Thirty-third annual report of the managers of the State Lunatic Asylum, Utica, N.Y., for the year 1875 : transmitted to the legislature January 13, 1876 / New York State Lunatic Asylum.

Contributors

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THIRTY-THIRD

ANNUAL REPORT

OF THE

MANAGERS

OF THE

STATE LUNATIC ASYLUM,

UTICA, N. Y.,

FOR THE YEAR 1875.

SUR

TRANSMITTED TO THE LEGISLATURE JANUARY 13, 1876.

ALBANY: WEED, PARSONS AND COMPANY, PRINTERS, 1876.



OFFICERS OF THE ASYLUM.

MANAGERS:

SAMUEL CAMPBELL,	-	-	-	-	-	NEW YORK MILLS,
FRANCIS KERNAN, -	-	-	-	-	-	UTICA.
S. O. VANDERPOEL, M. D.,	-	-	-	-	-	STAPLETON.
ALEXANDER S. JOHNSON,	-	-	-	-	-	UTICA.
THEODORE POMEROY, -	-	-	-	-	-	UTICA.
JAMES McQUADE,	-	-	-	-	-	NEW YORK.
GEORGE B. ANDERSON, -	-	-	-	-	-	HAWKINSVILLE.
PETER CLOGHER,		-	-	-	-	UTICA.
ARTHUR M. BEARDSLEY,	-	-	-	-	-	UTICA.

TREASURER :

\$ Sugar

THOMAS W. SEWARD, - - - - - - UTICA.

RESIDENT OFFICERS:

JOHN P. GRAY, M. D., LL. D			Superintendent and Physician.
JUDSON B. ANDREWS, M. D.,	-	-	First Assistant Physician.
WILLIS E. FORD, M. D.,			Second Assistant Physician.
ALFRED T. LIVINGSTON, M. D.,	-	-	Third Assistant Physician.
EDWIN E. SMITH, M. D.,			Fourth Assistant Physician.
THEODORE DEECKE,	-	-	Special Pathologist.
HORATIO N. DRYER,			Steward.
EMMA BARKER,	-	-	Matron.

CHAPLAIN :

REV. WILLIAM T. GIBSON, D. D., - - - UTICA.

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STATE OF NEW YORK.

No. 17.

IN SENATE,

January 13, 1876.

THIRTY-THIRD ANNUAL REPORT

OF THE MANAGERS OF THE STATE LUNATIC ASY-LUM FOR THE YEAR ENDING NOVEMBER 30, 1875.

UTICA, January 10, 1876.

To the Hon. WILLIAM DORSHEIMER, President of the Senate:

SIR — We transmit herewith the annual report of the managers of the State Lunatic Asylum.

With great respect.

SAMUEL CAMPBELL. FRANCIS KERNAN. S. O. VANDERPOEL, M. D. ALEXANDER S. JOHNSON. THEODORE POMEROY. JAMES McQUADE. GEORGE B. ANDERSON. PETER CLOGHER. ARTHUR M. BEARDSLEY.



THIRTY-THIRD ANNUAL REPORT

OF THE

MANAGERS OF THE STATE LUNATIC ASYLUM FOR THE YEAR ENDING NOVEMBER 30, A. D. 1875.

The managers of the State Lunatic Asylum, herewith transmit to the legislature their report for the year 1875, together with those of the superintendent and treasurer.

On the first day of December, 1874, there were 572 patients in the asylum under treatment.

During the year just closed, 432 have been admitted.

The whole number under treatment during the year was 1,004. Of this number 132 were discharged recovered, 37 were discharged improved, and 134 unimproved; five were discharged as not insane, and 61 died.

On the 30th day of November, 1875, there were in the asylum 635 patients; the daily average under treatment was 595, and has been exceeded only five years, since the opening of the institution in 1843.

The report of the superintendent shows that the cases of an unusually large proportion of the patients admitted during the year, were altogether unfavorable. Epilepsy, advanced stages of consumption, paralysis and insanity of more than two years' standing are the prominent causes that make a percentage of one-third of unfavorable cases.

The managers have watched with interest the experiments inaugurated some years ago of the separate care of the chronic insane. The Willard asylum was organized for this purpose, the law declaring at the same time that to the asylum at Utica there should be sent cases where the insanity had not existed more than one year, thus practically organizing this institution as a hospital for the treatment of acute cases. The ostensible purpose of those who favored the policy of separation, was to secure the removal of all the chronic insane from the care of the counties into special state institutions for chronic cases, and also receive into those all the uncured from the state hospitals.

The managers and superintendent of this asylum have always felt that the care of the insane would be best accomplished by the erection of a sufficient number of general asylums, in centers of population, each to accommodate all of the insane within a given area. The practical result of the theory adopted, thus far, has been, the accumulation of a large proportion of the chronic insane in the Willard asylum; the designation by the state board of charities of a number of county establishments as suitable places for the care of the chronic insane; and the sending by the county officers to this asylum, acute and chronic cases as heretofore. The managers have for more than twenty-five years, urged the policy of proper care of all the insane in state institutions, and have felt that the delay in making such provision is creating a continually increasing burden of chronic lunacy, and they feel that the expedient of erecting an asylum for chronic cases has failed to meet fully the great demands of humanity, and is steadily incumbering the public with a debt for the life-long care of patients, who ought to have received earlier care, and to have recovered. It is to be hoped that the institutions at Buffalo and Poughkeepsie will be completed at an early day, and thus extend the means of treatment of acute cases, and meet the question of the large increase of the insane.

By reference to the treasurer's report, it will be seen that the sum expended during the year for additions, alterations and repairs was \$21,939.23. The repairs have been altogether such as could not be postponed, embracing a considerable outlay in the renewal of heating apparatus. The large repairs which have been required from year to year, must be continued during the year and until the painting, the relaying of floors and the renewal of ceilings and water cisterns are fully completed. This matter was more fully treated in the last report. The managers respectfully ask for an appropriation of \$21,939.23, the amount thus expended, which has been advanced from the current funds of the institution.

The appropriation of \$2,000, made in 1874, for a new fence on the easterly line of the farm, and for grading the street, has been sufficient for the purpose. The high board fence on York street will soon need to be rebuilt. A renewal of fences on the farm has been commenced, by using to advantage for railing, the worn out steam piping taken out of the old heating apparatus. For the completion of the York street and the farm fences, an appropriation of \$2,000 is respectfully requested.

In the year 1867, the first request to the legislature was made by the board of managers, for an iron fence in front of the asylum

grounds on Court street. In the session of 1874, the attention of the legislature having been called to the subject, Mr. Comptroller Hopkins proposed the transfer to the asylum of the iron fence around the capitol park at Albany. Upon the recommendation of the trustees of the capitol the legislature passed a law giving the fence to the asylum, and appropriated \$3,000 for the purpose of transporting and rebuilding it. This amount was intended to include the expense of re-setting the stone foundation also, and the trustees of the capitol were to pay for the removal of both fence and foundation from the capitol grounds and deliver the same to the managers at Albany. Finding, however, that no money had been appropriated for that purpose, the trustees requested the managers to assume temporarily the expense of taking down the fence, and, upon considerations of economy, to relinquish the old foundation and provide a new one. It was found necessary to replace many of the iron posts and under rails of the structure, and to incur very considerable and unlooked for expense in adjusting it to its new location. The whole outlay has been \$4,870.65, of which the taking down was \$350, new foundation \$1,343.74, making the sum of \$1,693.74, advanced by the managers at the request of the trustees of the capitol. The managers respectfully request that this sum, together with the sum of \$176.91, necessarily expended for gatelocks and painting in excess of the appropriation of \$3,000, be refunded to the current funds of the institution by an appropriation.

The managers cannot but express their gratification in having acquired in the historic capitol fence, so valuable an addition to the security and proper adornment of the asylum grounds. They acknowledge with gratitude their indebtedness to Hon. Nelson K. Hopkins, for devising the adoption of a plan by the proper authorities, by which this necessary work has been so well accomplished.

The pathological investigations have gone on steadily during the year, and the arrangements for the whole work are about completed. The managers have no hesitation in saying that it was wise in the state to authorize such investigations in connection with this institution, where the medical officers in charge had so much material and so many facilities at hand for successful experiment. Since this work was commenced other institutions, in Europe and in this country, have entered upon pathological investigations. The most prominent instance of the kind is that of the West Riding Asylum at Wakefield, England under the charge of Dr. J. Crichton Browne, where experiments were begun the next year after Dr. Gray had systematically entered upon the work here. At Wakefield these investigations

[Sen. Doc. No. 17.]

form the center of very important scientific inquiry by a corps of able workers, among whom may be named Drs. J. Hulings Jackson, Ferrier, and Major. The annual report of this department makes a valuable addition to psychological literature.

In our report for the year 1873, we recommended an appropriation for the payment of a claim of \$800 for some small lots of land included in the original inclosure by the state for the use of the asylum, but which had not been purchased by the state from the owners. No such appropriation, however, has been made. Since then another claim of the same kind, amounting to \$300, has been examined and allowed. We would recommend an appropriation of \$1 500 for the payment of these claims and the remaining lots never paid for by the state.

In concluding their report, the managers desire to renew expressions of confidence in the superintendent for the ability with which he administers the affairs of the institution, and in the officers associated with him, for the faithful discharge of the responsibilities of their several positions.

SAM'L CAMPBELL. F. KERNAN. S. OAKLEY VANDERPOEL. ALEX. S. JOHNSON. JAS. McQUADE. GEO. B. ANDERSON. THEO. POMEROY. PETER CLOGHER. A. M. BEARDSLEY.

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 expenditures for the year ending November 30, 1875:

RECEIPTS.

	December 1, 1874.	
В	alance in the treasury	\$9, 514 60
F	December, 1874, to December, 1875. rom State Treasurer for officers' salaries	15,000 00
F	December 11, 1874. rom the State Treasurer, appropriation by chap. 323, Laws of 1874, to refund the amount advanced for putting in three new boilers, and for transporting and testing the same, \$12,645.75, for building three inclosed verandas for women \$3,000	15, 645 75
F	January 25, 1875. rom the State Treasurer, part of the appropriation of \$16,358.17, by chap. 323, Laws of 1874, to refund advances made from the ordinary current	
	funds for improvements and repairs	10,000 00
T	March 18, 1875.	
	rom the State Treasurer, balance of the appropria- tion of \$16,358.17	6, 358 17
	1874 July 2, 1875.	2,000 00
F	rom the State Treasurer for advances made from the ordinary current funds: hospital building, south and north inclosed verandas, renewal of heating appa- ratuts, etc	16, 847 60

October 21, 1875.

\$10,000 00
101, 923 98
74, 290 11
5,026 00

\$266, 606 21

PAYMENTS.

December 1, 1874 to December 1, 1875.

For provisions	\$65, 414	39
For clothing advanced	8, 646	20
For the steward's petty expenses	800	
For officers' salaries	15,000	
For lighting the asylum buildings	3, 297	
For household stores, crockery, soap, brooms, etc	4, 887	
For furniture, including beds and bedding	9, 039	41
For attendants, assistants, and labor, including salaries		
of chaplain, engineer, apothecary, butcher, tailor, tar-		~
mer book-keeper, etc	42, 471	
For additions, alterations and repairs	21,939	
For warming and ventilation	14,452	
For farm, barn, garden and grounds	9, 660	
For medicines and medical stores	6, 353	
For books, printing and stationery	2, 994	
For miscellaneous expenses	3, 337	
For patients' miscellaneous expenses	1,943	
For pathological room	298	
For iron fence, Court street	4, 870	65
and the second sec	\$215, 407	26
Dec 1 1875 Balance to new account	51, 198	
Dec. 1, 1875. Balance to new account	01, 100	_
	\$266, 606	21

UTICA, December 1, 1875.

T. W. SEWARD, Treasurer.

SUPERINTENDENT'S REPORT.

To the Board of Managers:

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

	Men.	Women.	Total.
No. of patients at the commencement of year,	280	292	572
Received during the year	225	207	432
Whole number treated	505	499	1,004
Daily average under treatment			595
Discharged recovered	53	79	132
Discharged improved	23	14	37
Discharged unimproved	67	67	134
Discharged not insane	1	4	5
Died	37	24	61
Whole number discharged	181	188	369
Remaining November 30, 1875	. 324	311	635

The admissions to the asylum for the year were 432 in number, and have only been exceeded for three years since the opening of the institution in 1843. The daily average under treatment was 595. An analysis of the cases admitted does not furnish a cheerful outlook for the recovery or improvement of a large percentage of them; 43 were feeble and broken down in health, and some of this number were in such a condition as to make the continuance of life, and much more, the recovery from insanity, a matter of serious doubt. Seventeen were paretics, a form of paralysis, where the question of recovery or even prolonged life cannot be entertained. Three were well-marked cases of syphilis; two were congenital imbeciles; 12 were epileptics, and more than 50 had been insane for more than two years, and had therefore passed into the chronic stage of the disease, and as all statistics show, giving little ground to hope for material improvement. Thirty-four were over 60 years of age. Thus we find in about one-third of the cases, factors which make the prognosis absolutely unfavorable.

Fifteen patients were brought to the asylum in restraints; of these 11 were in handcuffs, and one of them, also, wore shackles; one was restrained by a camisole; one by a muff; and one by straps. One hundred and twenty-three patients had made suicidal or homicidal threats or attempts before admission. These are classified as follows: 32 had attempted suicide; 22 had threatened it; 8 had attempted homicide; 40 had threatened it; 8 had attempted both homicide and suicide; and 13 had threatened both.

Of the 11 women admitted who were not insane, two were simply cases of intemperance and vice, whose conduct furnished a basis for giving a medical certificate of insanity. In one of them the excessive use of liquor was said to have resulted in epileptiform attacks, which, however, did not recur while she was under observation. One was a confirmed case of the opium habit, accustomed to the use of morphia by the mouth and hypodermically. One was a young girl whose early surroundings were unfavorable to the formation of correct habits of life, and who by her untruthfulness and vicious conduct, together with the hysterical symptoms present, led to the belief she was insane. Two were cases of hysteria; one of which was characterized by such disturbance as to closely simulate acute mania. This condition continued for a week, when it yielded to appropriate treatment. Another had chlorosis and hysteria, and was accustomed to eating spices, cloves, the rind of oranges and lemons, chalk, slate-pencils, lime and other like articles. She had, on different occasions, been for days in a state of hysterical catalepsy, and thought to be dead, though, as she afterward said, conscious of all that transpired. She was feeble and pale, had repeated hæmorrhages from the lungs, and had endangered her life by taking over-doses of opium. Another was a young woman who had been recently discharged recovered from a neighboring asylum; returning home she was met by her friends with a feeling of distrust and unkindness, which gave rise to anger and an exhibition of temper on her part. She was said by her friends to be again insane and was committed on a public order. She manifested no insanity.

One woman, who, on two previous occasions had suffered from melancholia and been treated in the asylum, having become reduced

in both health and circumstances, and having no relatives or friends who were able to contribute to her support, by feigning depression, obtained an order for her admission to the asylum. She was discharged as a malingerer. The remaining three were cases of cerebro-spinal meningitis. The delirium of the disease was mistaken for insanity, and the patients were thus subjected to the exposure and fatigue of a removal from their homes to the asylum, in one instance a distance of more than 100 miles. Patients suffering from this form of disease are frequently as much disturbed and as difficult of care as those laboring under acute maniacal excitement. The disease is of such short duration and so generally fatal that a physician who recognized the character of the case, would not willingly incur the additional danger that would result to his patient, from a transfer to an asylum. The deaths from this cause have added more than 12 per cent to the death rate among the women.

The four "not insane" among the men, were all cases of intemperance of long continuance which had resisted the influences brought to bear for their restoration. In none of them has there been any evidence of mental disturbance or excitement. In two instances the use of opium was added to that of liquor. This combination of bad habits, when acting as the cause of a life of vice and self-indulgence, gives but little hope of permanent reformation. The demoralization and degradation of the individual is so thorough and complete as often to overcome all good intentions formed under the restraints of an institution, even when strengthened by an improved condition of health.

The number of recoveries is not so great as in some preceding years, but this fact is fully accounted for in the remarks upon the admissions for the year.

There would seem to be a change in public feeling in regard to sending the insane to asylums. The sentiment is now strongly in favor of these institutions and of committing all the insane to their care; therefore, we have more and more of the chronic cases brought each year, in the hope of accomplishing, if not recovery at least improvement. This change of sentiment is seen, both among friends and public officers, who carry out the legal provisions for the removal of patients to the state asylums, generally with promptness, from an appreciation of the advantages to be derived from treatment in institutions specially provided for their care.

In a number of instances within the year, superintendents of the poor have brought patients whom they recognized as gradually failing from organic disease of the lungs, or other organs. These were brought because of the poverty of their families, or their want of conveniences to take proper care of such helpless and sick persons, and because they felt, as they expressed themselves, that countyhouses were not suitable places for their care. In one instance, a woman had been insane for 16 years, and had spent about 12 years of this period in bed. A man had been insane 24 years, subject to paroxysms of disturbance at irregular intervals. Other cases might be given. In neither instance was there any change in their condition which rendered the transfer to an asylum more imperative than it had been for years. Their friends, however, wearied by their prolonged care, and unable to continue it, sought public aid. The officers were unwilling to commit them to the county-houses, and could not gain admission for them into the Willard asylum for the chronic insane.

The new lunacy law is now in full operation, and the difficulties experienced through ignorance of its provisions for committing patients are rapidly diminishing. The certificates are generally made out in due form, and the patient receives the full protection of the law. As will be seen by reference to the table, there are about the same number received "not insane" as under the old law. This sustains us in our opinion of the honesty and integrity of the medical profession when called to decide upon the mental status of their patients. The change in the law regarding criminals, has, we think, been generally satisfactory. The question of insanity has come up for trial before a jury in but few cases, mostly those which were indicted under the old law. Commissions of lunacy have been held in other cases, and the decisions given have been sanctioned by the courts in all instances. By this process errors are less likely to occur, and the expense of a protracted trial of the question of insanity is saved. When the insanity of the person indicted is established, the patient is sent directly to an asylum, and the trial under the indictment, with all its attending expense and evils, avoided. Prominent among these evils is the demoralization which must always take place when insanity is pleaded as an evasive defense - a spectacle which has too often occurred in this state.

3

TABLE

Showing the general statistics of the asylum from its opening, January 16, 1843, to December 1, 1875.

11,831
11,196
4,412
1,769
3,348
1,494
173

GENERAL STATEMENT

YEARS.	Number admitted.	Number discharged.	Number treated.	Discharged recovered.	Discharged improved.	Discharged unimproved	Discharged not insane.	Died.
$\begin{array}{c} 1843. \\ 1844. \\ 1844. \\ 1845. \\ 1845. \\ 1846. \\ 1847. \\ 1848. \\ 1849. \\ 1850. \\ 1850. \\ 1850. \\ 1851. \\ 1852. \\ 1851. \\ 1852. \\ 1853. \\ 1853. \\ 1854. \\ 1855. \\ 1856. \\ 1857. \\ 1858. \\ 1857. \\ 1858. \\ 1859. \\ 1860. \\ 1861. \\ 1862. \\ 1863. \\ 1864. \\ 1865. \\ 1865. \\ 1866. \\ 1867. \\ 1868. \\ 1868. \\ 1868. \\ 1869. \\ 1870. \\ 1871. \\ 1872. \\$	$\begin{array}{c} 276\\ 275\\ 293\\ 337\\ 428\\ 405\\ 362\\ 367\\ 366\\ 390\\ 424\\ 390\\ 276\\ 242\\ 235\\ 333\\ 312\\ 337\\ 295\\ 287\\ 295\\ 287\\ 319\\ 356\\ 388\\ 401\\ 382\\ 463\\ 481\\ 516\\ 399\end{array}$	$\begin{array}{r} 80\\ 211\\ 268\\ 248\\ 330\\ 382\\ 408\\ 387\\ 360\\ 400\\ 403\\ 386\\ 278\\ 236\\ 245\\ 282\\ 295\\ 339\\ 280\\ 305\\ 267\\ 289\\ 305\\ 267\\ 289\\ 305\\ 267\\ 289\\ 305\\ 362\\ 439\\ 415\\ 430\\ 441\\ 576\\ 447\end{array}$	$\begin{array}{r} 276\\ 471\\ 553\\ 622\\ 802\\ 877\\ 857\\ 816\\ 795\\ 825\\ 849\\ 836\\ 725\\ 697\\ 606\\ 784\\ 814\\ 856\\ 812\\ 819\\ 801\\ 853\\ 920\\ 1,003\\ 1,042\\ 985\\ 1,033\\ 1,084\\ 1,159\\ 982\end{array}$	$\begin{array}{c} 53\\ 132\\ 135\\ 133\\ 187\\ 174\\ 203\\ 171\\ 58\\ 156\\ 169\\ 164\\ 128\\ 100\\ 95\\ 114\\ 114\\ 105\\ 83\\ 106\\ 80\\ 109\\ 113\\ 164\\ 159\\ 157\\ 156\\ 153\\ 168\\ 142 \end{array}$	$\begin{array}{c} 14\\ 47\\ 78\\ 60\\ 70\\ 84\\ 66\\ 57\\ 28\\ 53\\ 66\\ 42\\ 15\\ 32\\ 53\\ 57\\ 56\\ 51\\ 34\\ 43\\ 59\\ 58\\ 51\\ 39\\ 58\\ 85\\ 72\\ 85\\ 73\\ 73\\ \end{array}$	$\begin{array}{r} 6\\ 16\\ 34\\ 33\\ 25\\ 38\\ 70\\ 108\\ 57\\ 152\\ 129\\ 115\\ 79\\ 65\\ 83\\ 99\\ 86\\ 133\\ 104\\ 115\\ 101\\ 84\\ 91\\ 106\\ 164\\ 105\\ 117\\ 134\\ 245\\ 156\end{array}$	$ \begin{array}{c} \dots \\ 16 \\ 8 \\ 10 \\ 5 \\ 3 \\ 4 \\ 3 \\ 6 \\ 4 \\ 9 \\ 9 \\ 7 \\ 10 \\ 8 \\ 7 \\ 17 \\ 14 \\ \end{array} $	$\begin{array}{c} 7 \\ 61 \\ 21 \\ 22 \\ 48 \\ 69 \\ 51 \\ 24 \\ 39 \\ 39 \\ 65 \\ 23 \\ 30 \\ 32 \\ 31 \\ 35 \\ 42 \\ 30 \\ 48 \\ 57 \\ 45 \\ 58 \\ 45 \\ 61 \\ 62 \\ \end{array}$
1873 1874 1875	$ \begin{array}{r} 410 \\ 368 \\ 432 \end{array} $	$ 365 \\ 376 \\ 369 $	$945 \\ 948 \\ 1,004$	$122 \\ 123 \\ 132$	42 53 37	$ \begin{array}{r} 141 \\ 138 \\ 134 \end{array} $	$\begin{array}{c} 11\\14\\5\end{array}$	49 . 48 61

Of the operations of the New York State Lunatic Asylum for the thirty-three years ending 30th November, 1875. 19

TABLE

	ON AVE	RAGE PO	PULATION.	01	N ADMISSI	ONS.
YEARS.	Average population.	Recovered.	Percentage.	Admitted.	Recovered.	Percentage.
$1843 \\ 1844 \\ 1845 \\ 1845 \\ 1846 \\ 1847 \\ 1846 \\ 1847 \\ 1848 \\ 1849 \\ 1850 \\ 1850 \\ 1851 \\ 1852 \\ 1853 \\ 1852 \\ 1853 \\ 1854 \\ 1855 \\ 1856 \\ 1857 \\ 1856 \\ 1857 \\ 1858 \\ 1859 \\ 1860 \\ 1861 \\ 1862 \\ 1861 \\ 1862 \\ 1863 \\ 1864 \\ 1865 \\ 1866 \\ 1866 \\ 1867 \\ 1868 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1869 \\ 1868 \\ 1869 \\ 1869 \\ 1868 \\ 1869 \\ 1869 \\ 1868 \\ 1869 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1869 \\ 1868 \\ 1868 \\ 1869 \\ 1868 \\ 1868 \\ 1869 \\ 1868 \\ 1868 \\ 1869 \\ 1868 \\ 1868 \\ 1868 \\ 1869 \\ 1868 \\ $	$\begin{array}{c} 106\\ 236\\ 265\\ 283\\ 415\\ 474\\ 454\\ 433\\ 440\\ 441\\ 423\\ 444\\ 467\\ 454\\ 463\\ 489\\ 509\\ 516\\ 519\\ 526\\ 528\\ 560\\ 591\\ 643\\ 610\\ 589\\ 600\\ 629\\ \end{array}$	$\begin{array}{c} 53\\ 132\\ 135\\ 133\\ 187\\ 174\\ 203\\ 171\\ 112\\ 156\\ 169\\ 164\\ 128\\ 100\\ 95\\ 114\\ 114\\ 105\\ 83\\ 106\\ 80\\ 109\\ 113\\ 164\\ 159\\ 157\\ 156\\ 153\\ \end{array}$	$\begin{array}{r} 48.52\\ 55.93\\ 50.94\\ 46.99\\ 45.06\\ 36.70\\ 44.71\\ 39.49\\ 23.45\\ 35.37\\ 39.95\\ 37.16\\ 27.40\\ 22.24\\ 20.52\\ 23.31\\ 22.40\\ 20.33\\ 15.99\\ 20.15\\ 15.15\\ 19.46\\ 18.95\\ 25.50\\ 26.00\\ 26.65\\ 26.00\\ 24.32\\ \end{array}$	$\begin{array}{c} 276\\ 275\\ 293\\ 337\\ 428\\ 405\\ 362\\ 367\\ 366\\ 390\\ 424\\ 390\\ 275\\ 242\\ 235\\ 333\\ 312\\ 337\\ 295\\ 287\\ 287\\ 319\\ 356\\ 388\\ 401\\ 382\\ 463\\ 481\\ \end{array}$	$\begin{array}{c} 53\\ 132\\ 135\\ 133\\ 187\\ 174\\ 203\\ 171\\ 112\\ 156\\ 169\\ 164\\ 128\\ 100\\ 95\\ 114\\ 114\\ 105\\ 83\\ 106\\ 80\\ 109\\ 113\\ 164\\ 159\\ 157\\ 156\\ 153\\ \end{array}$	$\begin{array}{c} 19.20\\ 48.80\\ 46.07\\ 39.46\\ 43.60\\ 42.96\\ 56.07\\ 46.59\\ 36.60\\ 40.00\\ 39.85\\ 42.05\\ 46.54\\ 41.73\\ 40.42\\ 34.23\\ 36.54\\ 31.15\\ 27.46\\ 36.93\\ 27.87\\ 31.02\\ 31.74\\ 42.26\\ 40.25\\ 41.78\\ 34.51\\ 32.48\end{array}$
1870 1871 1872 1873 1874 1875	605 588 563 581 595	$168 \\ 142 \\ 122 \\ 123 \\ 132$	$\begin{array}{c} 27.76 \\ 24.00 \\ 21.67 \\ 21.17 \\ 22.18 \end{array}$	$516 \\ 399 \\ 410 \\ 368 \\ 432$	$ \begin{array}{r} 168 \\ 142 \\ 122 \\ 123 \\ 132 \end{array} $	33.40 37.22 30.78 34.22 31.35

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Showing the percentage of recoveries on the average population and admissions, for thirty-three years.

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YEARS.	Deaths.	Whole No. treated.	Percent- age.	Average population.	Percent- age.
1843	7	267	2.53	109	6.44
1844	16	471	3.39	236	6.78
1845	21	553	3.79	365	7.92
1846	22	622	3.53	283	7.77
1847	48	803	5.98	415	11.56
1848	86	877	9.80	474	18.14
1849	69	857	8.05	454	15.19
1850	51	815	6.25	433	11.47
851	48	795	6.03	440	10.91
1852	39	825	4.72	441	8.84
853	39	849	4.59	423	9.22
854	65	836	4.75	444	14.68
855	32	725	4.41	467	6.8
856	30	697	4.30	454	6.63
.857	32	696	4.59	463	6.88
858	31	784	3.95	489	6.3
859	35	814	4.30	509	6.8
860	42	856	4.90	516	8.1
861	31	812	3.82	519	5.9
862	30	819	3.66	526	5.7
863	42	801	5.24	528	7.9
864	48	853	5.02	560	8.5
865	57	920	6.19	591	8.7
866	44	1,003	4.38	643	6.8
867	51	1,042	4.89	610	8.3
868	58	985	5.88	589	9.8
869	64	1,033	6.29	600	10.6
870	75	1,084	6.91	629	12.0
871	61	1,159	5.35	605	10.08
.872	62	982	6.31	588	10.54
.873	49	945	5.20	563	8.70
.874	48	948	5.06	581	8.24
875	61	1,004	6.07	595	10.28

Showing the percentage of deaths on the whole number treated, and on the average population, for thirty-three years.

......

TABLE.

YEARS.	Admitted.			Disci	HARGED R	ECOV-
	Men.	Women.	Total.	Men.	Women.	Total.
From 12 to 20	17	12	29	4	4	8
From 20 to 30	73	59	132	20	24	48
From 30 to 40	46	51	97	10	22	32
From 40 to 50	43	50	93	7	12	19
From 50 to 60	22	25	47	5	15	20
From 60 to 70	23	10	33	6	1	7
From 70 to 80	1		1	1	1	2
Total	225	207	432	53	79	132

Showing the ages of those admitted, and those discharged recovered during the year ending November 30, 1875:

EDUCATION.

Of 432 admissions, five had received a collegiate, 39 an academic, and 311 a common school education; 24 could read and write, 25 could read only, 26 had not received any education, and in two cases the degree could not be ascertained.

CIVIL CONDITION.

Of 432 admissions, 106 men and 103 women were married; 108 men and 77 women were single, and 11 men and 27 women were widowed.

TABLE.

Showing the statistics of hereditary transmission in 432 cases :

Where found.	Men.	Women.	Total.	
Paternal branch	19	24	43	
Maternal branch	22	23	45	
Paternal and maternal branches	3	5	8	
Insane relatives	17	20	37	
Total	61	72	133	

/T3	A	DI	r '	\mathbf{D}
Ш.	A	B	1	Ľ
			-	

TADLE			
Of probable exciting causes in those adm	nitted dur		ur.
	Men.	Women.	Total.
General ill health	36	54	90
Ill health from overwork, grief, anxiety and			
loss of sleep	54	44	98
Ill health following fever	6	7	13
Ill health from, poverty and starvation	3	3	6
Ill health from prolonged lactation		4	4
Ill health following fracture of scapula		1	1
Abortion		1	1
Cardiac disease		1	1
Cerebral hæmorrhage		1	1
Change of life		7	7
Dyspepsia		1	1
Epilepsy	6	6	12
Insolatio	3		3
Intemperance and vice	43	6	49
Injury to head	3		3
Masturbation	19		19
Menstrual irregularities		8	8
Meningitis	1	3	4
Neuralgia	1	2	3
Paralysis	-	ĩ	1
Pertussis		î	î
Phthisis	3	5	8
Puerperal		21	21
Rheumatism	2	1	3
Rubeola	1	т	1
Shock from lightning stroke	1		1
			17
Paresis	15	2	
Not insane	4	11	15
No history of causation	24	16	40
Total	225	207	432
TABLE			
Showing the form of mental disor	rder in 4	32 cases.	
NI III	Men.	Women.	Total.
Melancholia	52	56	108

Showing the joint of mentilit accorder	010 100	64000.	
	Men.	Women.	Total.
Melancholia	52	56	108
Acute mania	44	52	96
Chronic mania	57	31	88
Dementia	22	26	48
Sub-acute mania	22	15	37
Periodic mania	3	6	9
Paroxysmal mania		2	2

Epilepsy with mania Epilepsy with dementia	Men. 3 3	Women. 1 5	Total. 4 8
Paresis	15	2	17
Not insane	4	11	15
Total	225	207	432

TABLE

Showing the duration of insanity previous to admission in 432 cases.

j maning proceeded	Men.	Women.	Total.
One week	7	.9	16
Two weeks	10	8	18
Three weeks	10	8	18
One month	15	19	34
Six weeks	14	16	30
Two months	17	15	32
Ten weeks	3	4	7
Three months	12	11	23
Fourteen weeks	1	3	4
Four months	9	11	20
Five months	8	11	19
Six months	14	16	30
Seven months	4	2	6
Eight months	4	1	5
Nine months	1	5	6
Ten months	5	6	11
Eleven months	3		3
One year	19	8	27
Fifteen months	7	6	13
Eighteen months	8	2	10
Two years	5	2	7
Two and one-half years	8	6	14
Three years	4	3	7
Four years	5	7	12
Five years	4	2	6
Six years	2	4	6
Eight years		2	2
Eleven years	2		2
Sixteen years		1	1
Twenty years	1		1
Twenty-four years	1		1
Not insane	5	9	14
Chronic, date unascertained	17	10	27
	225	207	432
	The second secon	THE REPORT OF T	and the second second

23

DURATION. DEFORE ADMISSION. UNDER TREATMENT. One week 4 5 9 Two weeks 7 6 13 Three weeks 7 6 13 One month 6 8 14 1 1 Six weeks 4 3 7 Three months 4 8 12 4 3 7 Two months 5 10 15 3 1 4 Three months 4 8 12 4 3 7 Four months 1 2 3 5 6 11 Stx months 1 1 2 4 8 12 4 6 Star months 1 1 2 4 6 10 12 13 2 2 4 10 10 11 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
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Unascertained 1 1	Fight years						1
	Unescortained						
Total 53 79 132 53 79 132	o nascer tained	1		T			
	Total	53	70	132	52	70	139
	1.00001	00	10	100	00	10	102

Showing the duration of insanity previous to admission and the period under treatment, in 132 cases discharged recovered.

Showing the nativity of those admitted.

New York	257	Wales 2
Ireland		France
Germany		Holland 1
England		Bohemia 1
Vermont		Bavaria 1
Canada		Switzerland 1
Pennsylvania		Nova Scotia 1
Scotland		West Indies 1
Massachusetts		Ohio 1
Connecticut		Missouri 1
Maine		Georgia 1
Rhode Island	2	Maryland 1
Michigan		New Hampshire 1
Virginia	2	Unascertained 1
Sweden	2	A CONTRACTOR OF
		432

TABLE

-

Showing the occupations of those admitted.

Housekeepers	115	Hotel-keepers 2	
Housework	60	Milliners 2	3
Farmers and farm laborers		Policemen 2	3
Laborers	37	Printers 2	
Workers in wood		Railroad conductors 2	
No occupation		Telegraph operatives 2	
Students	12	Tinsmiths 2	3
Clerks		Traveling agents 2	S
Workers in leather		Architect 1	L
Workers in iron		Baker	L
Saloon-keepers			1
Factory operatives	6		1
Merchants	6	Civil engineer	1
Teachers			1
Book-keepers			1
Dressmakers		Druggist 1	1
Clergymen			1
Grocers		Glover	1
Lawyers	0		1
Manufacturers			1
Masons		Naval officer	1
Painters		Nurse	1
Sailors		Peddler	1
Weavers		Silver-beater	1
Bankers			1
Bookbinders		Unascertained	1
Coachmen			-
Total		43:	2

[Senate Doc. No. 17.]

Showing number of cases of general Paresis admitted and died since 1849.

	inedol pineral	ADMITTED.			DIED.		
YEARS.	Men.	Women.	Total.	Men.	Women.	Total.	
$\begin{array}{c} 1849 \\ 1850 \\ 1850 \\ 1851 \\ 1851 \\ 1851 \\ 1852 \\ 1853 \\ 1853 \\ 1853 \\ 1854 \\ 1855 \\ 1855 \\ 1856 \\ 1857 \\ 1858 \\ 1857 \\ 1858 \\ 1858 \\ 1860 \\ 1861 \\ 1861 \\ 1862 \\ 1861 \\ 1862 \\ 1863 \\ 1864 \\ 1863 \\ 1864 \\ 1865 \\ 1866 \\ 1867 \\ 1866 \\ 1867 \\ 1868 \\ 1869 \\ 1870 \\ 1871 \\ 1872 \\ 1873 \\ 1873 \\ 1874 \\ 1875 \end{array}$	$\begin{array}{c} & & & 1 \\ & & 1 \\ & 1 \\ & 1 \\ & 6 \\ & 4 \\ & 7 \\ & 2 \\ & 9 \\ & 4 \\ & 5 \\ & 9 \\ & 8 \\ & 7 \\ & 11 \\ & 15 \\ & 22 \\ & 10 \\ & 13 \\ & 22 \\ & 29 \\ & 17 \\ & 21 \\ & 17 \\ & 15 \end{array}$	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$	$\begin{array}{c} & 1 \\ 1 \\ 2 \\ 7 \\ 5 \\ 7 \\ 2 \\ 9 \\ 5 \\ 6 \\ 9 \\ 9 \\ 7 \\ 11 \\ 17 \\ 22 \\ 13 \\ 13 \\ 22 \\ 29 \\ 19 \\ 31 \\ 19 \\ 23 \\ 17 \\ 17 \end{array}$	$\begin{array}{r} 4\\ 2\\ 2\\\\ 4\\ 4\\ 4\\ 3\\ 3\\ 4\\ 3\\ 9\\ 10\\ 4\\ 9\\ 12\\ 12\\ 9\\ 8\\ 9\\ 15\\ 18\\ 17\\ 17\\ 15\\ 15\\ 15\\ 15\end{array}$	$ \begin{array}{c} \dots \\ 1 \\ 1 \\ \dots \\ 2 \\ \dots \\ 1 \\ 2 \\ 2 \\ 1 \\ \end{array} $	$\begin{array}{c} 4\\ 2\\ 2\\ 1\\ 5\\ 4\\ 4\\ 3\\ 3\\ 4\\ 5\\ 9\\ 10\\ 12\\ 14\\ 9\\ 8\\ 10\\ 15\\ 19\\ 18\\ 19\\ 17\\ 16\\ 15\end{array}$	
Total	300	23	323	227	15	247	

TABLE OF MORTALITY.

Showing the cause of death in the sixty-one who died during the year, and the form of insanity in each case at the time of admission.

Paresis.		I2 12
.nolanaqau2	M.	
Peritonitis.	W.	
Pyonephrosis.	M.	
Pneumonia.	W.	
Paralysis.	M.	00
.sanuf 10 .bED	W.	
.sittois to .bD	M.	
Hæmoptysis.	w.	
Chronic gastritis	Ψ.	
Epilepsy.	M.	∞
Cerebro-spinal meningitis.	Ψ.	00 00 00
Cerebral hæ:norrhage.	W.	
Bright's disease.	W.	
pulmonalis.	W.	02 02 H 1 1 10
Phthisis	M.	
Meningitis.	W.	50
-itiitK	M.	
Exhaustion.	W.	3
	M.	
Spinal apoplexy.	W.	: HHH : : : **
*	M.	
Apoplexy.	W.	1
	M.	
	M. W. M. W.	22 3114100
OF	M.	84 15 15 4 0 81 15 10 10 10 10 10 10 10 10 10 10 10 10 10
FORM OF INSANITY AT THE TIME OF ADMISSION.		Melancholia

No. 17.]

			-
		Spinal apoptery.	

POST-MORTEMS AND HISTORY OF CASES.

MEN.

There occurred among the men thirty-seven deaths during the last year. Fifteen were from general paresis, three from epilepsy, and three from the gradual extension of paralysis. Four died from exhaustion, two from phthisis, and two committed suicide by suspension. One death occurred from each of the following diseases: œdema of lungs, œdema of glottis, meningitis, pachymeningitis, apoplexy, spinal apoplexy and pyonephrosis. The tabulation of deaths shows also the form of insanity in each case. Autopsies were made in a large number of cases, the notes of some of which together with short extracts from the histories are herewith presented.

Case 1 - Man, age, 47; married. The history given by the officers who accompanied patient to the asylum was very imperfect, but the following facts were elicited. He had the reputation among his fellowworkmen of being weak-minded; had been an engineer on lake steamers, and recently had run a stationary engine. Several months previous to admission he had a fit while at work which seems to have been apoplectic. After this attack he was not able to labor, and seemed to lose interest in his surroundings. When he became stronger he did nothing but sat about the house in a listless way, and was supported by his wife. He became more feeble in mind and manifested a tendency to wander away from home and often started off, with the declaration that he was going to Scotland, and that he could walk there in two or three hours; when opposed was not violent, After admission he was listless, had a vacant, expressionless stare, did not recognize his own clothing, could not remember where he was, and required, in every way, the care of an infant. His gait soon became unsteady, so that he could not move about the ward without assistance. Four months later he began to fail rapidly, the paralysis gradually extending, and from this time he was confined to his bed. Motion and sensation were both absent over nearly the entire body; in that condition he lived two months, in a most helpless state.

Autopsy seventeen hours after death.

Head — Skull-cap one quarter of an inch thick; dura mater so adherent to the calvarium by bony concretions that a part of it had to be removed with the latter; pachymeningitis interna hæmorrhagica chronica. The inner surface of the dura was coated, in some parts, with a yellowish, in other parts a reddish-brown colored exudation, of apparently old date. Pia mater very cloudy, the vessels lined by broad, white striæ, with numerous yellowish points. The pia was firmly adherent to the cortex ; the brain-substance dry, indurated ; in sections showing numerous small cysts; the ventricles enlarged, and filled with serum ; the ependyma granulated. Medulla oblongata and cord remarkably diminished in size; in the dorsal and sacral part of the cord the sac of the dura contained a purulent fluid; a part of the gluteus maximus was destroyed by abcesses, and all the tissues around the sacrum infiltrated with a yellowish fetid purulent fluid.

Thorax — Lungs pale, collapsed; heart, normal in size, soft, the valves of the aorta fenestrated.

Abdomen — Liver dry, granular, adherent to adjacent parts; spleen normal; kidneys and intestines congested.

The microscopic examination of the brain and the cord revealed a disseminated sclerosis and "état criblée" in the brain; a grey degeneration of the posterior columns of the cord and an infiltration of the lateral columns, up to the fourth ventricle, with granule cells. The small cysts scattered through the brain-substance were lying outside of the lymphatic sheaths of the cerebral vessels, and were surrounded by oblong and fusiform nuclei; they contained a little serous fluid, cholesterine and a pulpy mass consisting of fat and a pigmented granular matter. The sclerosed patches were structureless, only here and there showing broken down pyramidal cells and the remains of destroyed blood vessels.

Case 2. — Man; age, 62; lawyer; admitted to the asylum in 1868 Patient had a strong hereditary taint, his grandfather, mother and brother having been insane. He was eccentric and a moderate drinker, though of good business habits. About five years before admission, he had a fever from which he recovered slowly, and after convalescence continued the use of whisky and quinine in large quantities, to which he afterward added the opium habit. Three months before admission, while away from home on business, he began to write letters containing accounts of political speeches he had made, and of his great political influence. From being reticent and unobtrusive, he became very communicative; told his business to everybody, and spoke in a very exalted way of his own power and influence. Two months later he returned in a maniacal condition. He carried a pistol and threatened the lives of various persons, and on one occasion attacked his physician with a chair.

He developed exalted and expansive delusions of wealth and power, and once in going to pay a debt, threw down a roll of bills, declining to count the money. During this time he was sleepless, restless, and ate but little. He was allowed to remain at home for some

time in this condition until at last the county authorities interfered and he was brought to the asylum. After admission his delusions continued of the same general character. He desired to preach to the patients, to make speeches, etc., and soon also developed hallucinations of sight and hearing. He asserted that he saw companies of uniformed masons marching about the grounds at night; also, that his family were here and that he recognized his children; also, that he had direct intercourse with God. He required constant watching to prevent his escaping or injuring others. For more than two years he persisted in attempts to escape, often asserting that he would consider it no crime to kill any one who would prevent him, and several times actually attacked attendants to force them to release him. Whatever occurred to him he attributed to the direct interference of God, with whom he asserted he had direct communion. Once he addressed a letter to "Our Lord Jesus Christ," commencing "Reverend Sir," in which he asked assistance to escape. During the next two years he became more quiet, but remained in the same delusional state, asserting at times, that he was the President of the United States, and again that he was Jesus Christ. He offered millions of dollars for privileges, and made a standing demand for a team of sixteen horses to take him away. He became more feeble in mind and harmless, though he retained to the last the same exalted delusions, and after a residence of nearly seven years in the asylum, he died of a sudden and violent attack of pneumonia.

Autopsy fifteen hours after death :

Head — Skull-cap normal; dura mater a little adherent to the calvarium; pia mater showing an intense venous congestion.

Thorax — Lungs hepatized, in second stage of pneumonia; heart large, fatty, coronary artery and vein dilated and much congested; aorta dilated.

Abdomen — Liver large, fatty, hepatic cells granular; spleen enlarged, showing on section many dark brown, nearly black spots; kidneys fatty, degenerated.

On dissection, the brain had a matted grey and reddish brown appearance, and contained numerous dissecting aneurisms and aneurismal dilatations of the capillaries. In the neuroglia of the hemispheres there were calcareous and darkly pigmented, grumous deposits. The pyramidal cells were also frequently darkly pigmented. The same condition was observed in the optic thalamus and the corpora striata. Medulla oblongata and pons showed no pathological alterations.

Case 3.— Man, age 39, farmer; married; had been a healthy, industrious and temperate laboring man. About six months previous to admission he became depressed and abstracted, his general health failed and he lost flesh rapidly; the depression deepened until he asserted that he could do nothing to support his family, and as a result they would
suffer and go to the poor-house in disgrace. This condition continued, and during the last three weeks he had tried to escape from home; at times was frenzied, did not know where he was, and had to be restrained in his room. He refused food, slept but little, and came to the asylum very feeble and emaciated; his pupils were large, skin clammy and extremities cold; he was suspicious, apprehensive, confused and very restless. Essence of beef and milk were administered, together with a moderate amount of stimulants, after which he became more quiet and slept a little. He remained quiet in bed until the morning of the third day, when immediately after taking food, being raised up in bed for this purpose, he suddenly fell back in a slight convulsion and died. Autopen eight hours of the death

Autopsy eight hours after death.

Head — Skull cap thick; dura mater adherent to the calvarium and by fibrous bands to the arachnoidea; the inner surface showed the product of a pachymeningitis interna, and bony plates and concretions at the longitudinal sinus; pia mater normal. Brain substance dry, the convolutions flattened; at the base of the brain a large bloody clot was found from a rupture of the basilar artery.

Aneurismal dilatation of the carotis interna at its point of origin.

Organs of thorax and abdomen were in a comparatively normal condition.

Case 4-Man; age 35; farmer. Patient was healthy and bright when a child, but at the age of twelve or fourteen while playing, in an unfinished house, a door fell on him the latch of which fractured his skull. He was sick in bed some time, then seemed to recover. A year after this he began to have epileptic seizures at intervals of about one month. He was not considered as bright as the others of the family, but was nevertheless taken as a soldier in the last war, where he served acceptably two years and received several wounds. Was sick and in hospital some time, after which his convulsions occurred more frequently, and his memory rapidly failed. He was, after a time, discharged as unfit to do duty, and came home too feeble in mind to give an intelligible account of his service. His convulsions increased in frequency and severity and he was unable to perform ordinary labor. One year before admission he began to have hallucinations of sight, often saying he saw persons about the house, or in the fields, when really no one was there. He often also mistook the identity of persons. Once he caused considerable commotion in the neighborhood where he lived, by reporting that he saw a number of boys and girls swimming together in the creek. A week before admission he became acutely maniacal soon after a convulsion, and in this condition was brought to the asylum, in double irons, very much exhausted, but struggling to get away, and calling out at the top of his voice. He had not eaten or slept for three days and nights. This maniacal

condition lasted one week, after which he became quiet and improved physically, but remained feeble-minded. For seven months he continued in this comfortable state, though he was at times peevish and quarrelsome after a convulsion. He then became excitable, had convulsions in rapid succession, followed by paralysis; unconsciousness soon ensued, and he died.

Autopsy sixteen hours after death.

Head - Skull-cap, a thickened spot on the left parietal bone. The dura mater was not adherent to the calvarium or to the underlying membrane, but under the left parietal bone, as indicated by a thickening of the skull-cap, was a perforation one-eighth of an inch in diameter, with thickened edges. On closer examination of the brain two bony needles, the smaller one about one-tenth, and the larger three-fourths of an inch in length, were found penetrating the left upper parietal convolution. At the outer surface there was only a small defect to be seen in the convolution through which the larger bony needle projected, with a sharpened point, palpable by touching the convolution with the finger. In dissecting the brain, nearly the whole inner part of the convolution was found to be destroyed, in connection with a part of the left central and the lower parietal convolutions. The destruction extended downward to the ventricle and the corpus striatum entering into the latter about one-sixth of an inch. The new formation which filled the destroyed parts, showed a dense fibrous connective tissue stroma around the bony needle, and a loose structure with wide meshes in the other parts; the tissue between the stroma was of a soft, gelatinous consistence. There was no cyst formed with a capsule around it, but it terminated everywhere gradually in the surrounding brain tissue, which for itself showed no perceptible anatomical changes.

Case 5. — Man; age, 38; married. In 1857, patient had an attack of acute mania, coming on as a result of over-work and exposure, was treated in this institution and recovered in something over a month. Since then, he had an attack lasting three months, and was in the New York City Asylum. Recently he had been unfortunate in business, and three months before admission became depressed and irritable at home, and inclined to quarrel with his neighbors. He became somewhat reduced in strength, and three weeks previous to admission was taken sick, with what the physicians called typhoid-pneumonia. He was quite feeble, reticent and dangerous, and a few days before admission suddenly jumped out of bed, caught his wife, and seizing his revolver attempted to kill her. Help was obtained; he was restrained to the bed and constantly watched, being noisy, violent and frequently attacking his attendants. He was feeble when admitted :

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could not answer questions, and was at once put to bed. Upon examination, there was found extensive softening of one lung; his temperature was high, pulse rapid and feeble, and his friends were informed that he could not live. He was too feeble to be taken back home, gradually failed, and died in two weeks.

Autopsy fifteen hours after death.

Head — Skull-cap, normal; dura mater adherent to the calvarium, thickened, the inner surface showing reddish-brown spots from pachymeningitis interna of old date. Venous congestion of the pia mater, which has a granulated appearance from cheesy and fibrinous deposits, at its inner surface. Brain-substance atrophied, œdematous, and the ventricles filled with serum.

Thorax — Lungs; the left lung darkly congested, consolidated; between the lobes a layer of thickened pus, on section showing grey cheesy hepatization; heart, normal.

Abdomen - Liver and spleen normal; kidneys congested.

Microscopic examination of the brain — In the lower part of left anterior central convolution, near the vertical frontal fissure, the sulcus præcentralis was found to contain a cheesy tumor of the size of a large hazel nut, ragged at its outer surface, and consisting of oval and fusiform cells. It had been at some time apparently very vascular, showing a network of broken down and fatty degenerated blood vessels, and was surrounded by a layer of fusiform cells, but could not be isolated without tearing the adjacent brain tissue. The pyramidal cells of the central and the anterior convolutions were more granular than usual. No other permanent pathological alterations were observed.

Case 6 — Man; age, 48; single: was admitted in 1867, suffering under an attack of mania. He improved slowly, and in two years was restored and went home. After this he led an irregular and intemperate life, though he manifested no particular mental disturbance until two months before his return to the asylum, during which time he had not been at work and was said to be insane. He was very emaciated, had a starved, haggard look, and coughed considerably. In answer to questions said he was twenty-one years old, was a householder, that he had a large amount of money on his person; was restless, incoherent, and seemed to have no appreciation of his condition. Subsequently he had retention of urine, and when an attempt was made to introduce a catheter, a close and irritable stricture was found, so that it was necessary to etherize him before the bladder could be reached. The urine was found to be albuminous and also to contain tube-casts and blood. He had complained somewhat of pain in the side; this was now increased and the temperature was raised. His cough became more troublesome, with evidence of breaking down of lung tissue. He slowly failed and died in about a month.

Head — Skull-cap normal; dura mater firmly adherent to the calvarium, dry and fibrous at its outer surface; no adhesion to the arachnoid. Pia mater cloudy, blister-like, raised between the convolutions of both hemispheres, the convolutions frequently excavated; between the sulci, cheesy and grumous deposits wrapped in a dense layer of connective tissue. The ventricles were reduced in size and dry.

Thorax — Lungs adherent to the pleura, the upper lobes œdematous, the lower hepatized, dark on section, grumous from gangrene of the tissues; pleural cavity contained a small amount of turbid serum. Heart normal.

Abdomen — Liver granular on section from fatty degeneration of the hepatic cells; spleen enlarged; kidneys enlarged, softened, ulcerated, containing numerous small abscesses; bladder distended with urine.

The microscopic examination revealed a general, more or less decided, atrophy of the nervous elements of the brain. The ependyma of the ventricles contained a large quantity of amyloid bodies.

Case 7 - Man ; age, 45 ; farmer : had been industrious. accumulated a little property and bought a small farm. Some three years before the present attack he was defrauded of his title to this farm, and about the same time his household goods were stolen. He then went out as a day laborer and worked very hard to support his family. He had long been in the habit of using tobacco, but about this time increased the amount largely and constantly used it during the day, even getting up in the night and chewing tobacco for hours. He became depressed and despondent, and eight months previous to admission to the asylum began to have "nervous attacks," which lasted for an hour, characterized by extreme pallor of face with faintness and involuntary twitching of muscles of face. There was no loss of consciousness nor were there any of the essential accompaniments of an epileptic seizure During four months he had three of these attacks; afterward, however they came on frequently, were more severe, and were followed by mental disturbance. He threatened violence to his family and at one time caught and choked his wife severely. For several days previous to admission he had slept but little, had remained most of the night sitting by the fire chewing tobacco, was irritable and had inspired fear at home by his threats. When admitted he seemed bewildered, answered questions slowly, and it was necessary to repeat simple propositions several times before he could comprehend. He was thin in flesh with a sallow clammy skin, eyes were heavy and red, while his pulse was

slow and irregular. His heart was found to be somewhat enlarged and irregular in its action, the second beat often being entirely lostdestroying the rhythm. During the first month he gained in flesh, had two seizures, which seemed like ordinary faintings, though he steadily became more feeble in mind, careless in dress and untidy in habits. After this he had short periods of excitement, during which he would run about the ward without apparent purpose, was confused and bewildered. This was followed by headache and dizziness. During the third month he had several well marked epileptiform convulsions and failed rapidly. Early in the fourth month he had several seizures in rapid succession, which left him partially paralyzed, and the next day he died in a convulsion.

Autopsy seventeen hours after death.

Head — Skull-cap, normal; dura mater, a little adherent to the calvarium and to the arachnoidea. Pia mater opaque, the veins congested and dilated, considerable cloudiness along the course of the vessels; brain-substance normal in appearance. The basilar artery and the middle cerebral arteries showed calcified spots; the internal carotid, from its origin upwards, cricroid thickening of its membranes and aneurismal dilatations.

Thorax — Lungs; on section the upper and lower lobes of the left lung showed calcareous concretions. Heart; the left ventricle enlarged, stenosis of the valves of the aorta; aneurismal dilatation of the aorta.

Abdomen — Liver congested; spleen normal. Kidneys, the pelvis fatty, otherwise normal.

In dissecting the brain, the optic thalamus, the pons and the medulla oblongata were found to contain each five, three and one, isolated yellowish-green colored masses of the size of a small pea. These were surrounded by light red infiltration of the adjacent tissue. Under the microscope these nodules showed no structure, some of them were hard, others of a cheesy, pulpy consistence, containing in the center a yellowish-green thick, emulsion-like liquid. The surrounding tissue was more or less hyperæmic, showing proliferation of nuclei and cloudy swelling of the nerve cells and fibres. The one nodule in the medulla was located between the left upper nucleus acustici and the posterior nucleus of the pneumogastric; the others were scattered through the optic thalamus and in the pons above the roots of the trigeminus.

Case 8. — Man; age, 34; married. Patient had been sober and industrious, was foreman of a squad of men engaged in street cleaning. While at this work, some two years before admission, he was struck on the head by a falling brick, and knocked down with such force that he was unconscious for nearly a day, and was not able to work for several days. After resuming labor he complained of frequent headaches and

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disagreeable feelings in the head. He became excitable, neglected his work and began to drink; some months later his speech became affected, there were certain words difficult for him to pronounce, and when a little excited he could scarcely be understood. His gait became unsteady and there was twitching of the muscles of the face, though he continued work, drank more, kept bad company, was unreliable in his statements, and very excitable. At last he fell in a convulsion, which was followed by incoherence in speech and feebleness of mind, and he was brought to the asylum. In the office he walked with great difficulty; his speech was hesitating and thick. A large indurated chancroid was found beneath the prepuce, which, he said, had been there two months. He had no distinct paretic seizure for four months though he became more feeble in mind and quite helpless. Then the seizures were frequent, but not severe, and were often spoken of by patient as ordinary chills. He was complacent, gained in flesh, never complained of pain, and said he "was well and felt first-rate." After fourteen months the paralysis had become general, and so complete that he was confined to his bed. From this he gradually failed, and died after a residence of sixteen months in the institution.

Autopsy fourteen hours after death.

Head — Skull-cap thick; dura mater adherent to the calvarium; bony deposits at the outer and inner surface; pia mater very cloudy over the central and frontal lobes, spotted yellowish from recent exudations; hydrocephalus internus; the ependyma of the ventricles much granulated.

Thorax — Lungs congested, here and there showing consolidated patches on section; heart, normal.

Abdomen — Liver, hyperæmic; spleen, hard; kidneys enlarged and the corticalis congested.

Microscopic sections through the brain showed numerous peculiar hyaline, lavender colored spots; they resembled sclerosed patches, but were not like these, greyish-white in appearance, and were not situated in the white substance. They were found only in the fourth and fifth layer of the convolutions in both hemispheres, especially in the central and the frontal lobes; medulla and pons free. Some of the patches which were frequently structureless, contained large round nuclei with a shining nucleolus, bodies resembling altered ganglion cells, and in the center a dense felt-like web of very fine and delicate fibrils; the regions where they occurred were remarkably poor in bloodvessels; the pons and the crura cerebri contained granule cells.

Case 9.— Man; age, 36; married. The history of patient at the time of admission was meager; for six months he had been depressed and had been growing more and more feeble in mind, was irritable and often broke out in the most violent passion, especially toward members of his own family; he talked to himself, was inclined to be alone, entirely neglected his business and had refused food for a day or two at a time. When admitted he was pale, though fairly nourished; had a slight cough, and physical examination revealed consolidation of the apex of the right lung, which seemed stationary. He manifested little interest in any thing, answered questions slowly and his memory was very defective. Though his countenance expressed pain and anxiety he did not complain, or admit that he suffered; he was not disposed to mingle with other patients, was listless, indifferent and rarely spoke; gradually he failed in physical and mental strength until he required the care ordinarily bestowed upon infants, and died after a residence of about two months in the institution.

Autopsy fifteen hours after death.

Head — Skull-cap, thick; dura mater a little adherent to the calvarium. Over the anterior part of the right hemisphere a thick, reddish-brown clot was found of a membranous structure, adherent by delicate fibrous bands to the arachnoidea; serous effusion into the subarachnoid space. Pia mater cloudy, adherent to the grey cortex; the convolutions flattened.

Thorax — Lungs congested, the right lung partially consolidated by an enormous increase of connective tissue fibres. The pleural cavity contained about a pint of thickened and turbid serous fluid. Heart, normal.

Abdomen — Liver, spleen, kidneys, comparatively normal.

Microscopic examination of the anterior and central convolutions of the brain showed an extensive pigment infiltration of the pyramidal cells of the second and the third layer, although no pathological changes of importance could be detected in the vascular system. The corpora striata were decidedly hyperæmic and softened, the capillaries dilated, the nuclei of the neuroglia enlarged and increased in number.

Case 10. — Man; age, 42; married. Patient was brought to asylum from jail, where he had been in confinement two months on the charge of burglary. He was found intoxicated when arrested, and it was learned from the police of another city that he had deserted his family, and that his wife was in destitute circumstances, while one son was then under arrest for larceny. In jail he was at first restless and talkative, but soon became noisy, destructive of clothing and filthy in his habits. In the office he was very restless, talkative and incoherent. Said he had \$300,000 on deposit, and had a residence in New York, where his family were in comfortable circumstances, and proposed to set the officer up in business in New York. For a month he remained in an exalted and maniacal condition ; was at times boisterous, violent, and destructive of clothing. He maintained his exalted delusions and often promised millions of money to those around him; said he was a count, often changed his name, and constantly mistook the identity of those around him. After a month he became more quiet, and while out of doors taking his accustomed exercise, he fell in an epileptic convulsion. He soon recovered consciousness, and was again about the ward as usual. Four days later he had another convulsion, became paralyzed, and died.

Autopsy seven hours after death.

Head — Skull-cap, normal; no adhesions between the meninges. The veins at the longitudinal sinus much dilated and injected, the walls thickened; the veins of the pia mater, along the sulci, in the same condition, giving rise to deep furrows between the convolutions, especially in the horizontal Sylvian, and in the upper vertical frontal fissure. The brain-substance œdematous. On removing the brain, the cranial cavity was filled with a turbid serous fluid; the pia mater at the base of the brain opaque, and cloudy from granular deposits in its meshes; over pons and medulla oblongata the pia mater exhibited irregular yellowish-brown striæ and spots.

Thorax — Lungs and heart, normal.

Abdomen — Liver adherent to adjacent parts, its surface showed quite a number of small fibroid tumors; spleen, normal; kidneys, right indurated, containing on section through the pyramids, a number of small, white fibrous nodules; the left normal.

The brain was preserved, but has not been examined, microscopically.

Case 11. - Man; age, 45; single. Patient was born in Switzerland, received his education in Paris, and came to this country as bookkeeper. He was an industrious, prudent, quiet man, and temperate. Four weeks before admission he went to New York on business, in ordinary health, having on his person a considerable amount of money. His friends have but little knowledge of what he did in New York, but after a few day's absence they received letters saying he seemed out of his head, and he was soon after brought home. He was without money, and could give no account of what he had done or where he had been. He was excitable, very talkative, and completely controlled by rapidly changing delusions. On admission, he asserted that he was wealthy, that he intended to buy a farm and build a large brick house, and should employ all the masons in town; that he was going to France to import fine horses, and again, that he intended to buy a store and purchase a large stock of goods. He asserted that he was married, and when corrected, offered at once to marry the daughter of the officer bringing him. He was incoherent in speech, careless as to personal appearance, and reduced in flesh.

After admission, the same general character of delusions remained; was irritable and easily excited. He considered himself unjustly deprived of his liberty, and was inclined to use violence in order to effect his escape, and attempted to abstract knives from the table to use for this purpose. There was slight disturbance of speech, and he walked with some difficulty. He asserted he came here to study medicine; offered physician a large sum of money if he would go to New York to attend a friend whom he alleged was very ill; he was forgetful and rapidly changed from one project to another. On the fifth day while walking from dining-room, fell in a convulsion, passing into a state of complete coma, which was followed by paralysis of the left side. Death occurred in two days.

Autopsy thirteen hours after death.

Head — Skull-cap, normal; dura mater not adherent to the calvarium; on the inner surface, over the right hemisphere, pachymeningitis interna chronica hæmorrhagica, showing a number of membranous layers of a mottled, yellowish, reddish and brown color, from old and recent exudations; slight adhesion to the arachnoidea by small elastic, gelatinous fibres; pia mater, exhibited considerable venous congestion; over the right hemisphere were a number of bloody patches, beneath the pia. Brain-substance ædematous, convolutions much flattened. Medulla and pons indurated.

The other organs of the body were in a comparatively healthy condition.

The microscopic examination of the brain revealed, besides a dilatation of the perivascular and the pericellular spaces, a proliferation of nuclei of the neuroglia along the course of the vessels in both hemispheres, no other pathological changes of importance; the medulla showed atrophy of roots of the hypoglossus, and sclerosed patches in the lateral columns and in the anterior pyramids.

Case 12.—Man; age, 85; farmer. In 1842 patient was first admitted to the asylum, and was then said to have been insane for more than a year. He had been a successful merchant, afterward an extensive farmer, was temperate, and the father of six children, four of whom have been insane. He was then in a reduced physical condition, was restless, sleeping poorly, and inclined to wander away from home. Asserted he was to be arrested and thrown into prison, and that he was the victim of a conspiracy to defraud him of his property. He improved under treatment, dropped his delusions, and was discharged in an improved condition in 1845. Five months later he was returned, having attempted suicide by "hanging, and also having threatened the lives of members of his family. He was timid, fearful of personal violence, and very much depressed. Again he improved, and after a year escaped from the asylum. Nine days later he was brought back in a

very disturbed mental state. He asserted that he had walked within ten miles of home, but feared to go to the house lest his family should kill him, and he dared not return to the asylum, believing he would be killed for having attempted to escape. He asked daily, "Shall I live through to-day?" "What is going to be done with me?" In 1848 he again returned home, though not recovered. Two years later he was re-admitted, having been in a very comfortable condition during the interval, and having managed his business successfully. His insanity was marked by delusions of the same general character as on former occasions.

He ate sparingly from the delusion that he was accused of crime and that eating was an acknowledgment of his guilt. In four months he was able to resume the care of his business, which he did successfully for three years. He was re-admitted in 1854 in the same depressed condition with a still wider range of delusions, very distressing in character. He even declined to shake hands with any one, asserting that this would communicate his misery and sin. He soon improved however, in physical appearance, and after a time gained in flesh, became so stout, locomotion was difficult, and also gradually passed from this depression to a state of exaltation. Asserted that he was the agent of God Almighty, and that as such the State of New York had been ceded to him, and that he was in constant communion with God. At the breaking out of the war he said that by looking through a horse-collar lined with red, he could foresee what would take place, and that if he should be allowed to go to Washington, he could at once put a stop to the war. He proposed to go there with a body-guard of eighteen young women, and to take command of four companies of heavy artillery; God was to be ruler, the bible the law, and he, the administrator. He asserted that with these companies he would drive the enemy out of the world, and combine all nations into one government, and when rebellion broke out any where he would only have to take three or four nations and put it down. Afterward he became suspicious and fearful, and remained in this mental state up to the time of his death. He feared at times to open his mouth, asserting as a reason that his tongue would be pulled out - at other times said he was to be cut into strips, that his enemies got the locomotives to scream at night in order to scream him to death. When furniture was moved in his room he asserted that it was to prepare for some one who should occupy the room after he was dead, or when the sheets were changed, he said they were preparing to lay him out. He suffered for many years from urinary troubles and rheumatism, while at times he refused to eat through delusions of fear. Early in the present year he caught cold, was confined to his bed, his rheumatism became more troublesome, while he was more fully controlled by his 6 [Senate Doc. No. 17.]

delusions of fear. After slowly failing in strength for four months he died.

Autopsy thirteen hours after death.

Head — Skull-cap thin, dura mater not adherent to the calvarium or to the meninges. Pia mater opaque, speckled from deposits in its meshes, dry and adherent to the cortex cerebri. The arteries at the base of the brain showed in many places cricroid calcification of their walls. The brain-substance was indurated, on section showing everywhere calcified cysts, located in the meshes of the pia mater and in the outer layers of the grey cortex. The ependyma of the ventricles was studded with amyloid bodies, the choroid plexus abnormally cystic. The microscopic examination revealed, especially in the central, the parietal and the occipital convolutions, a pearly degeneration of the pyramidal cells and their processes.

WOMEN.

There were, during the year, twenty-four deaths among the women : Five were from phthisis; three from cerebral and three from spinal apoplexy: two from meningitis; three from cerebro-spinal meningitis; three from exhaustion, and one each from Bright's disease, hæmoptysis, chronic gastritis, cerebral hæmorrhage, and strangulated hernia. The deaths from phthisis, occurred in well-marked cases of the disease, which had been diagnosticated early in their treatment in the asylum. Two of these had melancholia, two acute, and one chronic mania. No autopsies were held in these cases, but we present some of the most interesting post-mortem appearances found in those dying from other forms of disease.

Examinations were made in each of the cases of death from apoplexy.

Case 1.— Woman; age, 53; single; admitted Dec. 1872, with melancholia; had been insane about four months, though for several years she had expressed fears of becoming insane, and of being brought to the asylum. She had made frequent threats of committing suicide, was much depressed, said her neighbors were opposed to her, and that all she said would be reported against her, was suspicious and fearful of being killed. She was eating and sleeping but little, was thin in flesh and feeble. On going to the ward she gave up a bottle of morphia from which she had been in the habit of taking small doses regularly. Although placed on tonics and supporting treatment, she continued in the same depressed state, wringing her hands, moaning and groaning, and asserting she was to be carried away and could never recover. After a few weeks she gained in flesh and strength, and was more hopeful. This improvement had lasted but a

short time, when she had an attack of erysipelas of the face, and was as gloomy as she had been at any previous period. About nine months after admission she began to suffer from ulcerative stomatitis, which proved intractable, though at times somewhat relieved by the treatment employed. She kept her bed, cried, was very hysterical, and retained but little food. Gradually she grew more feeble, entertained delusions leading to self-abasement and humiliation, and, if allowed to do so, would lie upon the floor because, as she asserted, she was not worthy to occupy a bed. This condition continued for a year, when she had paroxysms of noise and maniacal excitement, alternating with periods of quiet in which she complained of severe neuralgic pain in various parts of the body. The tongue and fauces presented patches of ulceration. She slowly failed from inability to appropriate the small amount of nourishment retained by the stomach, and after about a month, died suddenly.

Autopsy thirteen hours after death.

Head — Scull-cap normal; dura mater a little adherent to calvarium; numerous adhesions between dura mater and arachnoid by fibrous bands. On removing the brain about six ounces of serum escaped from the cranial cavity; weight of brain 40 ounces; brain substance pale, anæmic; grey matter not well defined; ventricles filled with serum; medulla oblongata on transverse sections shows a red coloring of the grey centers surrounding the fourth ventricle.

Thorax — Lungs, upper lobes collapsed, pigment induration, lower lobe of left lung congested, consolidated; the left pleural cavity contains about two ounces of bloody serum. Heart, chronic pericarditis, membranous thickening of the pericardium which contains a small quantity of purulent and thickened serum; fatty deposits along the course of the coronary arteries; left ventricle contracted, right one contained a large fibrinous clot; muscular walls thin and easily torn by pinching, valves normal; slight thickening at the edges of the aortic valves.

Abdomen — Liver adherent to all adjacent parts, friable; hepatic cells fatty infiltration; kidneys normal; spleen enlarged; stomach walls thickened; muscularis infiltrated with purulent serum; submucous membrane, from the pyloric toward the cardiac orifice, ulcerated; cicatrized contractions around the pylorus; mucous membrane hyperæmic, full of small holes; bladder and sexual organs, normal.

Microscopic examination of the brain; the lymphatic spaces around the vessels of the grey cortex were enlarged and filled with granular, fatty and pigmented deposits; proliferation and cloudy swelling of the nuclei of the larger arteries; in medulla oblongata numerous capillary hemorrhages; calcareous deposits in the neuroglia of the central and the anterior convolutions; the pyramidal cells of the second and third layer of these convolutions were to a great extent hyaline and opaque in appearance, those of the third layer were frequently granular and showed the presence of hollow vesicles in the protoplasm at the base of the cells, their ramifying processes in a state of disintegration.

Case 2. - Woman; age 38, married; admitted September, 1873 with chronic mania, was brought to the asylum by an officer who knew nothing of her history, and no reliance could be placed upon her statements. She was noisy, profane, obscene and violent in speech and entertained extravagant delusions of her wealth, asserted she owned large amounts of property in various cities of the Union; she was patronizing and quiet when making demands for privileges, in return for which she promised to give freely of her wealth, but insolent and abusive when refused the slightest request. She ate heartily, gained in flesh largely, and, during the early part of her residence in the asylum, occasionally rendered some aid in the work of the ward. Soon afterward she became indolent, indifferent and disposed to ornament herself with the various articles she could pick up and attach to her person. When most disturbed she would tear her clothing, expose her person, stamp the floor and, in speech and action, manifest intense excitement; these periods were of frequent occurrence and were characterized by marked disturbance of the circulation, the face being congested and of a purplish hue; this describes her general condition for some fifteen months. At this time, one evening, while preparing for bed she began as was her frequent custom, to dance about the ward, suddenly fell backward and immediately expired.

Autopsy seventeen hours after death.

Head — Skull-cap three-eighths inch thick in front; dura mater firmly adherent to frontal and parietal bones; veins of the cerebral sinus highly congested; numerous pacchionian granulations. Pachymeningitis interna chronica with bony deposits along the sinus; a large bloody clot covers both hemispheres. Pia mater adherent to the cortex cerebri. Brain substance softened, of a yellowish, dirty color. Evidences, of old hemorrhages in the pia, over pons and medulla oblongata.

Thorax — Lungs congested, the upper lobes of a bluish color, the lower lobes consolidated. Heart pale, fatty.

Abdomen — Liver congested, the left lobe enlarged, showing granular deposits on section. Spleen softened, a small fatty tumor attached to the right inner surface. Kidneys, bladder and sexual organs, normal.

Microscopic examination of the brain — The brain substance, especially in the central, parietal, and anterior convolutions, and in the corpora striata, showed many evidences of repeated disturbances of cir-

culation. Scattered through the tissues were the residua of blood vessels broken down, exhibiting the following peculiar condition. They represented small isolated stems or shrubs, with two, and sometimes three, four or five small branches, lined by much thickened hyaline walls of a striated or fibrillous structure. At one end these shrubs were knobby, a little dilated, and perfectly closed by a membrane of the same nature as that just mentioned; attached to the convex surface of these knobs long membranous processes were visible, apparently the remains of the emptied and not degenerated part of the vessel. In other specimens the shrubs terminated directly, without the closed knob at the end; in these membranous prolongations the thickened walls showed great resistance to acids, alkalis, ether, etc. They only very slowly imbibed the coloring material, the carminate of ammonia, and consisted, according to chemical reaction, of glutin or collagen. The ganglia of the corpora striata interna and externa were found infiltrated with pigment, and the pyramidal cells of the convolution, above mentioned, were in the same condition ; also the medullary substance of a great number of fibers was transformed into a grumous mass of a dark-brown color.

Case 3.-Woman; age 59; widow; admitted September, 1875, with melancholia. For a year she had been failing in health; suffered much from headaches, and had lost appetite and flesh. About three months before admission she attended the confinement of her daughter, whose child, friends say, died soon after birth. Her son states that about nine days before admission she became excited, jumped up suddenly and screamed out, saving he must not go and leave her; that she had killed the child and must be hung, and that he also would be executed; that since that time she had been very gloomy and restless, day and night. When admitted she was in same state, walking to and fro, wringing her hands and repeating "what shall I do; oh, what shall I do;" said she had killed the child and would be hung for it, and that she had scarcely eaten or slept since that time. In the asylum there was little change, though her delusions varied somewhat in character, as she asserted her family were all killed, and that she was lost and beyond hope. She mistook the identity of people about her, called the attending physician her son; slept poorly and ate sparingly, and was placed under stimulant and sedative treatment, with nourishing food, which she took only on being strongly urged. After about a month she became more feeble and was put to bed. She died after two days suddenly of apoplexy.

Autopsy fifteen hours after death.

Head — Skull-cap normal; no adhesion of dura matter to calvarium or between dura and pia mater. Recent hemorrhage at the base of the brain from a branch of the left middle cerebral artery. The brain showed the rare occurrence of a deep fissure in the left hemisphere, running vertically between the parietal and the occipital lobes from the sulcus interparietalis down to the second temporal fissure, crossing in its way the first temporal fissure. All other parts of the organ were normally developed, but it was varicose, the convolutions flattened, compressed, pale and anæmic. Cricroid thickening and calcification of the carotis interna were found near its point of origin, and also aneurismal dilatation of the same near the canalis caroticus.

Thorax — Lungs, the upper lobes collapsed, leathery, containing calcified cicatrices; the lower lobe of the right lung was congested. Heart pale and flabby, otherwise normal.

Abdomen — Liver adherent to adjacent organs and friable; spleen enlarged; kidneys and sexual organs were normal.

Microscopic examination of the brain — In dissecting the brain a partially softened spot, irregular in its outlines and of the size of an egg, was found situated in the central part of the gyrus fornicatus of the left hemisphere near the corpus callosum, and extending downward into the upper part of the corpus striatum externum. The mass consisted of broken-down brain tissue in all states of disintegration and degeneration of its elements, of granule cells, altered blood corpuscles, vessels with fatty degenerated walls, amyloid bodies with round and oblong nuclei, and irregular shaped larger masses, hyaline in appearance and without any structure. In the surrounding convolutions a proliferation of nuclei was also observed and an extensive amyloid infiltration. The posterior nuclei of the pneumogastric and the spinal accessory showed an abnormal pigmentation of their cells.

Case 4.-Woman; age 31; married; admitted April, 1871, with paroxysmal mania. She had had four attacks prior to the present one, each time after the birth of a child. Seven months before admission, and during the early months of pregnancy, she became acutely maniacal, and was violent toward her husband, of whom she entertained delusions of jealousy. This condition was of short duration, and was followed by a period of quiet and apparent return of rationality. She gained in health and seemed to be improving favorably. In about two weeks, however, she again became maniacal; was destructive of clothing, noisy and dangerous to those about her. From this time this alternation of quiet and excitement marked her case, and continued during the four years of her residence at the asylum. The maniacal periods increased in intensity till she became one of the most violent and dangerous patients in the institution, and required in her care the attendance of several persons. While in her intervals of quiet she was kind, industrious and helpful. In one of the maniacal paroxysms, and while her face was turgid from the exertion

of screaming, she suddenly passed into a comatose condition, and died in a few moments.

Autopsy fifteen hours after death :

Head — Skull-cap one-quarter inch thick in front; dura mater not adherent to calvarium; turbid and yellowish on the inner surface, adherent to the arachnoid by numerous fibrous bands; along the longitudinal sinus there were quite a number of bony plates and needles; pia mater congested and vessels dilated; dark pigmentation of the lymphatic spaces around the vessels, and turbid infiltration and calcareous deposits in the meshes of the pia; pigmented spots over pons and medulla oblongata. In removing the brain the cranial cavity was filled with fluid blood; aneurismal dilatation of the basilar artery over the pons, between two cricroid contractions of the same; enormous aneurismal dilatation of the carotis interna, from its point of origin up to the canalis caroticus; when held against the light it showed numerous translucent spots, from softening and partial destruction of the intima.

Thorax — Lungs congested; heart; the left ventricle filled with fluid blood.

Abdomen — Liver congested; gall bladder enlarged, distended, the surrounding tissue of a yellowish-green color; spleen enlarged, friable; kidneys normal; uterus hypertrophied, the broad ligament studded with gelatinous cysts.

Microscopic examination of the brain. Along the course of the larger vessels of the medulla and pons, numerous granule cells were observed. The vessels of the brain were throughout in an atheromatous condition; the arteries penetrating the grey cortex were frequently curved and showed numerous dissecting aneurisms; the pyramidal cells of the second and third layer of the central and the parietal convolutions were found puffed out and in a state of cloudy swelling. The ependyma of the ventricles contained amyloid bodies, and the corpora striata were softened and infiltrated with bloody serum.

Case 5. — Woman; age 37; married; admitted September, 1874, with chronic insanity of a paroxysmal character; had been married some sixteen years, and during the whole period had been in poor health and never borne children. For six years she had annually an attack of maniacal disturbance lasting for several weeks, from each of which friends thought she fully recovered. The last attack, commencing earlier in the year than usual, and continuing for some months, led to her being brought to the asylum. She was pale, anæmic and sleepless, destructive of clothing, incoherent in speech and maniacal in conduct. In a few weeks the attack subsided, and was succeeded by a period of quiet and a condition of apparent improvement. She soon, however, became again maniacal. These changes recurred during her entire residence in the asylum, about ten months, when she died suddenly of spinal apoplexy.

Autopsy thirteen hours after death.

Head — Skull-cap one-fifth inch thick in front; dura mater adherent to the parietal bones; dry at the inner surface; along the sinus studded with bony plates and concretions. Pia mater opaque; veins congested; bloody clot at the base of the brain. The basilar artery was calcified; the middle arteries in several places were in the same condition. Carotis interna here and there dilated; arteria spinalis deprived of blood, but the point of rupture could not be detected. Weight of brain, 43 ounces.

Thorax — Lungs deeply pigmented in lines, the lower lobes normal, on section showing calcareous concretions. Heart small; muscular walls thin and easily torn by pinching.

Abdomen — Liver large; of normal structure; spleen normal; sexual organs, retroflexion of uterus, the anterior part of the cervix hypertrophied. Several of the Graafian follicles of the left ovary were dilated, forming cysts which contained a bloody serous fluid; the right ovary showing fibrous induration.

Microscopic examination — The brain, in the parietal and the occipital lobes was in an anæmic, atrophied and indurated condition. It contained numerous minute cysts with calcareous concretions. The walls of the vessels were remarkably thickened, knotty, and in such places hyaline in appearance. The perivascular lymph-spaces were rarely visible. The same condition, but in less degree, was exhibited in the anterior convolutions. In medulla oblongata and pons a frequent occurrence of colloid bodies was observed.

Case 6. — Woman, age 23; single; admitted September, 1875, with sub-acute mania. Had been an ordinarily healthy person, though of a nervous, excitable disposition. Some twelve months before present attack she had been much interested in the subject of temperance, and devoted herelf to the cause, to the detriment of her health. About six months after this she suffered from pleurisy for about four weeks, and, as a sequence, had pain in back and side. During convalescence she became restless and talkative; was up at night writing letters, and otherwise engaged, without the knowledge of her parents. She was afterward seclusive, refused to see people; said she was to be stoned to death, and to be driven naked through the streets ; was suspicious, fearful of being laughed at, and would not go out unless strenuously urged to do. Whenever she was induced to go into society she was well-behaved and did not attract attention; she ate well, at times voraciously, but slept poorly. After about four months she lost interest in household work and sewing, and complained much

of headache and loss of memory. For past few weeks grew worse, was obstinate in conduct, and at times refused to take either medicine or food. On the Sunday night previous to her admission she got up at one o'clock, and having dressed herself completely, refused to remove her clothing or allow it to be taken from her. On the following 'Thursday a change of clothing was effected by force, and the patient was brought to the asylum. Here she spoke in reply to questions, very slowly and hesitatingly, and often gave incorrect answers; seemed abstracted and in a dazed condition. She had taken no nourishment during the day, lips and tongue were dry, temperature elevated, eyes injected and pulse rapid and feeble. On going to the ward a small amount of liquid food was given, and she was placed in bed, but slept little, and was restless and up during the night. She resisted care and refused food, though this was readily administered by the stomach tube. The second day after admission she had paralysis of the bladder, necessitating the use of a catheter. The lips, tongue and skin were dry, bowels constipated ; she was very restless, constantly moving uneasily in bed; did not talk even to answer questions, and manifested no appreciation of surrounding occurrences. The paralysis continued, and on the following day a spasmodic action of the jaw was noticed, when food was introduced into the mouth. During the day she grew more pale and became more feeble; in the evening the first marked symptoms of pressure were manifested; pulse was irregular; respirations were interrupted, and she passed into a deep sleep, from which she became comatose, and died after about three hours.

Autopsy eleven hours after death.

Head — Skull-cap of normal thickness; dura mater not adherent to calvarium, but adherent to the arachnoid by fibrous bands; the inner surface was yellowish, punctated from a slight attack of pachymeningitis interna; thrombosis of the largely dilated veins of the longitudinal sinus. Brain œdematous, the convolutions flattened; the grey centers and a large part of the medulla oblongata, around the fourth ventricle, showed a reddish color, and the pons and the cerebellum a number of bloody spots, beneath the pia mater, from recent hemorrhages.

Thorax — Lungs congested; the lower lobes consolidated and firmly adherent to pleura, so that it was impossible to remove them without tearing the tissue; embolism of the right pulmonary vein. Heart large, the right auricle contained an organized thrombus; the mitral valve opaque and thickened.

Abdomen — Liver adherent to adjacent parts, left lobe much congested; kidneys, pyramids congested; spleen enlarged; bladder dis-

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tended with urine; intestines congested and filled with hard fæcal matter; uterus normal, ovaries containing serous cysts.

Microscopic examination of the brain - In dissecting the brain seven softened spots were found, four of them located in the left hemisphere, at the inner border of the grey cortex of the central and the parietal convolutions, the other three in the posterior parietal convolution of the right hemisphere, near the first temporal fissure. They consisted of broken-down brain tissue, disintegrated nerve fibers, nuclei, and granule cells. Some of them were more or less indurated, hvaline and showing no structure. In the medulla oblongata along the raphé, extending to the fourth ventricle, were a great number of capillary hemorrhages, a proliferation of nuclei, and the central canal farther downward was surrounded by a dense layer of oblong nuclei; it was compressed and irregular in its outlines. Many of the pyramidal cells in the neighborhood of the softened spots, were in a state of cloudy swelling and granulated. The large grey centers in the medulla oblongata, and the lower part of the pons, showed a dark pigmentation of their cells, especially the nucleus of the glossopharyngeus, the hypoglossus, the posterior nucleus of the pneumogastric, and a part of the nucleus trigemini.

Case 7. - Woman; age 48; single; admitted January, 1875, with melancholia; was a healthy girl till the age of fourteen, when lateral curvature of the spine was developed. This increased slowly till within the past ten years, during which time it has increased more rapidly, and has resulted in a marked deformity. She, however retained her general health and strength, and has gained her livelihood by doing housework. A year before admission she began to complain of pain in the back and side, and giving up her situation, went to live with a sister. In the course of a few months she became gloomy and depressed; was seclusive, slept little, but retained appetite. After four weeks she lost flesh and strength, was sleepless, refused medicine, moaned, groaned, wrung her hands, and developed the delusion that the house was on fire, and tried to throw things out to save them. She also had hallucinations of sight; said she saw fires all around her, to avoid which she endeavored to force her way out of doors. After coming to the asylum she was fully controlled by the same delusions and hallucinations, and resisted care; was sleepless and restless, up at night. She, however, took sufficient liquid food on being urged. On the morning of the fourth day she seemed as well as usual, and took a bowl of gruel for breakfast. Soon afterward she became faint and pallid, was put to bed, and died after a short period, of tubercular meningitis.

Autopsy fifteen hours after death.

Head — Skull-cap thin; dura mater adherent to parietal bones. Pia mater very opaque and cloudy, in many places over both hemispheres, raised by vesicles, to the size of a large hazel nut, located between the convolutions and filled with turbid serum. The grey cortex was softened and firmly adherent to the pia mater.

Thorax — Lungs pale, adherent to the pleura; the lower lobes of both lungs contained tubercular, cheesy deposit. Heart pale and fatty.

Abdomen — Liver small; spleen normal; kidneys, the right normal, the left dislocated; it was found over the promontory of the sacrum, was compressed and irregular in form, the tissue indurated. Sexual organs, the left ovary was adherent to the broad ligament and small gelatinous cysts were found along the Fallopian tube.

Microscopic examination of the brain and the cord - On cross sections through the spinal cord a dilatation of the central canal was found extending from lower cervical down to upper dorsal region. The central canal at this place formed an irregular shaped hollow cylinder, at the upper part, at the expense of a part of the right lateral columns and a part of the anterior horn, while in the dorsal region it infringed upon the left post-lateral columns, and the left posterior horn. The inner wall of this cylinder was only partially, in the medium portion, lined with cylindrical epithelium cells; the other parts showed a wall consisting of connective-tissue fibers, arranged in concentric layers. Similar but very small defects were observed in the right anterior pyramid, near the raphé, at the height of the opening of the central canal into the fourth ventricle, and in the left posterior columns. In the upper cervical part of the cord the central canal was surrounded by a dense layer of glia-tissue with oblong nuclei, very probably the beginning of the same pathological process by which the other defects were produced. In the meshes of the pia mater of the brain numerous tubercular deposits were found. The brain substance of both hemispheres in the first two layers of the grey cortex showed an infiltration with serum and pus. The optic thalamus, to the right near the optic tract, was the site of a cheesy tubercle of the size of a large hazel-nut.

Case 8.— Woman; age 45; widow; two children; re-admitted January, 1875, with melancholia; was of a consumptive family, and married at the age of eighteen. She enjoyed a fair degree of health till the age of thirty-nine, when there was developed an extensive ulcer of the left leg, accompanied by a profuse and offensive discharge. The ulcer was said to have improved under use of iodide of potassium. After about three years, and five months before first admission, she failed in health; became sleepless and restless; walked the floor, moaning and talking to herself. She was fearful of some impending calamity; said she was going to lose her property, and was much depressed. In six months she recovered, and remained well for three years, when, under the influence of failing health, she became again insane. She was kept at home for four months, as she was too feeble to warrant her transfer to the asylum.

When returned, she was, as before, gloomy and depressed, restless and unhappy, constantly wishing for change, and worrying about her son and sister, that some accident had befallen them. She was eating fairly, and sleeping well, but had lost much flesh. The ulcer was greatly enlarged, the discharge from it being very offensive, and both limbs were much swelled and cedematous. The countenance bore a marked cachectic look; there was considerable dyspnœa, and urine was passed frequently and involuntarily. These symptoms led to the suspicion of disease of the kidney, which was confirmed by an examination of the urine, which revealed the presence of hyaline casts and of albumen in large quantity. There was also cedema of the lungs, and the respirations continued hurried and difficult. She failed in strength and died on the seventh day of Bright's disease.

Autopsy eleven hours after death.

Head — Skull-cap normal; no adhesions of the membranes; pia mater œdematous, numerous deposits of fatty and pigmented masses in its meshes. Brain-substance dry, atrophied, the grey matter not well defined.

Thorax — Hydrothorax ; lungs collapsed, leathery, showing pigment induration and tubercular deposits; heart enlarged, stenosis of the valves of the aorta.

Abdomen — Liver friable; hepatic cells granular; spleen enlarged; kidneys showing the evidences of Bright's disease, the left kidney in a far advanced state.

Microscopic examination of the brain. Tubercular deposits in the meshes of the pia mater. The grey cortex bloodless, showing throughout a dilatation of the lymphatic spaces around the vessels, which were filled with fatty, crystalline and pigmented masses. The pyramidal cells of the central and the anterior convolutions were transformed into bodies consisting of pearl-like granules, chain-like and arranged in rough outline, resembling the form of the cells; the protoplasmic processes disintegrated, and also transformed into chains of granules. Many fibers, especially the square running fibres, which combine the spindle-shaped cells of the fifth layer, were also seen in a state of disintegration.

Case 9. — Woman; age 59; widow; re-admitted January, 1875, with periodic mania; was first admitted in 1867, with the following

history: She had never been strong or robust, but had suffered from no severe form of illness. At the age of thirty a goitre was developed, which at time of admission was of considerable size. Five months before complained of severe headaches, and two months before had an attack of so-called congestion of the lungs, followed by cough and expectoration, lasting about three weeks. During this time she was markedly hysterical, laughing and crying alternately. From this condition she passed to one of maniacal excitement, in which she was noisy, boisterous in speech and action, and destructive of clothing. She lost sleep, and emaciated rapidly, though eating freely. In the asylum she continued maniacal for about a month, when she improved and quickly regained her usual health, and in two months was discharged recovered. She continued well for three years and one-half, when she was again troubled with a severe cough and headache, and in a few days became sleepless and lost appetite. She ran down in flesh, was feeble, emaciated and exhausted; threatened suicide, and was closely watched to prevent it. She was then brought to the asylum, where she was noisy, profane in speech, maniacal and destructive of clothing. She improved more slowly than before, and recovered in about a year - in the spring of 1872. She continued well till July, 1874, when she again had cough with dyspnœa and expectoration, and also lost sleep. There was no marked mental disturbance till Christmas day, when she became noisy and maniacal, violent in action, obscene and incoherent in speech. The following month she was brought to the asylum. She continued in the condition described for about three weeks, when she was taken seriously ill; had diarrheea accompanied by rapid pulse, elevated temperature, dry tongue, vomiting, tenderness and pain over stomach and abdomen. As she passed no urine, a catheter was introduced and the bladder found empty. The passage of the catheter, however, revealed the presence of a large tumor of the uterus. Appropriate treatment was employed, but the vomiting, pain and increased temperature continued, and the patient failed in strength and died on the fifth day, from gastritis.

Autopsy sixteen hours after death.

Head — Skull-cap normal; a few adhesions between the membranes; serous effusion into the subarachnoid space; the brain substance softened.

Thorax — Lungs collapsed, pale, adherent to pleuræ, which contained a small amount of serum; heart pale, muscular walls soft and friable.

Abdomen — Liver large, hepatic cells granular. Spleen enlarged. Stomach, walls softened from inflammatory infiltration of the muscularis and the submucosa. Peritoneum inflamed; chronic peritonitis; abdomen contained a purulent exudation. Kidneys — The left kidney was entirely destroyed and transformed into a cyst-like sac, containing purulent serum and numerous elements of the destroyed organ, as elastic fibers, urinary tubes, epithelium cells, disintegrated blood-vessels, etc. The uterus was enlarged, weighing six pounds and nine ounces; it contained a submucous fibroid, showing under the microscope the well-known structure of this morbid growth; there were several points of softening in the tumor undergoing fatty degeneration.

Microscopic examination of the brain. — In dissecting the brain a number of small tumors were detected, located in the white substance and extending into the grey cortex of the anterior, the parietal and the occipital convolutions; they were a little softer than the surrounding brain tissue, gelatinous, of a rosy tint, and some of them very vascular, others cyst-like; they contained no nervous elements; the surrounding brain tissue was here and there in a slightly œdematous condition from inflammatory infiltration, but true pathological changes of its anatomical elements were not observed.

Case 10. - Woman, age 28; single; admitted March, 1875, with cerebro-spinal meningitis. During the previous summer she had labored very hard; was somewhat reduced in health, and complained much of pain in the back, which had been sometime previously injured by a fall. In the winter she was at home and assisted in the general work of the house. A month before admission she attended revival meetings, and from interest in the subject of religion lost sleep and further impaired her health. This was followed by an acute maniacal attack, in which she was restless, sleepless, talked incoherently and was destructive of clothing. She was closely confined in a room alone for about a week before she was brought to the asylum. She was then very feeble and placed immediately in bed. The symptoms present were sleeplessness, restlessness, muscular jactitation, tossing body from side to side, drawing up and extending the limbs in bed, boring of head in the pillow, and marked tenderness on pressure in back of neck and along the spine. There was also increased heat and dryness of skin and of tongue, injection of conjunctivæ and purulent secretion in inner canthus of the eye. She resisted care, refused food and remedies, which, however, were administered, slowly and steadily failed, and died on the eighth day after admission.

Autopsy thirteen hours after death.

Head — Skull-cap normal, the bone tissue tinted ; dura mater not adherent to the calvarium; somewhat adherent to the arachnoidea but not by fibrous bands; the inner surface was covered with a yellowish, purulent exudation; the dura mater of the cord at its outer surface was punctated, and showed a similar coating; the sac of the

arachnoidea was infiltrated with a yellowish, purulent fluid, especially at the base of the brain and along the cervical part of the cord; over both hemispheres the pia mater was opaque, between the highly-congested veins, showing a grey-yellowish and dirty color; it was in many places adherent to the cortex, which was somewhat softened and hyperæmic, and showed purulent exudations along the adventitia of the larger vessels at point of entrance into the brain tissue. The latter, as well as the substance of the cord, was not affected by pathological changes anatomically demonstrable. Along the course of the vessels at the surface there was proliferation of nuclei; and this same condition was observed in the sheaths of the nerve roots, passing out from the medulla oblongata and the pons.

Thorax — Lungs hyperæmic, a little consolidated, slight bronchitis; heart normal, containing fluid blood.

Abdomen — Liver enlarged; spleen enlarged, light red color and friable; kidneys congested, Peyer's patches swollen and hyperæmic.

The microscopic examination of the brain and the cord tissue revealed nothing of pathological interest besides that above mentioned.

For several years, especially since the call for additional accommodations for the insane throughout the states of the Union, more attention has been given to institutions by the public than they had previously received. In fact the cause of the insane was advocated almost exclusively by the officers associated with hospitals for their treatment, and by that distinguished philanthropist Miss D. L. Dix. When these appeals began to be practically answered by legislative appropriations, and by the erection of institutions, public attention began to be aroused to the unfortunate condition of the great mass of the insane unprovided for, incarcerated in jails, and poor-houses. With the prudent and thoughtful who became interested in this subject, were also found the impracticable and fanatical. In every thing that has pertained to the planning, organization or management of hospitals, this latter class has been constantly obstructive, as it has always been in all movements for the advancement or amelioration of the condition of mankind. The superintendents of the institutions of United States and of Canada, formed an association in 1844, to meet annually and discuss the problems connected with the care of the insane, under the light of a constant practical experience, and, from time to time, embodied in distinct propositons the principles evolved by observation and study. The intent was to create a code of principles embracing all the results of a united experience, for the individual good of the insane, and for the highest public interest. This body has adopted a series of propositions relating to proper location, water supply, general character of hospital, number to be treated,

material for construction, arrangement of building for classification, dormitories, service-rooms, lighting, drainage, heating and ventilation, and all other details necessary in such institutions, also a series of propositions relating to organization and government in all their These matters being settled and the principles being accepted details. by states and carried out in legislative action, the same class of individuals who, though without experience, are sufficiently wise in their own conceit to make up for lack of knowledge, become the self-constituted critics of these institutions, in all their conditions and appointments and their relations to the public, and, in many states, have pestered the officers and state governments with propositions for vexatious, frivolous and interfering legislation, breeding, as far as possible, distrust in the public mind, and discontent within the hospitals. This needless and vicious interference has at length grown to be an evil threatening to impair the usefulness of these public charities, in some of the states. At the meeting of this association held in the city of Auburn, N. Y., May 18, 19, 20, 21 and 22, 1875, among other papers and discussions was the subjoined preamble and resolutions, which received the unanimous approval of all the members present, representing over fifty institutions.

The association of Medical Superintendents of American Institutions for the Insane, having been formed for the purpose of promoting the welfare of the insane, regard it as one of their duties to inquire into and pass judgment upon any scheme, project or change offered professedly with this end in view. They would be faithless to the trust they have assumed, were they to remain in silence, while changes in the management of our hospitals are forced upon us, calculated to impair their usefulness and inflict a positive harm upon their inmates. The duty to speak at the present time is all the greater, in view of the fact that the objects saught for by these new measures are sufficiently secured in the existing arrangements, and the pretended demand for them proceeds from no actual, tangible grievance, but solely from that prevalent spirit of discontent which is ever ready to discover a fancied wrong and clamor for a change in whatever has stood the test of a little time. Were this dissatisfaction confined to the ordinary methods of discussing evils, real or fancied, it would furnish no ground of complaint, and we would cheerfully meet it in the same way. But without reference to us, without inquiry of any kind, in fact, it has been thrust upon us in the shape of legislation unexceptionally mischievous in its effect on the true purposes of hospitals for the insane, and thus it is that institutions which should be managed on well-matured, intelligent principles, their course guided by one animating spirit taking in all the circumstances of the situation, are disturbed by an intrusive element having with them no kind of affiliation, and calculated in the

nature of things to destroy that harmony of action which is indispensable to the highest measure of success.

Believing that whatever of progress has been accomplished by our hospitals may be fairly attributed, in a great measure, to the free and independent action allowed to their officers, whereby they have been enabled, without apprehension of popular fear or favor, to manage their charge in the way commended to them, either by the general voice of the profession, or their own deliberate convictions, we should, for that reason alone, deplore any legislation calculated to substitute for such liberty the suggestions of an outside party, entirely ignorant, it may be, of the working of a hospital, as well as of the movement of the insane mind.

If the time shall ever come when the legislature, in its zeal for the public good, shall establish a board of officers to supervise the medical practice of the state, with power to enter every sick man's chamber, to inquire respecting the medicine and diet prescribed, and any other matter connected with his welfare and report the result of their examination to the constituted authorities, then it may be proper to consider the propriety of extending the same kind of paternal visitation to the hospitals for the insane. Without arrogating to ourselves any extraordinary wisdom, we believe that the accomplished work of this association, as well as the character and reputation of its present members, fairly entitles it to a respectful hearing in any matter of legislation affecting the interests of the insane in the establishments devoted to their custody and treatment.

We therefore offer the following resolutions, in the hope that they will receive from the public all the attention to which the importance of the subject and the authority of the source from which they come entitle them :

Resolved, That the government of our hospitals, as at present constituted, whereby a physician supposed to be eminently qualified by his professional training and his traits of character, both moral and intellectual, is invested with the immediate control of the whole establishment, while a board of directors, trustees or managers, as they are differently called in different places, men of acknowledged integrity and intelligence, has the general supervision of its affairs, has been found by ample experience to furnish the best security against abuses, and the strongest incentives to constant effort and improvement.

Resolved, That any supernumerary functionaries, endowed with the privilege of scrutinizing the management of the hospital, even sitting in judgment on the conduct of attendants, and the complaints of patients, and controlling the management, directly by the exercise of superior power, or indirectly by stringent advice, can scarcely accomplish an amount of good sufficient to compensate for the harm that is sure to follow.

Resolved, That the duty of restoring the insane, and of procuring the highest possible degree of comfort for those beyond the reach of cure, implies a knowledge of their malady and of their ways and manners that can be obtained only by study and observation.

Resolved, That the work of conducting any particular individual through the mazes of disease into the light of unclouded reason, embracing, as it does, the drugs he is to take, the privileges he is to enjoy, the letters he is to write or ought to receive, and the company he may see, implies not only certain professional attainments, but a close and continuous observation of his conduct and conversation, neither of which qualifications can be expected from the class of functionaries above mentioned, though appointed for the express purpose of making suggestions and proffering advice.

Resolved, That one of the first things in the treatment of a patient is to secure his confidence, to make him feel that he is in the hands of friends who will protect and care for him; and yet this purpose is completely frustrated when it is incessantly proclaimed to him from the walls of his apartment, that the people to whom he has been intrusted, are not trusted by others, and that any aid or comfort he may require must be sought from a power paramount to theirs.

Resolved, That valuable information may be obtained from the letters of patients respecting their mental movements, as many will communicate their thoughts in this manner more unreservedly than in their conversation, which advantage is lost when their letters are forwarded unopened.

Resolved, That inasmuch as the letters of the insane, especially of women, often contain matter the very thought of which, after recovery, will overwhelm them with mortification and dismay, any law which compels the sending of such letters is, clearly, an outrage on common decency and common humanity.

Resolved, That the fact so much asserted at the present day, and offered as the main reason for the legislation in question, viz: that sane persons are often falsely imprisoned on the pretense of insanity, is not true, and that we believe that if ever, it is extremely rare that a single case of wrongful imprisonment in any hospital in this country has taken place.

Resolved, That should such cases occur, it would require more knowledge and experience to detect and expose their true character than any but the officers of the hospital would be likely to possess.

Resolved, That the project of law for regulating the relations of the insane, adopted by the unanimous vote of the association in 1868, prescribes such safe-guards against abuses of every kind, as are best fitted to secure that object with the least possible amount of inconvenience to parties not immediately concerned.

Resolved, That the practice now rather common even among those who write or lecture on the subject for the instruction of the public, of designating as "Private Asylums," the corporate hospitals of the country, such as the McLean Asylum at Somerville, the Butler Hospital at Providence, the Retreat for the Insane at Hartford, the Bloomingdale Asylum in New York and the Pennsylvania Hospital in Philadelphia, is calculated to mislead the public mind respecting the true character of such establishments. Founded as they are on the gifts and bequests of benevolent persons, conducted by officers paid by a fixed salary, and directors or managers with no compensation at all, and watched by a system of visitation, unequaled in frequency and thoroughness by that of any public hospital, they are in no sense of the term Private Asylums.

MATRON'S REPORT.

The matron reports the following articles made in the house during the year besides the mending:

Aprons	439
Chemises	207
Comfortables	104
Curtains	41
Drawers, pairs	85
Dresses	463
Dresses, night	80
Handkerchiefs	347
Pillow cases	432
Sacks	38
Sheets	815
Shirts	374
Skirts	194
Socks	34
Spreads, bureau	86
Spreads, cupboard	84
Spreads, stand.	28
Table cloths	43
Towels	1,164
Wrappers	190
Total number	5,248

The tailor reports the following articles as having been made in the shop, in addition to the repairing:

Camiosles	2
Coats	
Drawers, pairs	15
Full suits	

[SENATE, No. 17.]

Mattress ticks	 	 			 	 	 					 184
Overalls, pairs	 	 		 	 	 	 				• •	 112
Overshirts	 	 		 	 	 	 				• •	 81
Pants	 	 		 	 	 					• •	 2
Straw-bed ticks	 	 		 	 	 						 165
Vests	 	 	• •	 	 	 					• •	 12
Total number	 	 		 	 	 					• •	 583

STEWARD'S REPORT.

The steward makes the following report of the farm and garden, December 1, 1875:

Apples, 31 bushels at 75c	\$23	25
Asparagus, 48 bushels at 8c	3	84
Beans, spring, 48 bushels at \$2	96	00
Beans, dry, 28 bushels at \$2	56	00
Beets, farm, 480 bushels at 40c	192	00
Beets, green, 467 bushels at 4c	18	68
Beets, garden, 1,226 bushels at 40c	490	40
Cabbages, white, 3,568 heads at 6c	214	08
Cabbages, red, 350 heads at 8c	28	00
Carrots, 867 bushels at 40c	346	80
Cauliflowers, 67 heads at 10c	6	70
Celery, 2,842 heads at 6c	170	52
Cornstalks, green, 20 tons at \$3	60	00
Cornstalks, dry, 60 tons at \$5	300	00
Corn, green, 96 bushels at \$1.50	144	00
Citrons, 66 bushels at 25c	16	50
Cucumbers, 25 bbls. at \$4	100	00
Cucumbers, green, 15 bushels at \$2	30	00
Egg plant, 50 bunches at 10c	5	00
Hay, 126 tons at \$12	1,512	00
Lettuce, 2,463 bunches at 5c.	123	
Milk, 111,945 quarts at 6c	6,716	
Onions, dry, 412 bushels at 75c	309	
Onions, green, 1,042 bunches at 6c	62	
Oats, 600 bushels at 50c	300	
Parsley, 684 bunches at 6c	41	
Parsnips, 25 bushels at 40c	10	
Peas, green, 68 bushels at 75c	51	00
Pie plant, 1,856 bunches at 6c	111	36
Potatoes, 3,687 bushels at 30c	1,106	10
Peppers, 3 bushels at \$2	6	00
Summer savory, 26 bunches at 10c	2	60
Salsify, 6 bushels at 75c	4	50

[SENATE, No. 17.]

Sage, 90 lbs., at 25c	\$22	50
Squash, winter, 2,842 at 20c	568	40
Squash, summer, 3,243 at 4c	129	72
Spinach, 1,284 bunches at 4c	51	36
Straw, 15 tons at \$8	120	00
Tomatoes, ripe, 168 bushels at \$1	168	00
Tomatoes for pickles, 89 bushels at 75c	66	75
Turnips, 95 bushels at 40c	38	00

\$13,822 47

STOCK ON FARM.

Eleven horses, one yoke of oxen, one bull, one hundred a	and eigh	ty-
four hogs, thirty-six cows.	-	
Amount received for pigs and pork sold	\$504	43
Pork slaughtered for use of house	1,643	30
Value of swine on hand	2,465	00
Total value	\$4,612	73
Value of swine on hand December 1, 1874 \$2,500 00		
Amount paid for feed 726 05		
	3,226	05
Increase of value	\$1,386	68

There have been no changes in the corps of officers of the Asylum during the year. All have performed the duties of their various positions cheerfully, intelligently and faithfully.

Dr. E. E. Smith has had special charge of the entertainments; during the fall, winter and spring months there have been on an average two a week, or by actual count eighty. They were composed of theatricals, readings, concerts, tableaux, magic lantern exhibitions and "varieties." During the past few months the asylum theater has been greatly improved. A new drop curtain has been prepared, the gas-lights rearranged, the old scenery repainted and new added, so that now twenty different scenes can be put on without difficulty. The entire machinery of the stage has been changed and improved; the dressing-rooms enlarged and made more convenient, and the ceiling covered with tin, thus rendering it as nearly fire-proof as possible. A new flooring has been laid in the auditorium. These renovations render the theater so complete that any ordinary play can be properly and readily presented. The attendants and employees of the asylum have always willingly united to afford amusement to the patients and we now have a theatrical troupe, thus formed, whose labors and success deserve praise. They have been aided by friends from the city who have given concerts, theatricals and other entertainments. We desire to express our indebtedness and thanks to the choir of the Welch Baptist church and to the Philharmonic Society of Utica, the latter assisted by several talented vocalists from the city, each of whom gave a concert, which was highly enjoyed by all. To the Utica Dramatic Association, to an amateur dramatic club and to a club of boys from the city, we would record our obligation for their exhibitions.

The chaplain, Dr. Gibson, has been favored, during the year, by the Rev. Mr. Bell of Waterville, Dr. N. Barrows of Rahway, N. J., Bishop Wells of Wisconsin, Rev. Dr. Corey and Rev. Thomas J. Brown of Utica, each of whom has conducted religious services in our chapel. We appreciate their kindness and tender our thanks.

In May last we received a visit from the Association of Superintendents of American Institution, for the Insane, in response to an invitation of the board of managers of the asylum. About sixty members were present and visited all parts of the institution. The fourth meeting of the association was held in Utica in May, 1849, and the members were at that time entertained at the asylum, then under the superintendence of the lamented Dr. Amariah Brigham.

We again willingly record our obligation to State Comptroller N. K. Hopkins and to George Dawson, Esq., of the Albany *Evening Journal*, for packages of newspapers which have been, as heretofore, distributed to our patients. These, with a large number sent by friends of patients, and the purchase, by the asylum, of the exchanges of the papers of the city and those of the reading-room, furnish a large and most acceptable supply of reading matter for our patients.

The institution has become more and more largely visited by the general public, and as heretofore stated, it has required the time of one person to give them proper attention. This duty has been discharged very efficiently and acceptably by Mr. George Milham for several years He reports 8,889 general visitors which with county officers and friends of patients and medical men who have visited the asylum make a total of over 12,000 within the year. The institution has been visited during the year by Governor Tilden, and Comptroller Hopkins, and several times by Dr. Ordronaux, the State Commissioner in Lunacy, and by committees and boards of supervisors and other official persons interested in its welfare. We also received a visit from the eminent writer on insanity and jurisprudence, Dr. John Charles Bucknill, one of the Lord Chancellor's visitors in lunacy.

[SENATE, No. 17.]

I thank you, gentlemen, for the cordial support and counsel I have received at all times in connection with the responsible trust you have committed to me, and which I have always endeavored to discharge with that sense of duty which springs from a consciousness that I have to answer here and hereafter for my acts.

JOHN P. GRAY.

[Senate Doc. No. 17.] 5



APPENDIX.

For the information of those desirous of placing patients under treatment in the asylum, we append the following extracts, requirements and forms of law.

The law relating to the insane is chap. 446, Laws of 1874, entitled "An act to revise and consolidate the statutes of the State relating to the care and custody of the insane; the management of the asylums for their treatment and safe-keeping, and the duties of the State Commissioner in Lunacy."

SECTION 1. No person shall be committed to or confined as a patient in any asylum, public or private, or in any institution, home or retreat for the care and treatment of the insane, except upon the certificate of two physicians, under oath, setting forth the insanity of such person. But no person shall be held in confinement in any such asylum for more than five days, unless within that time such certificate be approved by a judge or justice of a court of record of the county or district in which the alleged lunatic resides, and said judge or justice may institute inquiry and take proofs as to any alleged lunacy before approving or disapproving of such certificate, and said judge or justice may, in his discretion, call a jury in each case to determine the question of lunacy.

§ 2. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his commitment to an asylum, unless said physican be of reputable character, a graduate of some incorporated medical college, a permanent resident of the state, and shall have been in the actual practice of his profession for at least three years, and such qualifications shall be certified to by a judge of any court of record. No certificate of insanity shall be made except after a personal examination of the party alleged to be insane, and according to forms prescribed by the State Commissioner in Lunacy, and every such certificate shall bear date of not more than ten days prior to such commitment.

§ 3. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of committing him to an asylum of which the said physician is either the superintendent, proprietor, an officer or a regular professional attendant therein. It will be seen, from the above sections, that the requirements of the law for the commitment of an insane patient to an asylum are:

1. A certificate of two physicians, under oath, setting forth the insanity of such person.

2. That the physicians signing the certificates must be duly qualified as medical examiners in lunacy, by being certified by a judge of a court of record, as possessing the qualifications specified in the first paragraph of the second section; that the certificates shall be made on personal examinations of the patient, in accordance with forms prescribed by the State Commissioner in Lunacy, and bear date of not more than ten days prior to the commitment.

3. The certificates must be approved by the judge of the county or district in which the patient resides.

The following is the form of medical certificate prescribed by the Commissioner in Lunacy:

(FORM OF MEDICAL CERTIFICATE.)

STATE OF NEW YORK, | ss.

I, , a resident of , in the county aforesaid, being a Graduate of , and having practised as a Physician, hereby certify, under oath, that on the day of , I personally examined of *

*(Here insert sex, age, married or single, and occupation.)

and that the said is insane, and a proper person for care and treatment, under the provisions of chapter 446, of the Laws of 1874.

I further certify that I have formed this opinion upon the following grounds, viz. :*

*(Here insert facts upon which such opinion rests.)

And I further declare that my qualifications as a medical examiner in lunacy have been duly attested and certified by*

*(Here insert the name of the judge granting such certificate.)

Sworn to and subscribed before) me, this day of , 187 .

The judge's certificate of qualification, the form of which we give below, need not be attached to the medical certificate, as the physician makes oath to the fact of being qualified, in each instance. It may be retained by the physician or placed on file in the county clerk's office.

(JUDGE'S CERTIFICATE OF QUALIFICATION.)

STATE OF NEW YORK, | ss: COUNTY OF , | ss:

I hereby certify that , of , is personally known to me as a reputable physician, and is possessed of the qualifications required by chapter 446, of the Laws of 1874.

Patients are admitted to the asylum upon public orders or upon the bond of friends guaranteeing the prompt payment of bills.

Of those committed on public orders—there are two classes—pauper and indigent patients. Pauper patients are sent to the asylum upon the order of the superintendent of the poor of the county in which the patient resides, in accordance with section five of the law.

The order of the county or the special county judge, or judge of the superior court or common pleas of the county where the patient resides, secures the admission of indigent persons not paupers. A certificate of indigence entitles the person in whose favor it is issued, to two years treatment in the asylum, if he is not sooner cured and is by law limited to cases of insanity of not more than one year's duration.

The object of this humane provision is undoubtedly to extend the benefits of this institution to persons of 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 poverty. Patients sent through this channel generally supply their own clothing, and pay their own traveling expenses to and from the asylum.

Patients supported at their own expense, or that of their friends, are received, when there are vacancies in the asylum, giving preference to recent cases, upon the certificates of two physicians, duly qualified as medical examiners, approved by the judge of the county or district in which the patient resides, and upon a bond signed by two persons whose financial responsibility is certified by some bank or county officer, or some well known responsible person.

The form of a bond, to be executed by the friends of the insane person admitted as a patient, is as follows:

WHEREAS,

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, jointly and severally bind ourselves to Thomas W. Seward, treasurer of said asylum, to pay to him and his successors in office, the sum of cents per week, for the care and board dollars 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 also 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 to pay board for twenty-six weeks, unless he shall 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 day of , in the year 18 .

(Name),	[L. S.]
(P. O. Address),	
(Name),	[L. S.]
(P. O. Address),	

This will certify, that I am personally acquainted with and , the signers of the above bond, and consider each of them fully responsible for the prompt discharge of its obligations.

(Name)

[L. S.]

(P. O. Address.)

This agreement or understanding, is generally signed by near relatives or friends of the patient, or legal guardians, if any such there be, at, or prior to the time of admission, or subsequently, upon the deposit, of a sum of money sufficient to secure its execution. Upon application, we will furnish any of the above forms, of medical certificates or bond for private patients, in blank.

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 comfortably clothed and provided with suitable changes of raiment, as prescribed in the by-laws."

We request, especially, that patients brought to us from countyhouses 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 summer; slippers are worn in the house. Females also need ample clothing for walking and 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, etc.

In conveying a patient to the asylum, let it be done, if necessary, 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, whether married or single, number of children, occupation, degree of education, profession of religion, habits, nativity, residence, predisposing and exciting causes; give also a minute history of the patient from youth up, temperament, peculiarities, disposition, etc.; 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, etc. 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 of 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 as 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. John P. Gray, superintendent of the State Lunatic Asylum, Utica, N. Y.