. On the contrary, insanity is more generally an immolation of self. An irresistible tendency exists to thoughts, feelings, and actions, at variance with the demands of appetite, and a course of life anything but promotive of self-gratification. In insanity there is but an apparent and temporary demoralization, induced by a beclouding of the mind in its knowledge of the relations of things, and a consequent loss, more or less complete, of the abstract ideas of right and wrong. In insanity, the irresistible tendency has a motive, or a purpose in view, above the simple gratification of appetite; and here disregard of consequences is the result of an absorbing active delirium, or a conviction that the wrong is, under the circumstances, the right.

In these remarks, we do not intend to withdraw sympathy from the unfortunates who have fallen under intemperance, but merely to disavow the theory that it is a form of insanity, and to protest against receiving its victims into institutions of this character. An experiment will soon be made, in the care and treatment of this class, in an institution especially for their benefit. The private charity of our citizens has inaugurated, at Binghamton, the Inebriate Asylum. As the work of individuals, prompted by an enlightened christian charity for the erring and unfortunate, it is among the most noble enterprises of the day, and as such well deserves the aid necessary to its completion.

The expressions "restraint" and "seclusion," in the treatment of insanity, are rarely understood in their applications and relations to the individual and collective good of the inmates of an institution, even by the more intelligent of the public. The discussions, in Europe and this country, on the subject, of their use, abuse, or abolition, have not tended really to enlighten the public mind. Restraint was, originally, harsh and often cruel in means, and was, in some form, almost universal. The milder treatment was seclusion. In the absence of much knowledge of insanity, either as to its nature, or its treatment, the public viewed it alone in the light of its manifestations, and treated it accordingly. As it was so generally characterized by dangerous propensities to violence,

and indecencies in habits and conversation, its victims were confined and secluded for the general welfare. Restraint and seclusion, *per se*, are inadmissible. As means of treatment, they should be recognized according to their remedial value.

Restraint in an Asylum implies, 1st, the confinement of one or both hands, so as to prevent their use to inflict injuries or abuses on themselves or others, or excessive destruction of clothing or furniture, or the denuding or exposure of the person; 2nd, confinement in a sitting posture in an ordinary chair or settee, or in bed in a horizontal position.

The first mode of confinement is usually effected by the following means:

First. By a camisole, or waist, laced up the back, with endless sleeves, attached in front or not, (as the case may require,) to a loop on the waist. This article is made of strong washable material. The hands are entirely free within the sleeve, and the healthful action of the muscles of the arms, shoulders, chest, &c., is not interfered with.

Secondly. By the use of simple, padded leather wristlets, moving on a belt about the waist.

Thirdly. By a leather muff and wristlet, which is the addition to the second mode of a leather shield covering the hands. This method is resorted to when the others fail to restrain.

These three modes of restraint are used: 1st. In cases of suicidal disposition, when it is so determined and persistent that watchfulness will not insure the necessary safety; 2d. When there is determined and persistent disposition to self-maiming, or exposure, or denuding of the person, or self-abuse; 3d. When there is great destructiveness, or violence towards others.

Confinement to a seat is effected by passing a leather strap about the waist, and attaching it behind to the chair or settee. This is resorted to in controlling, for given periods, cases of great restlessness, or high excitement, with the view of husbanding the general strength and promoting calmness. Many cases, especially in the acute stages of mania, if left to themselves, or given the freedom of the ward, would soon exhaust their vital powers by excessive muscular action. Excitable, noisy persons, thus restrained during paroxysms, are more tranquil, and are able to remain in association with others in the wards, or sitting rooms, instead of being secluded, and their personal comfort is really promoted by this partial restraint. We are of the opinion, also, that the

moral as well as medical effect of this treatment is much better than that of seclusion.

Confinement in bed, in a horizontal position, is effected by two methods. First, by an apparatus known to the general profession as a "bed strap," consisting of a leather cushion, about 18 inches wide, and 22 inches long, with three straps at the top, one about the middle of it, and two at the bottom. The central top strap is fastened to the head of the bed, and the two bottom ones to the foot; the patient is then placed on the cushion, the middle strap is passed about his waist, the two straps at the top passed forward diagonally across the breast and buckled to the waist strap, thus confining the body of the patient to the cushion. Two bights move on rings on the straps attached to the foot of the bed. These bights are buckled round the ankles, with a strap attached to the foot of the bed, to regulate, and in a measure, restrain the motion of the feet. This instrument of restraint is more formidable in description than in fact. It is an apparatus confining the patient to the bed, allowing some motion, such as drawing up the feet, turning on the side, &c. This mode we rarely resort to. The other method, and which we greatly prefer, is a covered bed. This bed is constructed like an ordinary child's crib, with the addition of a slatted cover. This arrangement does not interfere with the movements of the patient in rolling from one side of the bed to the other, or moving the limbs in any way. It merely prevents the patient from sitting up or getting out of bed. As the sides and top are open, the air circulates as freely about the body of the patient as in an ordinary bed. Restraint in a horizontal posture is used in cases of exhaustion, where the physical health of the patient demands that he be kept in bed. The medical thought involved is readily appreciated. Sick people ordinarily lie in bed under the advice and direction of the physician, but the same class, when insane, will not always do so, and these arrangements are to effect this end.

Great attention has been paid to the subject of restraint by medical men for years, and constant improvements have been made under the light of experience, tending to the simplification of the modes, and the removal of unpleasant features.

Seclusion is rarely necessary. It is resorted to in sudden outbreaks of violence, especially with epileptics under maniacal paroxysms. The classes formerly secluded, are now with us confined to a seat in the ward, for a time, as heretofore described; and this restraint, in the presence of others, as we have previously

intimated, is more conducive to personal comfort and tranquillity than seclusion. Though seclusion is rarely resorted to, we should be unwilling to disuse, or disavow this, or any other means, contributing to the amelioration of suffering, or the cure of disease.

We look upon restraint and seclusion, directed and controlled by a conscientious and intelligent medical man, as among the valuable alleviating and remedial agents in the care and cure of the insane. That they are agreeable in their application or use, either to the physician or patient, no one will maintain. Indeed, few, if any, medical prescriptions are agreeable. The bitter or nauseating draughts, the abstinence in diet, the seclusion of the patient to the sick-room, and the exclusion therefrom of friends, are prescriptions for the cure of disease, as are the knife, and appliances of surgery, and they are adopted and prescribed as such. The physician who would not administer the best remedy, because it might offend the taste; or the surgeon who should not use the knife, or other means, because he might thereby cause pain; or the obstetrician who would lay aside, under any such considerations, the remedies required in critical cases, would be unworthy of the profession, and the confidence of the public.

We have been led to these remarks, first, because the public, and those who have friends in the Institution, are interested in knowing the general and special means and appliances for the proper and humane care of those, who, by reason of their disease, are unable to care for themselves, or remain in their families; and, secondly, because in this branch of the profession, especially in Europe, and, to a small extent in this country, there has been a movement toward the substitution of the hands of attendants, padded rooms, seclusion, and depressing remedies, for mechanical appliances; any and all of which are, in our experience, more uncertain in results, and more liable to abuse, than restricted mechanical restraint.

The importance of systematic, regulated, useful employment, as a remedial agent, combined with recreation and amusements, is universally conceded by men of experience in the care and treatment of the insane. The difficulties in the way of carrying out an industrial system are also acknowledged. The judgment and discretion requisite to assign suitable employment, and direct labor with the insane, require education and experience difficult to reach. The physician may know the approximate amount of muscular or mental exercise desirable for a particular patient,

but cannot well convey this knowledge to the person directing or overseeing the work.

There are certain classes, however, which can be placed at work, without fear of over-exertion, under the direction of attendants of ordinary experience. Cases of dementia, and quiet persons laboring under chronic mania, are not generally inclined to as much activity as is really necessary for their general health. These can work regularly and moderately several hours a day, and they will thereby promote their comfort, cheerfulness, and contentment. Here, occupation is particularly desirable for the welfare of the individual; not only to insure greater contentment, but to prevent listlessness and inactivity, and the unpleasant personal habits too generally consequent upon idleness. Further, many are thus made quite useful in contributing to their support; a duty which ought not to be lost sight of. It must be acknowledged, however, that the great majority of this class, whether cases of chronic mania or dementia, are not easily kept up to the point of desirable occupation, much less of compensating or remunerating labor. It often requires persevering, patient effort on the part of the attendant. Nevertheless, when the *habit* of regular daily occupation has at length been induced, it well rewards the toil, in the satisfaction it gives the patient, and the greater ease afterwards in his care. If he can only make his bed, and aid in sweeping and dusting, and keeping his own clothing in order, a great deal has been accomplished.

In cases of mania passing into dementia, regular and moderate labor is especially useful in amusing and directing the individual into former and natural channels of thought and action; and in preventing and controlling the tendency to sink into inactivity, and into disagreeable, or vicious personal habits.

Many laboring under sub-acute mania, convalesce more favorably and steadily under moderate and regulated labor. Maniacal patients are not generally expected to labor, though, while under considerable excitement, many, both men and women, perform more or less in-door work, sweeping, making beds, sewing, &c., greatly to their advantage. While, however, the expenditure of nervous energy, in these cases, can often thus be turned in the direction of useful and agreeable occupation, they require constant guarding to insure them against over-exertion. Field or garden work to this class, if ever allowed, should be but for a short period each day.

Cases laboring under melancholia are rarely benefited by much exertion until convalescence has commenced. Then there is, usually, impaired physical health, rather demanding gentle exercise and walking, alternated with rest. A large proportion of our population cannot, under any circumstances, even take much care of themselves in the way of dressing, washing, &c. The feeble, infirm, and the paralytic, and often the epileptic, are more helpless than children.

Thirdly, in an asylum, as in every other collection of men and women, there are indolent, lazy persons, (independent of their disease,) persons who in the world always shirked the burdens falling to their lot. These cases are sometimes troublesome. They are disinclined to do anything—even in the direction of their own personal wants; wish to be constantly waited upon, complain of the attention they receive, the diet, the clothing, the temperature of the house,—nothing is quite satisfactory to them. As might be supposed, this class do not come from the industrious and thrifty, but usually from homes not too well supplied, and generally are those who are wholly dependent on the public for support.

We have made these remarks in detail from two considerations. First, to give some information to the public in reference to this department of asylum life. We all admit that labor is essential to happiness, to say nothing of its necessity in securing to us the means of subsistence. How far labor may be introduced into an asylum, with benefit to the inmates and the institution, is quite another question; and we have here endeavored in a general way to present the various classes likely to be benefited, without noticing the exceptions in each, which must be a matter of experience and observation on the spot. Secondly, the opinion is unfortunately too prevalent, and practically too well sustained in this country, that the moment an individual is wholly, or in part, in public support, that moment the obligation to work ceases! Nothing can be more adverse to justice. If ever a man is under obligation to aid himself, it is when he is sustained by others, whether it be by individuals or the public. If the principle of occupation, in accordance with physical strength, could be generally carried out in our public institutions for all classes, especially in our poor houses and jails, taxation would be lighter, the inmates would be better fed and clothed at less expense, and morality would be materially promoted thereby. Idleness, as all

know, hastens generally the process of human degradation, and this is especially the case with those whom disease and misfortune, poverty or crime, bring promiscuously together.

Most of the patients are able to take out-door exercise, either over the fields, on the farm, or in the exercising yards. However, maniacal cases, and some cases laboring under the constant dread of arrests, or attacks from others, are often injured by such liberty.

While advocating the importance of useful occupation, we would not neglect recreation and amusements. These are valuable auxiliaries. When it is borne in mind that the great majority of patients come from the laboring and active classes of society, the necessity of some system giving exercise, in the direction of usefulness, of body and mind, will be the better appreciated. Here, then, we desire to substitute for excessive toil and anxious care, light, regulated occupation, walking out, and such exercise as ball-playing, bowling, billiards, the games of chess, checkers, dominoes, reading, and intercourse with each other.

We have, from year to year, commented on the deficient provision in the State for the care of the insane. For several years past efforts have been made by the superintendents of the poor of most of the counties, assembled in annual convention, to secure the erection of other asylums. New York city takes care of its own insane poor, in an institution outnumbering this in patients. Bloomingdale Asylum, Sanford Hall, at Flushing, and Brigham Hall, at Canandaigua, together accommodate about 275 patients. Taking New York City asylum at 600, this institution at 510, the others named, at 275, we have provision for 1,385. Marshall Infirmary, at Troy, when completed, will probably accommodate 100 more, and Flatbush about 300—in all about 1,800 provided for.

In 1857 the Senate committee appointed, upon the memorial of the superintendents of the poor, to visit the poor houses, asylums, jails, &c., of the State, found in the several receptacles and poor houses, 837 insane, of whom 113 were confined in cells; and that 301 of these had been admitted within the year. Since that period the number not provided for has increased, and this fact has compelled the county authorities to provide additional accommodations. In some cases the old receptacles have been enlarged, and in others new houses have been built; and while, with the knowledge we have of these places, and the means they afford for

either treatment or custodial care, we must commend them with a sparing hand, we can, nevertheless, say, that on the whole they have improved. In some counties, unfortunately, where new receptacles have been erected, they have attempted the treatment of recent cases, with the unhappy result of filling them rapidly with incurables. In some of the largest of these, as many as one hundred patients are thrown together without proper classification, or, indeed, due provision for the separation of the sexes.

A distinguished commissioner from a foreign country visiting our institutions, by order of his government, during the past summer, informed us that he had, to his utter astonishment, found the association of male and female patients in the same ward in one of these large receptacles, and one of the men in this ward with no other clothing on than a tattered shirt; and, further, "that the officials in charge had reached that stage where they could excuse such indecency and demoralization."

Considering the large number of incurables in the State, we cannot hope now to carry out the humane suggestions of the superintendents of the poor, that "all the insane, not able to reside in private families, should be cared for in special institutions," though this will undoubtedly be the policy of the State after a full culmination of the present system.

We have watched, with pain, the tendency to extension in the direction of these unfit receptacles, and we have always felt and maintained that they could never ultimately take the place of district or State Asylums, administered under a system not dependent on the varying policy of annually changing county legislation, but on settled principles of medicine, sanitary laws, and political economy. These convictions and views are fully borne out in the experience of the county officers themselves, who have been long enough associated with the general management of poor houses to understand and appreciate their working as regards the insane. They realize the position in which the public is placed, and are convinced that the time has manifestly arrived when some decisive steps, temporary or otherwise, can no longer, with any show of propriety, be delayed.

Although much has heretofore been said in our reports upon this matter, we have thought it not improper, at the present critical period, to restate these views, and place them in the history of the subject.

In the progress of governmental science, the subjects of insa-

nity, pauperism, and crime, seem to have more and more points of contact and inseparable connection. In the most approved systems they are already treated as one great department of public affairs. It is plain, also, that as any system becomes more general and complete in its application, in the same proportion will it become more and more varied in its means. Perhaps, too, it is not too much to assert that the proper adaptation of these means, in a solution of the problem of public beneficence, has received far less attention than any other subject approximating it in magnitude and interest. Hitherto, the provision for the care and occupation of criminals has been most studied, because this branch of the subject concerned most intimately the safety of the public, and the maintenance of law. Pauperism and insanity, are, *in law*, surrounded by all the needful safeguards against neglect or abuse, and their care wisely and humanely recognized. Public opinion has not been so enlightened and interested, however, as to carry out practically the theory of the law. The christianity of the age, although professedly missionary, has not interested itself practically in the solution of the question. This has been left, almost exclusively, to politicians and medical men. It is doubtful whether one professing christian out of every hundred, in the State, has ever visited a poor-house ; or, whether one out of every hundred considers himself, in any wise, called upon to interest himself in the poor after they have passed into the care of the public officers. The souls of this vast multitude are, with their bodies, consigned to the generous keeping of the civil law. The helpless and poor insane in the receptacles connected with the poor-houses, are, of course, no more thought of than the ordinary poor, and not so well taken care of. Now, in this state of public opinion, this manifest indifference, practically exhibited towards the helpless among us, it is not remarkable that it is difficult to secure additional legislative action in their behalf. With these facts, is it to be wondered at that writers on the subject, and conscientious statesmen, have sometimes doubted whether, on the whole, as much good as evil has resulted from a general system of public charity, and have advocated the opposite course in the hope of awakening the public mind to a consciousness of its duty in the care of the poor.

Looking on the whole subject, however, we do not despair. If, in the state of public opinion we have alluded to, and the indifference of christian men, as such, we still have continued christian

effort and determination to meet this question fully, on the part of the majority of county officers who come in constant contact with the insane, success must ultimately ensue. The humane views of these officials must react on the benevolent everywhere, and ultimately ripen and come forth in fruit.

The partial and limited provision for the insane must give way to some system more comprehensive and just, and more in accordance with the civilization of the age. In the care of the poor and the insane much is yet to be done. A system based upon the wants and condition of the various classes to be relieved must be developed and put into operation. Hospitals, with all their varied appliances for the treatment of acute diseases, must still be demanded; but, for the care of chronic insanity, more simple and less expensive arrangements will be required and adopted.

We have, during the past year, continued the system of general improvements, aiming to secure the further comfort of the patients, and facilitate the discipline of the establishment. Experience has abundantly shown that the nearer an institution can be made to conform, in its general arrangements and discipline, to a well regulated and industrious family, the more surely will it be capable of answering the ends and objects of its foundation. It will not be denied that with such diverse and inharmonious elements, as must necessarily be brought together in a house containing over 500 patients, and more than 100 employees, the discipline must be somewhat firm, though tempered with forbearance, as far as justice to the public and individuals will admit.

The extended means of classification, in the large number of distinct wards, enables us to guard well against difficulties arising from unpleasant action and reaction of diverse and incompatible character. The basis of classification resting in external conduct alone, no one can justly complain of removal from one ward to another.

Table showing general statistics of the Asylum from its opening, January 16th, 1843, to December 1, 1860.

Total number of admissions.....	6,165
do discharges.....	5,534
do discharged, recovered.....	2,445
do do improved.....	915
do do unimproved.....	1,413
do died.....	713
do not insane.....	45

Table showing the percentage of recoveries on the average population and admissions for eighteen years.

Year.	ON AVERAGE POPULATION.			ON ADMISSIONS.		
	Average population.	Recovered.	Percentage.	Admitted.	Recovered.	Percentage.
1843,	109	53	48.62	276	53	19.20
1844,	236	132	55.93	275	132	48.80
1845,	265	135	50.94	293	135	46.07
1846,	283	133	46.99	537	133	39.46
1847,	415	187	45.06	428	187	43.69
1848,	474	174	36.70	405	174	42.96
1849,	454	203	44.71	362	203	56.07
1850,	433	171	39.49	367	171	46.59
1851,	440	112	23.45	366	112	30.60
1852,	441	156	35.37	390	156	40.00
1853,	423	169	39.95	424	169	39.85
1854,	444	164	37.16	390	164	42.05
1855,	467	128	27.40	275	128	46.54
1856,	454	100	22.24	242	100	41.73
1857,	463	95	20.52	235	95	40.42
1858,	489	114	23.31	333	114	34.23
1859,	509	114	22.40	312	114	36.54
1860,	516	105	20.34	337	105	31.15

Table showing the percentage of deaths on the whole number treated, and on the average population, for eighteen years.

Year.	Whole No.		Percentage.	Average population.	Percentage.
	Deaths.	treated.			
1843,	7	267	2.53	109	6.44
1844,	16	471	3.39	236	6.78
1845,	21	553	3.79	265	7.92
1846,	22	622	3.53	283	7.77
1847,	48	802	5.98	415	11.56
1848,	86	877	9.80	474	18.14
1849,	69	857	8.05	454	15.19
1850,	51	816	6.25	433	11.77
1851,	48	795	6.03	440	10.91
1852,	39	825	4.72	441	8.84
1853,	39	849	4.59	423	9.22
1854,	65	836	7.75	444	14.63
1855,	32	725	4.41	467	6.85
1856,	30	697	4.30	454	6.61
1857,	32	696	4.59	463	6.88
1858,	31	784	3.95	489	6.33
1859,	35	814	4.30	509	6.87
1860,	42	856	4.90	516	8.13

Table showing causes of death.

FORM OF MENTAL DISEASE.	Phthisis pulmonalis.		Exhaustion from mental disease.		General paralysis.		General debility.		Paralysis.		Suicide.		Pleuro-pneumonia.		Erysipelas.		Apoplexy.		Congestion of the brain.		Old age.	
	M.	F.	M.	F.	M.	M.	M.	F.	M.	F.	M.	M.	M.	M.	M.	M.	M.	F.				
Acute mania.....	1	1	3	2	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-		
Chronic mania.....	1	2	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	1			
Periodic mania.....	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-			
Dementia.....	1	2	2	-	-	-	2	4	-	-	-	-	-	-	1	1	-	-	-			
General paralysis.....	-	-	-	-	9	-	-	-	-	-	-	-	-	-	-	-	-	-	-			
Melancholia.....	1	-	-	2	-	-	-	-	-	1	1	-	-	-	-	-	-	-	-			

In the male department there were twenty-seven deaths during the year. It will be seen, by reference to the appropriate table, that one-third of this mortality resulted from general paralysis. This fatal disease, long familiar to European authorities upon the subject of insanity, is of recent date, comparatively, in the wards of American asylums. The subjoined table shows the annual admissions and mortality since the first recognition of the disease in this institution, in 1849.

Years.	ADMITTED,			DIED.		
	Males.	Females.	Total.	Males.	Females.	Total.
1849.....	—	—	—	4	—	4
1850.....	1	—	1	2	—	2
1851.....	1	—	1	2	—	2
1852.....	1	1	2	—	1	1
1853.....	6	1	7	4	1	5
1854.....	4	1	5	4	—	4
1855.....	7	—	7	4	—	4
1856.....	2	—	2	3	—	3
1857.....	9	—	9	3	—	3
1858.....	4	1	5	4	—	4
1859.....	5	1	6	3	2	5
1860.....	9	—	9	9	—	9
	49	5	54	42	4	46
	==	==	==	==	==	==

The following notes of the nine cases terminating fatally during the year, have some points of interest. 1. A merchant, aged 41; married; church member; used tobacco in excess; otherwise temperate; in youth contracted syphilis. Several years since he failed in business, suffered much anxiety in consequence, and labored night and day. His bodily health became impaired and soon afterwards symptoms of amaurosis appeared, followed by entire loss of vision fifteen months later. With complete amaurosis, were at once manifest the exalted ideas, and the impairment of speech, characteristic of general paralysis. Seven and a half months later he came to the asylum, in apparently good bodily condition, with voracious appetite, and the phenomena above mentioned. He survived two and a half months, the disorder making no progress until twelve hours before death, when he became suddenly excited, was seized with epileptiform convulsions and died comatose. No opportunity was afforded to verify by *post mortem* examination, the undoubted dependence of amaurosis upon organic disease of the brain.

2. A carpenter; aged 40; married; addicted to the free use of tobacco. A series of business perplexities and a period of vitiated bodily health, were followed three years ago by symptoms of mental impairment, loss of memory, and great depression of spirits. At the close of a year his ideas became exalted and his speech affected. Six months later he was admitted to the asylum. At intervals in the progress of the disease, light and transient congestive attacks occurred, and during the last three months of life, epileptiform seizures. A few days before death the muscles of deglutition became paralyzed.

3. A physician; 38 years of age; married; habits intemperate from boyhood, marked hereditary predisposition to insanity. Five years ago he exhibited unnatural mental exaltation, and indulged in most extravagant schemes for business. At this time he was engaged in practice, but with indifferent success. Soon afterwards embarked in politics, he was a prominent candidate for one of the highest medical offices in the State. Defeated, mortified and desponding, he became more grossly intemperate than ever. In the fall of 1857 he was received at the asylum, quite demented, and in the second stage of general paralysis. In the following spring he improved, considerable mental activity returned, his conversation was rational, and the impaired articulation less noticeable. In June his family removed him, believing him

entirely well, and being utterly skeptical of our unfavorable prognosis. After a year of unsuccessful professional efforts at home, he returned to the asylum, soon became maniacal, and continued so for nine months, with scarcely perceptible remissions in the excitement. Paralytic dementia ensued, and death three months subsequently. Epileptiform convulsions occurred during the last days of life. No autopsy.

4. Merchant; aged 56; married. Failed in the panic of 1857, and was charged by his creditors with dishonesty. Noted for unusual business integrity. This accusation, together with his losses, so overwhelmed him with distress, that, as his friends said, "he went to bed in consequence." Soon after this, he became subject to fainting spells, which were probably epileptiform seizures. Mental depression, loss of memory, &c., continued until eighteen months ago, when he became maniacal and manifested the usual symptoms of general paralysis, with frequent epileptiform convulsions. Autopsy refused.

5. Upholsterer; aged 40; married; temperate; has suffered more or less from vertigo, since an attack of cholera, ten years since. Memory has been impaired for five years; slight *coup de soleil* two years ago; symptoms of paralytic dementia recognized after a series of convulsive seizures one year before death. Autopsy refused.

6. Merchant; aged 41; married; temperate; a dyspeptic. Six years ago received an injury of the head from a fall. Exhibited symptoms of mental aberration fifteen months before death; was greatly depressed during the first eight months; he then became maniacal and paralytic, and was admitted to the asylum a few weeks before his death.

7. A farm laborer; 26 years of age; temperate; suspicion of heredity. Had *coup de soleil* in 1855; six months afterwards complained of numbness and pricking in foot; six months later manifested depressing delusions with loss of muscular power, and had frequent epileptiform convulsions; the characteristic affection of the voice first noticed two years ago. Admitted to asylum at close of second stage of disease, a short time before death.

8. Farmer; aged 47; temperate; hereditary predisposition to insanity. Symptoms of mental alienation appeared nearly four years ago. Soon after the inception of insanity he was brought to the asylum, but was removed in a few weeks by his friends. His disease at this time was believed to be general paralysis, not-

withstanding the absence of muscular paralysis. He returned to the institution during the past year with all the phenomena of the disease in its advanced stage, and survived seven months.

9. Tailor; aged 36; married; previous habits unascertained. Nothing known of the early history of the case, except that he had been insane about a year before coming to the Asylum. He was subject to frequent epileptiform seizures, and transient paroxysms of excitement during the progress of the disease. For several weeks preceding death, the power of speech was entirely lost. He died two years after admission.

The above, with a single exception, were men of temperate habits. In the exception referred to, hereditary predisposition to insanity existed. This predisposition was present in a second case, and suspected in a third. The same exciting causes seem to have been operative in this, as in the more ordinary forms of insanity.

In the instances detailed, there is evidence of a more or less protracted period, characterized by mental impairment, loss of memory, despondency or exaltation, for months or years before the occurrence of paralytic phenomena. Had these cases, in the incipient stage of disease, received prompt diagnosis and appropriate treatment, is it not fair to presume that the results would have been as auspicious as in cases of ordinary insanity, under similar favorable circumstances.

Three deaths resulted from the exhaustive effects of acute mania. A carpenter, whose constitution had been impaired by ill-health and over-exertion, received an injury of the head from the falling of a hammer. The blow was probably the exciting cause of a maniacal attack, coming on five weeks afterwards, running its course in three weeks, and terminating fatally the second day after admission to the Asylum. A tavern-keeper, aged 64, in early life intemperate, became acutely maniacal and suicidal seven weeks before death. Attack preceded by mental despondency, following business reverses. A farmer, of correct life, became blind from cataract. Several operations were performed, but without restoring sight. A period of mental depression ensued, followed by severe maniacal disease, which terminated fatally in three months.

From exhaustion following dementia, there were two deaths. A farmer, aged 38, whose mother, brother, and two sisters had been insane, was admitted with consecutive dementia. Great

vital depression, with obstinate diarrhoea, ensued, and terminated fatally in four and a half months. A tavern keeper, aged 58, became maniacal and homicidal after an attack of delirium tremens; was brought to the Asylum three months subsequently in a state of dementia, with great physical prostration, and survived three months.

Four died with phthisis pulmonalis. A law student, with hereditary predisposition to insanity, was attacked two weeks before admission with parotitis: three days later metastatic orchitis supervened, and was followed by high maniacal excitement. During the paroxysm he escaped from his house, on a winter night, and was discovered by his friends lying in a brook. He was brought to the Asylum, where, in the course of a week, the mental affection subsided, symptoms of acute tuberculosis appeared, and he died from the pulmonary disorder five weeks after admission. A lumberman, of intemperate habits, and subject to frequent attacks of hæmoptysis, died with phthisis a few weeks after admission. He had had chronic mania for several years. A farmer died at the age of 62, a victim of melancholia for two years. Symptoms of tuberculosis appeared a short time before death. Depressing delusions, causing resistance to eating, undoubtedly hastened the final event. The fourth death from this cause was in a patient for many years demented, and whose insanity was inherited.

A criminal, with chronic mania, for several years a patient in the institution, died from general debility. During the last year of life he had frequent and distressing attacks of tympanitis intestinalis.

The mortality from paralysis occurred in two hopeless cases brought to the Asylum a short time before death.

We record with pain two successful suicidal efforts. One a patient with melancholia, here for the fourth time, (who had previously at home attempted self-destruction,) while walking in the grove with another patient, was left by his companion, and a few hours afterwards was discovered suspended by the neck. The other, who had chronic mania, and had never evinced a suicidal disposition, secreted himself in a bath room, barricaded the door, and then hung himself. Artificial respiration by Dr. Hall's method was practised in both instances, but unfortunately without success. These are the only cases of suicide in the male department for four years.

Erysipelas of the head was fatal in a patient recently admitted with acute mania.

A young man, apparently convalescent from dementia, and about to return home, after ten months' residence in the Asylum, was suddenly attacked with cerebral congestion, and died, after an illness of ten days. This patient had some years previously been a patient at the institution, and at that time was subject to epilepsy. During the ten months above alluded to, no convulsion was observed, and no attacks of vertigo.

A demented youth, with cachexia venerea, died suddenly from serous apoplexy.

Pleurisy and pneumonia, following fracture of the ribs and sternum, induced the fatal issue in a case of mania. The patient had been more or less insane for two and a half years; but becoming acutely maniacal and violent, he was admitted to the institution soon afterwards. When received, he presented all the characteristics of acute mental disease, with exhaustive tendency, incoherent ideas and conversation, depressing delusions, &c. To guard against constant attempts to mutilate his person, the camisole was applied. A week later, pulmonary trouble was suspected, on account of the extreme fetor of the breath; and a physical examination of the chest was suggested; the latter was abandoned in consequence of the patient's constant restlessness, and the camisole was not removed. As the case progressed, there was urgent dyspnoea, and the characteristic pneumonic countenance. The day before death, which occurred on the seventeenth day after his reception, he became sufficiently quiet to permit a physical exploration of the chest, and the injuries were at once discovered. The following notes of the post-mortem examination exhibit the extent of these injuries:

Autopsy twelve hours after death. Rigor mortis well marked. Deformity of thorax, particularly of left side, which is evidently dilated and irregular in shape. In left sub-clavian region, in spot several inches in extent, skin of faded yellow hue. Opposite the junction of manubrium with body of sternum and to left of median line, is a small tumor, emphysematous and fluctuating, but less prominent than during life. On extremities a few slight, superficial bruises. Abrasion in left lower lateral region not re-examined. No injuries observed about the head.

On making incision along the median line from upper portion of sternum to umbilicus, when opposite tumor, bloody, aerated,

purulent matter flowed out, following the knife. A blow-pipe, used as an explorer, passed readily between the pectoral muscles and the ribs towards the outer fracture of the second rib on the left side. Burrowing also occurred to right of median line, but was less extensive. Purulent matter, small in quantity, apparently from half an ounce to one ounce, and most abundant about fracture of second left rib.

Removing the principal muscles, and exposing anterior bony wall of chest, discovered an anatomical abnormality, the second ribs being altogether attached to the manubrium, and not articulating with body or second piece of sternum. The upper border of third rib was continuous with upper border of body. Manubrium and body separated at their point of articulation, and the anterior membrane of sternum ruptured.

On right side, was a simple, transverse fracture of second rib (bony) near point of union with cartilage.

Fourth rib similarly fractured and in same relative situation. On raising ribs of this side, pleura under seats of fracture found healthy and intact, but an inch or two from fractures, towards the median line, commenced newly formed and easily broken adhesions, which extended to mediastinum, and connected the pulmonary and costal pleuræ in that region. No effusion in right cavity of chest. Right lung—lower lobe in stage of red hepatization, upper in the congestive or first stage of pneumonia.

On left side, two fractures of second rib—one in cartilage two inches from median line, and an inch or so to the left of this, one comminuted, of bony rib. About this latter was an abscess into which the blow-pipe had been passed. No communication here with cavity of pleura.

Third rib, fractured obliquely about an inch from cartilage.

Fourth rib, broken half an inch outside point of cartilaginous union—transverse fracture, and costal pleura beneath wounded; nearly two inches to left of this is another fracture, irregular and comminuted.

Fifth rib, two fractures—one about half inch from cartilage, transverse, tearing pleuritic membrane—the other one and a half inches to left, irregular.

Sixth rib, fractured at a point in line below first fracture of fifth rib.

Removal of ribs difficult, from strong adhesions binding pulmonary pleura and lung to anterior wall of cavity, and requiring

knife to separate them. These adhesions increased in firmness as they extended from the mediastinum towards the lateral region, where the false membrane was firm and thick.

Left lung from a third to half its natural size. The two lobes firmly adherent to each other. Its posterior aspect free from adhesions; its cut interior resembling the stage of hepatization, and the small bronchial tubes containing purulent mucus. No wound of pulmonary pleura or lung. The pleural cavity was distended with inoffensive serum tinged with blood, and in it were floating flakes of lymph.

The pericardium contained an ounce of straw-colored serum.

Subsequent investigation as to the origin of these injuries, proved that on the day preceding the admission of the patient to the asylum he came into violent collision with a brother-in-law, and was struck in the breast with great force by the head of the latter. He succumbed immediately from the shock of the encounter, and exhibited such extreme prostration, that the physician called in attendance, expressed doubts if the injured man would ever speak again; and prescribed stimulants to induce reaction. The friends accompanying the patient to the asylum suppressed these facts. The attendants who assisted in bathing the patient immediately on his entrance, observed no bruise of the skin. The discoloration afterwards noticed, undoubtedly owed its late appearance to deeply seated ecchymosis. The deformity of the thorax resulted from subsequent effusion in the cavity of the pleura. The symptoms observed in the progress of the case, and the pathological condition revealed by the post-mortem examination, confirm the facts elicited in the subsequent investigation, and point unmistakably to the encounter referred to as the occasion of the injuries.

Four of the fifteen deaths in the female department, followed exhaustion from mental disease. In two of these cases the form of insanity was acute mania, and in two melancholia. In one of the two deaths from acute mania, the attack immediately followed childbirth, in the case of a girl who was the victim of seduction, and had for several months previously evinced great distress of mind. The paroxysm was very severe, and several *mammary* abscesses aided fatally to exhaust the patient. She died at the end of four months from the date of attack. The mania in the second case, was the sequel of typhoid fever, which had left the patient greatly prostrated. She nevertheless increased in bodily

strength during the first stage of the mania, but finally succumbed, after a paroxysm of three months duration.

One of the cases of melancholia terminating fatally was that of a lady, who, while in a critical condition of health, was roused from her bed on a winter's night to find the store and goods of her husband consuming by fire. She was thus exposed, in her night clothing, to cold for several hours, and at the same time suffered great anxiety and alarm. The effects were at once manifested, both in her mental and bodily condition. For many weeks she was almost entirely without food or sleep, and to distress at her husband's ruined fortunes were soon added delusions as to the temporal and eternal fate of herself and others, which became more and more intense and controlling, until her death, at the end of four months. The other case of this kind was that of an old lady, long in feeble health, and who had been for many years melancholy and hypochondriacal before these finally passed into insanity. For three months previous to her death she was constantly agitated by the belief in her own ruined and utterly hopeless state, both for time and eternity.

The history of these fatal cases of acute mania and melancholia presents some points of difference in the pathology of the two forms of mental disorder, which are to some extent characteristic. In most grave cases of melancholia the depression of the vital power, appears to be caused directly by the mental disorder, as also, indirectly, in its effect to prevent the taking of food, sleep, and the use of necessary hygienic and medical means. In numerous critical cases of acute mania, on the other hand, the mental symptoms appear to depend upon disorder of the nervous and sanguiferous systems, rather than themselves to produce the tendency to prostration and death. It is also observed, in milder cases of these two forms of mental disease, that the painful and depressing delusions of melancholia tend to impair more permanently the mental powers than those of mania, and are recovered from more slowly.

In each of the four cases of death from paralysis, the mental condition was dementia, amounting almost to fatuity. In two the dementia was primary, and not complicated with mania. In the other two it had been introduced by a low grade of mania, and maniacal paroxysms marked its earlier stages. The patients were all of middle age, and each survived the period of attack about three years. Three of the number were foreign born, and

immigrated in adult age, under circumstances of poverty and hardship. In these, nostalgia was most prominent among the early mental symptoms, and may have aided to produce the insanity.

One death from phthisis occurred in a case of acute mania, two in cases of chronic mania, and two in cases of dementia. In the first the mania was the complication during the last ten weeks of a lingering case of phthisis. In all the others the mental disease was of a chronic and hopeless type, and the patients had been under our care an average period of nearly five years.

The suicide was that of a woman, 30 years of age, a native of Germany, who had been subject to periods of melancholy and eccentricity from early youth. These had been more frequent and severe since her arrival in this country, six years ago, and especially since the birth of a child ten years subsequently.

Three weeks before her admission to the Asylum, she entered a paroxysm of melancholia, and after ten days of increasing depression, and strengthening delusions of persecution, divine wrath, and impending destruction, she killed the child by strangling, "that its death might be easy," and "that it might go directly to heaven." On the next day she cut her own throat with a razor, but only partially severed the trachea, and divided a few small blood vessels. When brought to the Asylum, she had eaten but a few morsels during the previous week, and was determined upon suicide by starvation. This resolution was easily overcome. She made but slight passive resistance to necessary care, rapidly gained strength, and ceased to manifest a suicidal disposition. Two weeks after her admission, however, when, for the first time, left alone a few moments, she quickly tore off the mild restraint which had been thought sufficient for her, and with a part of it accomplished her fatal purpose by suspension. The death from old age was that of a lady aged 70, upon whose natural decline a mild form of mania supervened.

Table showing the ages of those admitted, and of those discharged recovered, during the year ending November 30, 1860.

	ADMITTED.			DISCHARGED RECOVERED.		
	Male.	Female.	Total.	Male.	Female.	Total.
From 10 to 20,	8	10	18	4	4	8
20 to 30,	51	48	99	11	16	27
30 to 40,	42	39	81	12	12	24
40 to 50,	37	32	69	7	10	17
50 to 60,	30	13	43	8	8	16
60 to 70,	12	9	21	8	3	11
70 to 80,	4	1	5	2	--	2
80 to 90,	1	--	1	--	--	--
	<u>185</u>	<u>152</u>	<u>337</u>	<u>52</u>	<u>53</u>	<u>105</u>

Of the 337 patients admitted, one hundred and two males and eighty-four females were married; seventy-three males and sixty-one females were single; there were ten widowers and seven widows.

Sixteen had received an academic, and two hundred and fifty-three a common school education. Forty-two could only read and write; fourteen could read only, and twelve were without education. Thirty-seven males and four females were intemperate.

Table showing the nativity of those admitted.

New York.....	206	Michigan	1
Ireland	38	Scotland	2
Germany	16	Switzerland	1
England	15	Wales	2
Massachusetts.....	12	Poland	1
Connecticut	12	Prussia	1
Pennsylvania	6	France	3
New Hampshire.....	4	Maryland	1
Vermont	4	Unascertained	7
New Jersey.....	3		
Rhode Island	1	Total	<u>337</u>
Virginia	1		

Table showing the occupation of those admitted.

Farmers.....	67	Pilot	1
Farm laborers.....	14	Dentist	1
Housekeepers	80	Bookseller	1
Housework	48	Book keeper	1
Laborers	9	Editor	1

Seamstresses.....	6	Spinner	1
Shoemakers.....	6	Pork packer	1
Merchants	12	Printers.....	3
Physicians.....	3	Stewardess	1
Lawyers	1	Broker	1
Clergymen.....	3	Grocer	1
Teachers	2	Miller	2
School boys.....	2	Cooper.....	1
School girls.....	1	Iron founder.....	1
Carpenters	6	Paper maker.....	1
Blacksmiths	4	Hatter	1
Masons	4	Tinsmith	1
Clerks	9	Cabinet maker	1
Farmers.....	2	Waiter.....	1
Publicans	1	Tailoresses	3
Pedlars	2	Farmers' boys.....	3
Law Student.....	1	Lumberman	1
Upholsterer.....	1	Medical student	1
Teamster	1	Porter	1
R. R. employé.....	1	Nurse.....	1
Jailors	3	None	13
Boatmen	2		
Speculator.....	1	Total	337

Table showing the form of mental disease in those admitted.

	Male.	Female.	Total.
Acute mania.....	56	43	99
Sub-acute mania.....	24	14	38
Periodic mania.....	9	5	14
Paroxysmal mania.....	4	1	5
Chronic do	17	13	30
Melancholia,	25	29	54
Dementia	39	44	83
General paralysis.....	9	--	9
Not insane.....	2	3	5
	<hr/> 185	<hr/> 152	<hr/> 337
	<hr/>	<hr/>	<hr/>

Table showing the probable causes of derangement in those admitted.

	Males.	Females.	Total.
Intemperance and vice.....	19	--	19
Vicious habits and indulgences.....	12	4	16
Popular errors.....	4	--	4
Domestic trouble.....	5	10	15
Hereditary predisposition.....	20	4	24
Predisposition from previous attacks.....	12	9	21
Epilepsy.....	5	2	7
Business perplexities.....	6	--	6
Injury to head.....	12	1	13
Loss of sleep.....	1	--	1
Ill health.....	23	39	62
Excessive labor.....	2	1	3
Exhaustion from heat.....	1	--	1
Religious excitement.....	1	3	4
Fright.....	2	--	2
Phthisis pulmonalis.....	2	--	2
Old age.....	1	--	1
Paralysis.....	1	5	6
Puerperal.....	--	19	19
Menstrual irregularities.....	--	10	10
Change of life.....	--	6	6
Grief and anxiety.....	2	1	3
Unascertained.....	34	14	48
Not insane.....	2	3	5
Excessive labor and exposure.....	2	--	2
Excessive labor and anxiety.....	3	6	9
Trouble and ill health.....	1	--	1
Anxiety and loss of sleep.....	4	2	6
Anxiety.....	1	1	2
Grief.....	3	3	6
Anxiety and ill health.....	--	1	1
Religious excitement and loss of sleep.....	1	--	1
Pain and loss of sleep.....	--	1	1
Defective education.....	--	1	1
Disappointment.....	1	1	2
Fatigue and loss of sleep.....	--	2	2
Apoplexy.....	--	1	1
Hemiplegia.....	1	--	1

	Males.	Females.	Total.
Syphilis.....	1	--	1
Fever.....	--	1	1
Uterine disease.....	--	1	1
	<hr/> 185	<hr/> 152	<hr/> 337
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

In forty-eight cases we have been unable to ascertain any probable cause for the mental disease. Many of these were brought to us by officers or other persons totally ignorant of the circumstances of the attack. The following table gives the statistics of heredity in 337 admissions:

	Males.	Females.	Total.
Paternal branch of family.....	29	21	50
Maternal do.....	23	20	43
Paternal and maternal branch of family....	7	3	10
Insane relatives,—brothers, sisters or cousins,	11	13	24
	<hr/>	<hr/>	<hr/>
Total in 337 admissions.....	70	57	127
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Table showing the duration of insanity previous to admission, and the period under treatment in one hundred and five cases discharged recovered.

Period of insanity.	BEFORE ADMISSION.			UNDER TREATMENT.		
	Male.	Female.	Total.	Male.	Female.	Total.
Under 3 months.....	32	38	70	13	16	29
do 6 do.....	10	9	19	19	12	31
do 12 do.....	4	3	7	15	15	30
Under 2 years and more than 1	4	2	6	4	5	9
do 3 do do	2	2	2	--	3	3
do 5 do do	3	1	1	1	2	3
	<hr/> 52	<hr/> 53	<hr/> 105	<hr/> 52	<hr/> 53	<hr/> 105
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

Table showing the number of patients from each county during the year ending Nov. 30th, 1860, the number remaining at the close, and how supported.

Counties.	HOW SENT.			REMAINING.		
	Private.	Public.	Total.	Private.	Public.	Total.
Albany.....	4	5	9	7	13	20
Allegany.....	--	4	4	--	8	8
Broome.....	1	3	4	1	5	6
Cattaraugus.....	1	2	3	--	3	3
Cayuga.....	2	6	8	4	13	17

Counties.	HOW SENT.			REMAINING.		
	Private.	Public.	Total.	Private.	Public.	Total.
Chautauqua	6	7	13	4	5	9
Chemung	--	3	3	--	2	2
Chenango	4	8	12	4	12	16
Clinton	--	2	2	--	7	7
Columbia	--	6	6	4	9	13
Cortland	1	4	5	1	2	3
Delaware	2	4	6	2	5	6
Dutchess	3	3	6	2	12	14
Erie	3	5	8	4	7	11
Essex	--	3	3	--	10	10
Franklin	--	--	--	--	--	--
Fulton	--	3	3	1	2	3
Genesee	2	2	4	1	3	4
Greene	--	1	1	--	5	5
Herkimer	3	8	11	2	10	12
Jefferson	3	--	3	3	--	3
Kings	2	--	2	2	1	3
Lewis	2	4	6	2	3	5
Livingston	3	4	7	2	6	8
Madison	7	1	8	6	7	13
Monroe	5	8	13	3	17	20
Montgomery	3	6	9	4	4	8
New York	3	--	3	5	3	8
Niagara	2	4	6	--	4	4
Oneida	13	23	36	13	49	62
Onondaga	6	9	15	2	17	19
Ontario	1	--	1	2	1	3
Orange	2	1	3	4	7	11
Orleans	--	1	1	1	1	2
Oswego	3	7	10	2	5	7
Otsego	4	5	9	2	7	9
Putnam	1	--	1	--	1	1
Queens	--	--	--	--	1	1
Rensselaer	1	--	1	2	2	4
Richmond	1	--	1	1	2	3
Rockland	--	1	1	--	--	--
Saratoga	2	9	11	3	8	11
Schenectady	1	7	8	1	15	16
Schoharie	1	2	3	--	10	10

Counties.	How SENT.			REMAINING.		
	Private.	Public.	Total.	Private.	Public.	Total.
Schuyler	1	2	3	--	4	4
Seneca	--	1	1	--	2	2
Steuben	--	9	9	--	8	8
St. Lawrence	2	2	4	4	4	8
Suffolk	1	1	2	1	3	4
Sullivan	1	5	6	1	6	7
Tioga	1	4	5	--	6	6
Tompkins	1	4	5	1	3	4
Ulster	2	12	14	3	19	22
Warren	--	1	1	--	2	2
Washington	--	4	4	1	5	6
Wayne	--	5	5	1	8	9
Westchester	--	6	6	1	12	13
Yates	1	1	2	--	2	2
Auburn prison	--	--	--	--	5	5
Clinton prison	--	--	--	--	2	2
Sing Sing prison	--	--	--	--	11	11
Other States	1	--	1	2	--	2
	<u>109</u>	<u>228</u>	<u>337</u>	<u>111</u>	<u>406</u>	<u>517</u>

Report of the Matron of the number of articles made for the year ending November 30th, 1860.

Sheets	500
Pillow cases	609
Cupboard spreads	108
Towels	614
Mattress ticks	163
Straw ticks	133
Comfortables	114
Table cloths	55
Drawers	643
Wrappers	443
Pairs socks	100
Pairs ladies' hose	94
Cravats	277
Pocket handkerchiefs	347
Aprons	100
Chemises	200

Dresses	557
Night dresses	35
Skirts	114
Ladies' sacks	35
Caps	140
Collars	270
Bonnets trimmed	43
Shirts	40

Report of the Steward of the products of the Farm and Garden.

Hay, 120 tons	\$9 00	\$1,080 00
Green corn-stalks, 90 tons	2 50	225 00
Oats, 852 bushels	34	289 68
Buckwheat, 90 bushels	50	45 00
Potatoes, 950 bushels	40	380 00
Green peas, (pods) 90 bushels	50	45 00
Lima beans, 11 do	2 00	22 00
String beans, 23 do	50	11 50
Dry do 91 do	1 50	136 50
Beets, 1,677 do	30	503 10
Onions, 237 do	60	142 20
Peppers, 1 do	1 75	1 75
Carrots, 1,247 do	30	374 10
Parsnips, 325 do	35	113 75
Turnips, 803 do	25	200 75
Salsify, 150 do	1 25	187 50
Cucumbers, (pickled) 37 bbls	2 75	101 75
Cucumbers, (green) 3½ bbls	2 25	7 87
Spinach, 531 bunches	4	21 24
Parsley, 123 do	4	4 92
Cauliflower, 163 heads	9	14 67
Cabbage, 2,304 do	4	92 16
Celery, 2,463 do	4	98 52
Asparagus, 978 bunches	6	58 68
Lettuce, 9,496 do	½	47 48
Rhubarb, 1,929 do	4	77 16
Summer and winter squashes, 1,485	3	44 55
Melons, 220	6	13 20
Currants, 1,106 quarts	6	66 36
Gooseberries, 22 quarts	8	1 76
Strawberries, 650 quarts	15	97 50

Corn, (sweet,) 251 bushels	\$0 50	\$125 50
Corn, (shelled,) 120 bushels	70	84 00
Nasturtions, 85 quarts	25	21 25
Pears, 21 bushels	4 00	84 00
Apples, 165 bushels	37½	61 87
Apples, (winter,) 12 barrels	1 50	18 00
Plums, 12 bushels	1 00	12 00
Cherries, 20 quarts	10	2 00
Citrons, 325	4	13 00
Tomatoes, 393 bush	75	294 75
		<hr/>
		\$5,222 02
Milk, 70,279 quarts, 3 cents		2,108 37
		<hr/>
		\$7,330 39
		<hr/>

Stock on farm: 7 horses, 3 yoke of oxen, 31 cows, 1 bull, and 98 hogs.

Amount received for pigs sold	\$304 20	
Pork slaughtered for use of house during year	1,249 04	
Value of swine on hand	1,183 00	
	<hr/>	\$2,736 24
Value of swine on hand at commencement of the year	\$1,197 00	
Amount paid for feed	441 70	
	<hr/>	1,638 70
		<hr/>
		\$1,097 54
		<hr/>

Ditching on the farm and grounds during the year: 143 rods of new ditch; 96½ rods of old ditch cleaned out; 50 rods new fence; 50 rods new close board fence.

The ordinary repairs have been kept up, and improvements and additions have been made to the farm buildings. A new hay barn has been erected, 40x60 feet. For some time we have been compelled to stack out part of our hay, a course not safe here, nor indeed economical. The addition of 20 tons this year to the hay crop, and the prospect of still further increase under our present system of cultivation, imperatively urged the erection of this building. A new cow house, 42x80 feet, has also been erected, and the old one converted into a sheep shed. This new

building was demanded by the increase in the number of cows, from 23 to 30, and from the fact that the timbers underneath the old one were so far decayed as to be unsafe for use. In constructing the new house care has been taken to afford ample circulation of air about the timbers, and arrangements have been made for collecting the urine into a tank outside, and now it is carried regularly upon the compost heaps.

The various shops have been continued in successful operation. We have found it economical to introduce further machinery. In the line of shafting, running to the east fan, for ventilating the female department, we have added a machine for washing filthy clothing. On this portion of the shafting is now a double shaker washing machine, a clothes wringer, a mangle for ironing, a washing machine for filthy clothing, and the ventilating fan. On the line running to the west fan, a sewing machine, turning lathe, circular saw, whip saw, planing and moulding machine, grindstone, and fan for the male department. The machine for washing filthy clothing was designed by our engineer, Mr. Joseph Graham, and this, and the fixtures, and arrangements for putting in operation the circular and whip saws, were constructed in our shops by Mr. James Hilton, one of our carpenters.

The water wheel and pumps for supplying water have been defective, and have required constant repairs for three or four years, and this summer the pumps gave out, new ones were introduced and well set, and now we have a supply of eighty thousand gallons of water for 24 hours. The pumps were made by W. R. Worthington, of New York city. The water wheel will require renewal before the close of another year, and the pump-house will have to be raised higher, and a new roof put on, as the timbers are now so rotten as to require supports. Three of the old cisterns have been renewed, and at the same time enlarged, giving us an addition to our tankage of 6,000 gallons.

In addition to the ordinary repairs, the ensuing year, I would recommend painting the rear brick buildings again. This should have been done three years ago, and ought not to be longer delayed. The east line of the lawn and garden fence, a distance of 2,244 feet, put up a number of years ago, requires renewal. Most of the posts, and many of the rails are rotted, and the boarding is in bad condition. The line of trees now grown up, and, for several years, shading the greater part of the fence, has contributed to its rapid decay. I would recommend the removal of the

fence at least 15 feet from this line of trees, and that it be made 12 feet instead of 6 feet high. This fence is the only guard we have against intrusion upon our grounds and garden from that side; and for the last few years, since the extension of the city in this direction, we have been considerably depredated upon, and this trouble is increasing. Furthermore, it is an easy matter for patients to escape over the present fence, and the trees against it are additional aids. This work should be done as early as possible next spring.

The basement of the barn, even if a suitable place for storing vegetables, has not the requisite capacity for our increasing crops. We are now obliged to store largely in the basement rooms of the house, and in the garden, under earth heaps. Vegetables should not be stored, in any quantity, in the basement rooms of occupied buildings, as their decay, which will take place, to some extent, under the greatest care, is injurious to health, and in this severe climate, few vegetables can be kept well out of doors, without considerable care and expense. I would recommend the construction of a building, with a basement for storing roots, and one story above for beans, peas, sweet corn, squashes, onions, and other vegetables and grains requiring such care.

We are under obligations to the Regents of the University of the State of New York for a complete set of meteorological instruments, and also for many foreign publications received through their agency.

Our thanks are due to Rev. W. T. Gibson, Rev. P. H. Fowler, Rev. G. H. Fisher, Rev. S. M. Campbell, and Rev. D. G. Corey, of this city; and Rev. W. E. Knox, of Rome, Rev. A. J. Upson, of Clinton, Rev. S. K. Lothrop, of Boston, Mass., and Rev. Dr. Van Rensselaer, of Provost College, for conducting the services of our chapel on several occasions during the past year.

We are indebted for excellent entertainments at the asylum, to Mrs. Macready, the celebrated dramatic reciter, to Wood's Minstrels, and to Shorey, Duprez & Green's Burlesque Opera Troupe.

To Dr. Dio Lewis we are indebted for the introduction to our patients of his system of gymnastics, which have been the source of much useful exercise and recreation.

From the Smithsonian Institution, D. C., and from Hon. Roscoe Conkling, and Hon. C. B. Cochrane, we have received valuable scientific and public documents.

We are under renewed obligations to Dr. Edward Jarvis, of

Dorchester, Mass., for the collection and transmission to us of many valuable asylum reports, and statistical and other documents from European countries.

I desire here to acknowledge the invaluable services of the medical and other officers associated with me, and sharing fully the responsible duties and cares of this great household. They have cordially co-operated in carrying out the benevolent ends of the institution. You are well aware of their fitness, fidelity and ability to discharge the varied and important trusts involved in the positions they hold.

It gives me pleasure to record the general faithfulness of the attendants and employés. Many of them have been in the service of the institution a number of years. As a body of men and women placed constantly in positions testing their fidelity, forbearance, patient endurance and persevering labor, their conduct, and the manner in which they have discharged their duties, well deserves approbation.

In concluding this report, gentlemen, I desire to express my thanks for the uniform confidence, and generous support you have afforded me in the discharge of the arduous and responsible duties in the management and direction of the affairs of the institution.

With gratitude to God, through whose ever watchful care the institution has been preserved in prosperity through the past, and with firm trust in His guidance for the future, we enter upon the duties of another year.

JOHN P. GRAY.

UTICA, *November* 30, 1860.

Portsmouth, Mass. for the collection and transmission to us of many valuable nursing reports and statistical and other documents from European countries.

I desire here to acknowledge the invaluable services of the medical and other officers associated with me and sharing fully the responsible duties and cares of this great household. They have constantly endeavored to carry out the benevolent ends of the institution. You are well aware of their fitness, ability and ability to discharge the varied and important trusts involved in the position they hold.

It gives me pleasure to record the general faithfulness of the attendants and employees. Many of them have been in the service of the institution a number of years. As a body of men and women placed collectively in positions testing their ability for business, patient endurance and persevering labor, their conduct and the manner in which they have discharged their duties well deserves a commendation.

In formulating this report, gentlemen, I desire to express my thanks for the minute consideration and generous support you have afforded me in the discharge of the various and responsible duties in the management and direction of the affairs of the institution. With gratitude to God through whose ever watchful care the institution has been preserved in prosperity through the past and with firm trust in His guidance for the future, we enter upon the duties of another year.

JOHN F. GRAY.

March 20, 1880.

APPENDIX.

Reference to laws passed by the Legislature relative to insane persons.

Part 1, chap. 20, title 3, art. 1 of the Revised Statutes, "Of the safe keeping and care of lunatics."

Session Laws, 1842, chap. 135, "An act to organize the State Lunatic Asylum, and more effectually to provide for the care, maintenance and recovery of the insane."

Session Laws, 1850, chap. 282, sec. 2, relating to sending indigent insane persons, not paupers, to the Asylum.

Session Laws, 1851, chap. 446, amending the law respecting indigent insane persons.

"The county superintendents of the poor of any county, and any overseers of the poor of any town to which any person shall be chargeable, who shall be or become a lunatic, may send such person to the Lunatic Asylum by an order under their hands."

The order of a county judge secures the admission of indigent persons, not paupers, in which order it must be stated that the applicant became insane within one year prior to the date of the order. (Sec. 26 of act of 1842.)

The above law was changed by chap. 282, Session Laws, 1850, sec. 2 of which is as follows :

"No person in indigent circumstance, not a pauper, shall be admitted into the Asylum on the certificate of a county judge, made under and pursuant to the provisions of the twenty-sixth section of the "*Act to organize the State Lunatic Asylum, and more effectually to provide for the care, maintenance and recovery of the insane,*" passed April 7, 1842, unless such person has become insane within one year next prior to the granting of such certificate by the county judge; and it shall be the duty of said judge, when an application is made to him, pursuant to said twenty-sixth section of said act, to cause such reasonable notice thereof, and of the time and place of hearing the same, to be given to one of the superintendents of the poor of the county, chargeable

with supporting such person in the Asylum, if admitted, or if such expense is chargeable to a town, or city, then to an overseer of the poor of such town, or city, as he may judge reasonable under the circumstances, and he shall then proceed to inquire as to the time when such person became insane, and shall, in addition to the requirements of said twenty-sixth section, state in his certificate that satisfactory proof has been adduced before him, that such person became insane within a year next prior to the date of his certificate. On granting such certificate, the judge may, in his discretion, require the friends of the patient to give security to the superintendent of the poor of the county, to remove the patient from the asylum at the end of two years, in case he does not sooner recover. When a patient, who is admitted into the asylum on the certificate of the county judge, given pursuant to the twenty-sixth section of the aforesaid act, has remained in the asylum two years, and has not recovered, the Superintendent of the asylum shall send notice by mail to the overseer of the poor of the town where the patient resided at the time of his admission into the asylum, or to the county judge of the county from which he was sent, that such patient has remained two years in the asylum, and has not recovered, and that he should be removed from the asylum, and that in case he is not removed, the expense of his support will be chargeable to the county, until he is so removed, and then such expense shall be chargeable to the county accordingly; but in every case where a patient, admitted into the asylum pursuant to the provisions of the twenty-sixth section of said act, shall have remained there two years, and has not recovered, the managers of the asylum may, in their discretion, cause such patient to be returned to the county from which he came, and charge the expense of such removal to the county."

The object of this humane provision is undoubtedly to extend the benefits of this institution to persons with limited means, whose insanity is of a recent date, and therefore probably curable, and if recovered in the space of two years, restoring them to their families and their property unimpaired, and saving them from the paralyzing influence upon their future life, of finding themselves, by the loss of health and reason, reduced to beggary. Patients sent through this channel generally supply their own clothing, and pay their own traveling expenses to and from the Asylum.

Patients supported by their friends are received without any other paper than certificates from county or bank officers, or other prominent individuals, of the ability of those who become bound for their support in the Asylum, to meet all expense incurred. The form of agreement entered into by the person or sureties who become bound for the patient admitted, is as follows:

Whereas, —, of the town of —, in the county of —, an insane person, has been admitted as a patient into the New York State Lunatic Asylum, at Utica: Now, therefore, we, the undersigned, in consideration thereof, bind ourselves to Edmund A. Wetmore, treasurer of said Asylum, to pay to him and his successors in office, the sum of — dollars and — cents per week, for the care and board of said insane person so long as he shall continue in said Asylum, with such extra charges as may be occasioned by his requiring more than ordinary care and attention, and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the steward of the Asylum, and to remove him from the Asylum whenever the room occupied by him shall be required for a class of patients having preference by law, or whenever he shall be required to be removed by the Managers or Superintendent; and we also engage to pay all expenses incurred by the Managers or Superintendent in sending said patient to his friends, in case one or either of us shall fail to remove said patient when required to do so as aforesaid; and if he shall be removed at the request of his friends, before the expiration of six calendar months after reception, then we engage to pay board for twenty-six weeks, unless he should be sooner cured, and also to pay, not exceeding fifty dollars, for all damages he may do to the furniture or other property of said Asylum, and for reasonable charges in case of elopement, and funeral charges in case of death; such payments for board and clothing to be made semi-annually, on the first day of February and August in each year, and at the time of removal, with interest on each bill, from and after the time it becomes due.

“In witness whereof, we have hereunto set our names, this the — day of —, in the year 186—.”

This agreement, or understanding, is generally signed by near relatives or other friends of the patient, or legal guardians, if any such there be, at or prior to the time of admission, or subse-

quently, upon the deposit, on the admission of the patient, of a sum of money sufficient to secure its execution.

"When an insane person in indigent circumstances shall have been sent to the Asylum by his friends, who have paid his bills therein for six months, if the Superintendent shall certify that he is a fit patient, and likely to be benefited by remaining in the institution, the supervisors of the county of his residence are authorized and required, upon an application under oath in his behalf, to raise a sum of money sufficient to defray the expenses of his remaining there another year, and to pay the same to the treasurer of the Asylum. And they shall repeat the same for two succeeding years, upon like application and the production of a new certificate each year, of like import, from the Superintendent."

We regret to be obliged to call the attention of county officers to the following law, which is too frequently overlooked or disregarded:

"All town and county officers sending a patient to the Asylum, shall, before sending him, see that he is in a state of perfect bodily cleanliness, and is comfortably clothed and provided with suitable changes of raiment, as prescribed in the by-laws."

We request, especially, that patients brought to us from county houses be clean and free from vermin.

All patients require at least two suits of clothing and several changes of under garments. Most of the patients go out regularly, and consequently require clothing suited to the season. For males, great-coats and boots are required in winter, shoes answer in the summer, slippers are worn in the house. Females also need ample clothing for walking or riding in the winter.

The supply should be liberal when it can be afforded. All clothing is marked with the name of the patient to whom it belongs, and much pains are taken to have it kept in good order and repair.

The removal of a patient should not be attempted while laboring under severe bodily disease, as fevers, erysipelas, large and dangerous wounds or sores, consumption, &c.

In conveying a patient to the Asylum, let it be done by force rather than by deception. Truth should not be compromised by planning a journey to Utica, or a visit to the Asylum, and when there, suggesting the idea to the patient of staying, while his admission was already decided upon; nor should patients be induced

to come and stay a few days to see how they like it, under the impression that they can leave at pleasure. Such treachery not only destroys confidence in friends, but also too often in us, by the seeming conspiracy to which we are supposed to be a party, than which there can scarcely be a greater barrier to improvement. The patient should be brought by an intelligent and intimate acquaintance, who will be able to give a minute history of the case, or a written account should be transmitted. In the latter should be stated the name, age, married or single, number of children, occupation, degree of education, profession of religion, habits, nativity, residence, predisposing and exciting causes. Here give a minute history of the patient from youth up, temperament, peculiarities, disposition, &c.; also the cause supposed to have affected the patient immediately preceding the attack; state what relatives, near or remote, are or have been insane or peculiar; also what diseases the patient has suffered from: fits, skin diseases, dyspepsia, constipation, piles, ulcers, &c. Give the date of the attack, going back to the first noticeable disturbance, no matter how slight; also the duration of the more marked and decided symptoms, the number of attacks, (if this be not the first,) and if ever before admitted, the number of admissions to this Asylum, and how complete was the recovery in the intervals between the attacks; state fully the condition of the patient at the time of admission, whether suicidal or homicidal, whether he eats, sleeps, strikes, breaks, destroys, or is noisy, or inattentive to personal cleanliness, and whatever else may occur to the friends likely to be useful to us.

It is desirable that application for admission be always made before the patient is brought to the Asylum, in reply to which any desired information will be cheerfully furnished. All correspondence about or with patients should be post-paid, and addressed to Dr. Gray, Superintendent of the State Lunatic Asylum, Utica, N. Y.

to come and stay a few days to see how they like it, under the impression that they can leave at pleasure. Such treachery not only destroys confidence in friends, but also too often in us, by the seeming conspiracy to which we are supposed to be a party. Then which there can scarcely be a greater barrier to improvement. The patient should be brought by an intelligent and intelligent acquaintance, who will be able to give a minute history of the case, or a written account should be transmitted. In the latter should be stated the name, age, married or single, number of children, occupation, degree of education, profession of religion, habits, activity, residence, predisposing and exciting causes. Give a minute history of the patient from youth up to time of attack, peculiarities of disposition, &c.; also the cases supposed to have affected the patient immediately preceding the attack; state what relatives, near or remote, are or have been insane or puerile; also what diseases the patient has suffered from: the skin diseases, dyspepsia, constipation, piles, ulcers, &c. Give the date of the attack, going back to the first noticeable disturbance, and master how slight; also the duration of the more marked and decided symptoms, the number of attacks. (If this be not the first) and if ever before admitted, the number of admissions to this Asylum, and how complete was the recovery in the intervals between the attacks; state fully the condition of the patient at the time of admission, whether suicidal or homicidal, whether he ate, slept, talked, broke, destroyed, or is noisy, or inattentive to personal cleanliness, and whatever else may occur to the friends likely to be useful to us.

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