

# **Seventeenth annual report of the managers of the Buffalo State Asylum for Insane for the year 1887.**

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## **Publication/Creation**

[Place of publication not identified] : Printed by the Troy Press Co., 1888.

## **Persistent URL**

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SEVENTEENTH ANNUAL REPORT

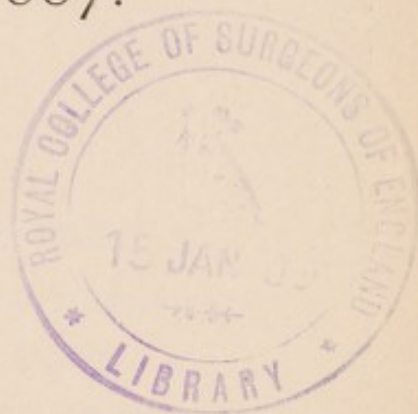
OF THE

MANAGERS


OF THE

Buffalo State Asylum for Insane,

FOR THE YEAR 1887.



THE TROY PRESS COMPANY, PRINTERS.  
1888.



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STATE OF NEW YORK.

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No. 10.

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IN SENATE,

JANUARY, 1888.

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SEVENTEENTH ANNUAL REPORT

OF THE

MANAGERS OF THE BUFFALO STATE ASYLUM FOR THE INSANE.

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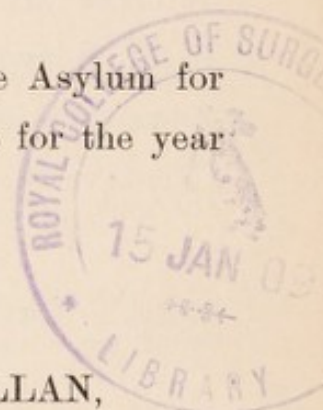
*To the Legislature :*

GENTLEMEN.—The Managers of the Buffalo State Asylum for the Insane present to the Legislature their report for the year ending September 30, 1887.

Very respectfully,

JOHN D. HILL,  
DANIEL H. McMILLAN,  
HENRY HELLREIGEL,  
WILLIAM M. IRISH.  
FRANCIS B. BREWER,  
GEORGE R. POTTER,  
CHARLES G. CURTISS,  
JOHN BOARDMAN,  
CHARLOTTE S. WILLIAMS,  
CAROLINE B. STODDARD.

BUFFALO, *December 6, 1887.*





## OFFICERS.

### MANAGERS.

GEORGE R. POTTER.....	Buffalo.
✓JOHN D. HILL.....	Buffalo.
DANIEL H. McMILLAN.....	Buffalo.
HENRY HELLREIGEL.....	Buffalo.
✓JOHN BOARDMAN.....	Buffalo.
✓CHARLES C. CURTISS.....	Buffalo.
WILLIAM M. IRISH.....	Olean.
F. B. BREWER.....	Westfield.
✓CHARLOTTE S. WILLIAMS.....	Buffalo.
CAROLINE B. STODDARD.....	Rochester.

### TREASURER.

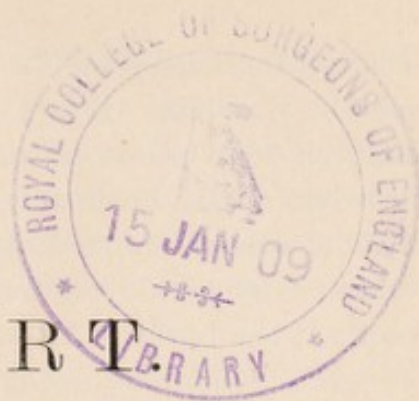
ELIAS S. HAWLEY.....	Buffalo.
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### RESIDENT OFFICERS.

JUDSON B. ANDREWS, A. M., M. D.....	Superintendent
WILLIAM D. GRANGER, A. B., M. D.....	First Assistant Physician
ARTHUR W. HURD, A. M., M. D.....	Second Assistant Physician
LEVI M. BEAM.....	Steward
MARY E. NEWCOMB.....	Matron

### CHAPLAIN.

REV. A. T. CHESTER, D. D.....	Buffalo
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# REPORT

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The board of managers of the Buffalo State Asylum for the Insane, in accordance with the provisions of the statute, respectfully present this, their seventeenth annual report, to the Legislature of the State. It is accompanied by the reports of the superintendent and treasurer of the asylum, which respectively show the results of the year's work and the financial condition of the institution.

The superintendent reports that there were 398 patients in the asylum on the 1st of October, 1886; that 318 were admitted, making a total of 716 patients under treatment during the year. Of this number 360 were discharged and died, leaving 356 in the asylum on the 30th of September, 1887.

Of those discharged, 207 were recovered and improved by treatment, ninety-two were unimproved and forty-four died; fourteen were inebriates and three were not insane. This shows that 55.6 per cent of those discharged were benefited by treatment, or taking out the deaths, inebriates and not insane, sixty-nine per cent.

This is a very satisfactory exhibit and one particularly gratifying to the authorities. It is such a return as fully pays for the expenditure made.

The treasurer reports the receipt from all sources, of \$102,487.76, which, with the balance on hand, makes a total of \$108,095.48, and the expenditures for the year of \$104,606.22, leaving a balance to the new account of \$3,489.26.

The receipts are distributed as follows: For the board and clothing of patients from the counties, \$64,121.24; from private individuals, \$16,076.97; from the State, for special appropriation and officers' salaries, \$21,287.25; for interest on daily balances, \$400.42, and for the sale of material and produce, \$601.88, a total of \$102,487.76. The bills against the institution are paid monthly, and collections are made quarterly according to the by-laws of the asylum.

The board report that the sums appropriated by the Legislature of 1886 have all been expended for the purposes designated in the supply bill. The new building for the use of employes, and in case



of necessity, for a hospital for contagious diseases, was completed and occupied in May last. It is a substantial brick building of two stories and contains four rooms on each floor. On the first there is a general sitting room, a bath room and water closet; all of the other rooms are dormitories, each accommodating two persons. Those on the first floor are occupied by employes, and those on the second floor by patients, who work at the barns. All of the occupants board at the kitchen or on the wards. The house is heated by steam, supplied from the boilers, which heat the other asylum buildings. It is admirably adapted to the uses for which it was intended, and supplies a want which has been seriously felt for some years.

The piggery was completed late in the fall of 1886, and has been in use since that time. There is room for 120 pigs, and the location and plan of the building provide for their care with the greatest convenience, and remove the objectionable features frequently connected with such a building located on the grounds of an institution.

The paint-shop and lumber shed are inexpensive wooden buildings, so located as not to endanger the other structures in case of fire. The blacksmith shop, built of culled stone, left upon the grounds from the original building, is attached to the main chimney, and corresponds with it in appearance; the plumber's shop was made from the fan room by laying a floor level with the engine room. This leaves the basement story unobstructed for the passage of the main steam, condense and water pipes. A large flue was built extending from the mouth of the plenum through the floor of the shop to the louvred cupola, to supply fresh air to this underground passage.

These various buildings give the asylum a satisfactory working plant, and fill all of the present requirements. They are in good condition and arranged with special reference to convenience and safety.

There were three items in the appropriation for the Buffalo Asylum in the Supply bill of 1887. The first was for the construction of an additional ward building, to accommodate 150 patients, to be located on the western side of the administration building. The second was for a road-bed for a switch, extending from the New York Central Railroad to the grounds of the asylum, a distance of 3,700 feet, and the third for changing the location of the main water supply pipe and enlarging the main condense pipe, from the heating apparatus to the boilers.

Regarding these items we have to report that the plans, specifications and estimates have been made for the new ward building, but a further steps have been taken. The delay has been occa-



sioned by the unwillingness of the board to begin this work until the suit regarding the contract for stone used in erecting the present buildings had been settled. When the appropriation was asked for, it was thought that the decision of the Court of Claims was final, but the appeal subsequently taken by the Attorney General of the State to the Court of Appeals, leaves the questions involved still undetermined.

To avoid further legal complications, the board of managers deemed it better to await the decision of the case by the court of last resort.

The sum appropriated for making the road-bed for the switch, has been expended and the work completed. The railroad company has in fulfillment of the agreement finished the road and it is now in use. It will result in a great saving to the institution in the transportation of coal and ice; and to the State, in the delivery upon the asylum grounds of material employed in future construction of buildings.

The changes provided for in the main water supply pipe and in the condense pipe have been made. The first of them was necessary because the water pipe was placed, not only beneath the administration building, but also under one of the towers. In this position it was inaccessible, though in danger of being broken by any settling of the walls. It was laid before the filling in around the building was done, and by the grading the pipe was covered to the depth of fifteen feet. The difficulties already encountered in case of breakage on two occasions made apparent the need of a new location for the water main. It is now carried around the building under the drive way and thence by the main tunnel to the engine house. In the tunnel it is under immediate observation, and the part underground can be readily reached.

The enlargement of the main steam condense pipe, from four to six inches, prevents all noise in the return of water of condensation, and provides for future extension of the ward buildings, while the suspension of the pipe by hangers from the cross tunnel, clears a passage for the tramway from the present kitchen to the proposed new ward building.

Besides the improvements provided for by the special appropriations of the Legislature, others have been made in connection with the care and repair of the buildings, from the current funds of the institution. The work of replacing the window guards of the women's wards, referred to in previous reports, has been continued. It was also found necessary to furnish additional protection to the transoms of the



windows, as the guards originally put on were too large and open. All of these, so far as were thought necessary, have been changed and put in condition to meet the demands of safety to patients in preventing egress from the rooms.

The wards for refractory patients in both the men's and women's divisions have been subdivided by the erection of partitions, the lower part made to correspond with the rest of the woodwork and the upper sections finished in colored glass; this produces an ornamental effect and adds to the beauty of the wards. The division of the wards into two or three separate parts makes the classification more complete, reduces the noise and disturbance among the patients and renders their care less trying to the attendants. The same wards have also been repainted and decorated, and are now the most attractive in the asylum.

The outside staircase for the A building has been removed to the corridor between the A and the B building, and the former passage way has been converted into a single room.

Among the most important repairs are those to the roof of the building and to the gables of the brick wards. These had suffered considerably from water, which had passed through the joints of the stone coping, and been driven under the coping where the cement had fallen out. The disintegrated brick were replaced, the joints and under projecting surface of the coping were recemented and galvanized iron bent in the form of a gutter put under it, to conduct the water from the walls. The coping of the administration building was repaired in the same way, and the ornamental stones at the peaks, which were loose and liable to be blown down, were secured by galvanized iron anchors. New slate were put on where required, and such of the tiles on the towers as had fallen off were replaced.

The farm house was repainted and put in good repair and also the iron guards and outside of the sash of the brick wards. Minor repairs have been made to all of the asylum buildings with the view of keeping them in good condition and avoiding the necessity of extensive outlay in the future.

The farm has been improved by another year's care and cultivation, and for the first time since the opening of the asylum the garden has repaid the labor bestowed upon it. This was effected by drawing on several hundred loads of soil, to which reference was made in our report of last year.

Some of the roadways of the asylum have been repaired by a covering of broken stone, as the surface had been worn away by continued



use and the filling exposed. More must be done in this direction during the coming year.

The lawn has been improved by setting out shade trees and groups of shrubbery in accordance with the original plan adopted for laying out the grounds. It is the design of the managers to make these improvements yearly so far as they can be done with economy and with the means and material at hand.

The past year has been prolific in attacks upon asylums and their management. The public press has devoted columns to the sensational recital of alleged abuses, and charged the most serious crimes against the authorities and employes of institutions for the insane. In some cases the occasion has been found in the accidents incident to the care of violent and dangerous lunatics. This asylum has been subjected to a most unjust attack, based upon a death which occurred within its walls.

The facts in brief are as follows: A man sixty years of age, thin in flesh, of slight physique, was admitted to the asylum on the twenty-first day of March, with a history of having been insane for about six months, with exalted delusions of his own power, and such a degree of restlessness and disturbance as led to his being restrained, while at home, by a strap about the body, to a chair. He was in the habit of beating his breast with his hands, asserting his perfect health and great strength. After admission to the asylum he continued restless, moving rapidly about the ward, sometimes with his eyes closed and coat drawn over his head, shouting religious phrases, running against chairs and other furniture of the ward, and throwing himself upon the floor without regard to the consequences of his acts. During the week of his stay in the asylum he lost in flesh and strength, from refusal to take a full amount of nourishment. At night he was frequently noisy and about his room; to protect him from injury he was placed to sleep in a single room without furniture, with a bed made upon the floor. Although thus disturbed he was readily controlled and was not violent toward other patients, though annoying to them from his habit of putting his hands on and interfering with them, and at no time was there any record of a contest or struggle with the attendants. Late in the afternoon preceding his death he was secluded during the supper hour in a room where the bedstead was fastened to the floor, and when visited by the physician, was seen sitting on the floor with feet braced against the baseboard of the room and the back of his neck against the foot roll of the bedstead. Upon the morning of his death he was found by the attendant, whose duty it was to care for him, in a weak and feeble condition. Assistance was summoned and he was bathed and



dressed by three attendants and taken down stairs to the lower ward, which he occupied during the day. Upon being placed in a chair he slipped out upon the floor. His feeble condition was recognized and he was placed upon a bed and a physician summoned, but before he reached the ward the patient was dead.

A post-mortem examination revealed a chronic meningitis extending over the frontal and parietal portion of the brain, a fracture of the spinous process of the fourth cervical vertebra, and of three ribs and one costal cartilage on each side. The ribs were all in an extremely brittle state; the fractured portion of the spinous process did not press upon the cord nor was there any evidence of injury to it. The fractures of the ribs were all transverse and there was no penetration of or injury to the pleura or lungs. The physicians of the board of managers were summoned and saw the post-mortem appearances. In consultation with the superintendent it was decided to request the coroner to make a thorough investigation. This was held, and continued for several days, during a period of two weeks. The decision reached was that "The patient came to his death by injuries received in the Buffalo State Asylum for the Insane, which injuries were received in some manner unknown to this jury."

At this time the Commissioner in Lunacy visited the asylum, made an investigation, and arrived at a similar conclusion. About a week later the three attendants who last had care of the patient were arrested on the charge of murder. This was reduced to manslaughter in the second degree, and bail fixed at \$2,000, which was furnished, and they were released, pending an investigation by a justice. This was waived and they were held for the action of the grand jury. An indictment was found upon the charge, without any direct evidence, and apparently on the ground of exclusion, as all of the attendants who had any care of the patient were examined, except the three charged with the crime.

The trial was held before the Superior Court of Buffalo in September last, and continued for eight days. There was no evidence to convict the defendants indicted, but proof sufficient to show the probability of the injuries having been self-inflicted. Hon. Charles Beckwith directed the jury to bring a verdict of not guilty, which was done without leaving their seats.

In his remarks he fully vindicated the asylum, and commended the action of the board in seeking an official investigation into the causes of the death of the patient. We quote from the Judge's remarks to the jury, as we deem it well to place on record the views held by the court in a case of such importance, not only to this asylum, but to



others who may have the misfortune to pass through a similar experience:

CHARGE TO THE JURY.

“There is, perhaps, no misfortune that can befall a man in this world so great as the loss of his reason. It is an affliction that may fall upon any man, either as a visitation upon himself or some member of his family, wife, child or parent. It is an affliction which moves deeply the sympathies of the human heart. It is a misfortune, too, which seems to be more common in the community than we would at first think. You may have noticed that among the persons who were summoned here to act as jurors in this case, a large number of persons out of that list—a surprisingly large number, as it seemed to me—testified that they at some time had had relatives or friends who had been inmates of the asylum with which this suit has relation. So it seems that this misfortune is a pretty common one in the human family, and it is not surprising, on that account, as well as on account of the natural sympathies of the human heart, that the community should take an especial interest in a case of this kind; that when any charge is made against an institution of this kind, of cruelty or misconduct toward the persons in it, the community should be deeply aroused. Nevertheless, gentlemen, it belongs to us—it belongs to the people—to be careful not to indulge in unjust suspicions, but to remember the difficulties which attend the care of a large number of insane persons, and to bear in mind how much better off the inmates of our asylums are than they were before the organization of such institutions, and when those unfortunate persons were left to the care of their friends at home. As Dr. Ordronaux says in one of his decisions, ‘It is not surprising that the public should deem it impossible, when relatives of an insane person cannot endure his presence at home, that strangers should be kinder and more forbearing with him in the privacy of an asylum.’ The course which the managers of the asylum pursued in this instance was a creditable one, an honorable one for them to pursue; that is to say, when death had taken place under circumstances that excited suspicion, they said, ‘Let the officers of the law look into this; we have no secrets; we propose to carry on this institution with publicity; we have nothing to cover up.’ And it seems to me that it was the proper and just course, just to the institution and to the community, and entitled to the commendation of the public, that they should put the case in the hands of the public officers for investigation, for where there is secrecy there is suspicion, and where there is publicity, openness and candor, a confidence grows up between patrons and managers of the institution, and they go on with



mutual reliance, with safety and with success. When we approach the examination of a case of this kind, it is proper that we should see that the duties which have been assumed by managers and by keepers in these institutions are properly performed, and, on the other hand, we should be careful to see that we are not influenced by any unfounded suspicion, or any passion or any other influence that may turn the mind from a proper consideration of the facts which are presented to us. We only have to make a fair, candid and careful investigation of the facts and the proofs which are presented to us, and come to that conclusion, upon the facts and proofs presented, which seems to be just.

“It has been charged here by the indictment, found by the representatives of the people, that Mr. Brown, an inmate of the Insane Asylum on Forest avenue, in this city, came to his death at the hands of his keepers or attendants, as they are called — the defendants here at the bar. They are charged with manslaughter — with having conducted themselves in such a way, either with anger or carelessness in the care and management of this party, as to cause his death. If they are guilty of that charge, a verdict should be found against them and they should suffer the punishment which the law inflicts in such cases. The question has been raised here whether the people have been able to prove enough to satisfy the mind that these defendants are guilty of the charge which has been made against them. This is primarily a question for the jury, under our system for the trial of causes. It is for the jury ordinarily to say whether they are satisfied upon the evidence and facts which have been established in the case that the parties are guilty of the offense charged.”

The judge then speaks of the principles of law involved and of the necessity of establishing the guilt of the accused beyond any reasonable doubt, and after reviewing the testimony presented, continues:

“With the case as it now stands, with the testimony which has been given and facts which have been established, it seems to me that there is no ground upon which it can be safely deduced that those injuries from which Brown is said to have died were inflicted by the defendants. I do not see any testimony or any circumstance from which we can fairly draw a logical or legal conclusion that they were wrongfully inflicted by the defendants. Of course we may say and may think that they may have been inflicted upon him by the defendants, but we cannot go outside of the testimony and facts and speculate freely in our minds as to the cause of the injuries, but must confine ourselves to what has been proved in the case. And we have the proof that these defendants had him in their possession but a short



time on Monday morning before he died, and we have the proof experts that the injuries were inflicted upon him some time previous. But we have no proof who inflicted them, or how they happened to him, but evidence has been given on the part of the defendants, tending to show that it was possible for Mr. Brown, under the operation of his insane delusions and efforts, while confined in that room, by placing himself against the bedstead or under the projection of the window-sill, to have inflicted these injuries upon himself. The physicians give it as their opinion that it was possible for him to inflict them upon himself. Now, with the proofs furnished in this case before us, upon which it is legitimate for us to infer that he could have inflicted these injuries upon himself, being an insane man and not knowing what he was about, with some evidence to show a disposition on his part to put himself in shape where he might try his strength, and injure himself, we could not be justified upon grounds of mere speculation and mental operation, in saying they were inflicted by the defendants. Consequently, then, gentlemen, I come to the conclusion that it is a legal, a logical necessity, to say that the case has not been established against the defendants, or either of them.

“There is a section of the Penal Code of this state to this effect that if at any time after the evidence on either side is closed, the Court deems it insufficient to warrant a conviction, it may advise the jury to acquit the defendants and they must follow the advice.

“The advice which I give to you, gentlemen, is that the case is not made out against the defendants and that they should be acquitted.”

The clerk of the court then called the names of the jurors and asked how they found the prisoners at the bar, guilty or not guilty of the offense whereof they stood charged, and the jury, without leaving their places, rendered a verdict of not guilty as to all of the defendants.

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The board are pleased to be able to report that in the medical treatment, and in the provisions for the comfort and care of patients, the asylum has kept fully abreast with the advances in similar institutions both in this country and abroad. During the year numerous visits have been received from persons prominent in the specialty, and particularly from those in attendance upon the sessions of the Ninth International Medical Congress, held in Washington, in September last. All have united in commendation of the asylum and of the methods employed in its administration, and have awarded it a high position among like institutions of the world. The success which has been attained is shown by the increased number of recoveries and of those discharged, improved. This is the best demonstration of the



value of treatment in an institution properly equipped and conducted according to the high standard of a modern hospital for the insane.

We desire to award full credit to the officers and employes, who, under many trials and discouragements, have been faithful to the great responsibilities and to the trust reposed in them.

In March last, at the expiration of the term for which he was appointed, Francis H. Root tendered his resignation as a member of the Board of Managers. His increasing years and impaired health, with a desire to relieve himself of some of the responsibilities which his fellow citizens have placed upon him, led to this step. For six years he held the position of president of the board, and during all the time was unremitting in attendance to the duties of the place. Upon receiving notice of his resignation the following resolutions were passed and placed upon the minutes:

WHEREAS, At the last quarterly meeting of the Board of Managers of the Buffalo State Asylum for the Insane there was received a letter of resignation from Francis H. Root, as president of the board, and also the announcement of his request to the Governor to appoint some other person in his place.

*Resolved*, That this board wish to put upon record an expression of the loss the asylum sustains in the retirement of one who has so long stood at the helm, and whose tact and ability have guided our deliberations, and whose uniform kindness has contributed so much to our pleasure in the performance of the various duties entrusted to the board.

They deeply regret that it has seemed necessary and best for him to take this step, and it is only as we learn his determination not to change his mind that we are willing to accept his resignation.

That this resolution be spread upon the minutes of the board and that the secretary be instructed to place a copy of the same in his hands.

(Signed.)

JOHN BOARDMAN,  
FRANCIS B. BREWER,

*Committee.*

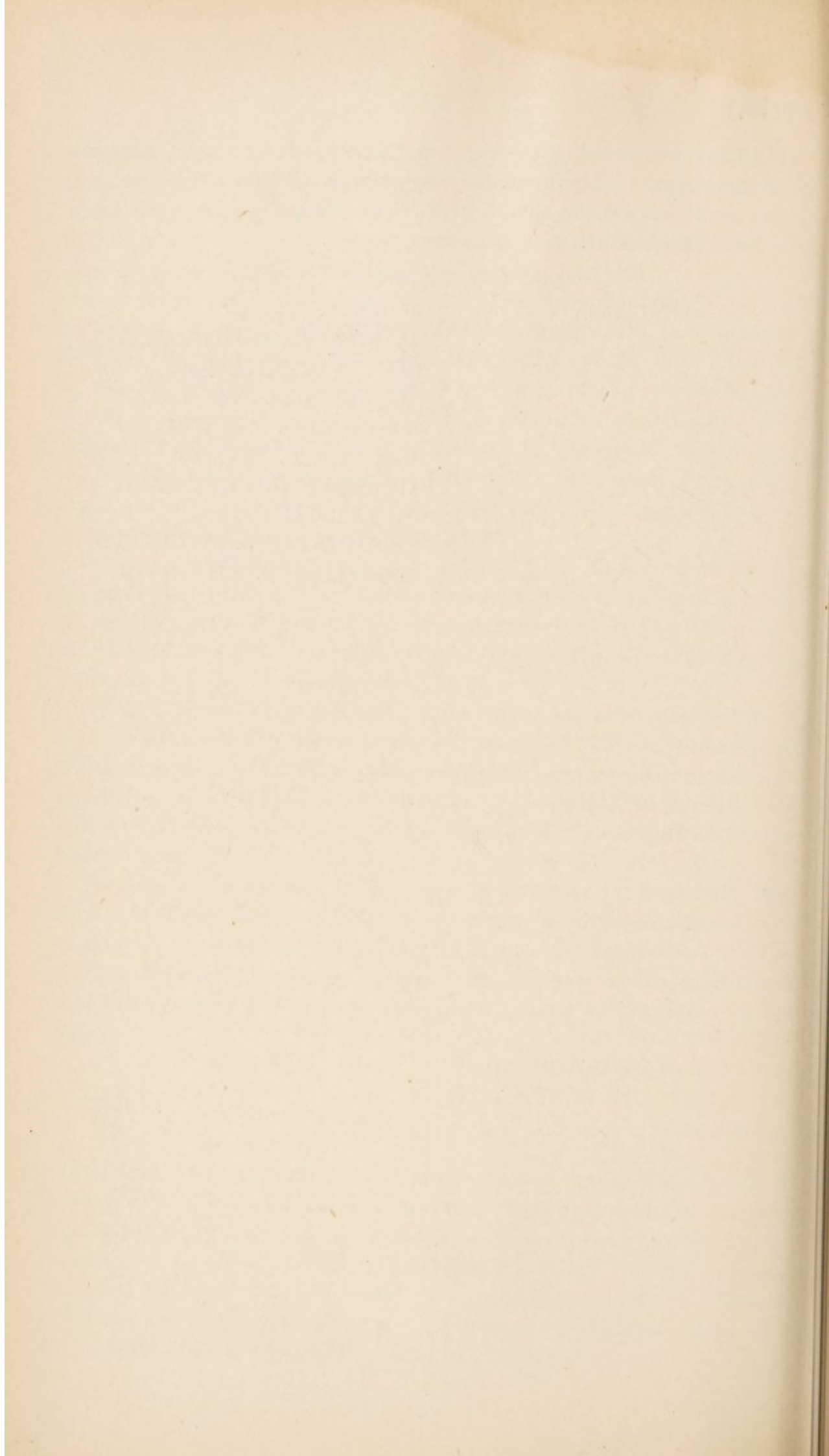
The board would again present their request that another assistant physician be provided for the asylum. The appropriation for the remuneration of such an officer has already been made by the Legislature, but by some oversight the bill authorizing the appointment failed of passage. The necessity of an additional medical officer is only the more apparent after the experience of the last year. We believe that this request will be readily granted.

With this statement of the condition and needs of the asylum we close our report for this year. We enter upon another with an earnest desire that it may prove one of greater success and progress than any that have preceded it.

Respectfully submitted,

(Signed.)

JOHN D. HILL,  
DANIEL H. McMILLAN,  
HENRY HELLREIGEL,  
WILLIAM M. IRISH,  
FRANCIS B. BREWER,  
GEORGE R. POTTER,  
CHARLES G. CURTISS,  
JOHN BOARDMAN,  
CHARLOTTE S. WILLIAMS,  
CAROLINE B. STODDARD.





# TREASURER'S REPORT,

FOR THE YEAR ENDING SEPTEMBER 30, 1887.

## *Receipts.*

To balance on hand .....		\$5,607 72
From Comptroller for salaries.....	\$9,900 00	
From Comptroller for special appropriations,	11,387 25	
		21,287 25
From interest on daily balances .....		400 42
From sale of old material, etc.....		371 37
From sale of farm and garden produce.....		230 51
From board and clothing of county patients,	\$64,121 24	
From board and clothing of private patients,	16,076 97	
		80,198 21
 Total .....		\$108,095 48

## *Disbursements.*

For officers' salaries .....	\$9,900 00	
For attendants and labor .....	26,280 96	
For groceries and provisions .....	28,794 33	
For ordinary repairs .....	3,726 80	
For farm, barn and grounds.....	6,093 51	
For miscellaneous expenses .....	682 12	
For clothing.....	2,175 50	
For furniture and fixtures .....	2,462 58	
For patients' expenses.....	445 33	
For household stores.....	2,591 41	
For books and stationery .....	872 35	
For fuel and heat .....	4,798 63	
For medicines .....	917 32	
For city gas .....	1,621 95	
For cash refunded .....	111 25	
For improvements .....	13,132 16	
		\$104,606 22
Balance on hand to new account.....		3,489 26
 Total .....		\$108,095 48

BUFFALO, *October 1, 1887.*

ELIAS S. HAWLEY,  
*Treasurer.*

# SUPERINTENDENT'S REPORT.

*Gentlemen of the Board of Managers:*

In accordance with the law organizing the asylum, I would respectfully make this report of the work and condition of the institution for the fiscal year ending September 30, 1887 :

## GENERAL STATISTICS OF THE ASYLUM.

	Men.	Women.	Total.
Patients in Asylum September 30, 1886.....	188	210	398
Admitted during the year.....	185	133	318
Total .....	373	343	716
	Men.	Women.	Total.
Discharged recovered .....	70	37	107
Discharged much improved.....	15	19	34
Discharged improved .....	40	26	66
Discharged unimproved .....	36	56	92
Died .....	25	19	44
Inebriates.....	13	1	14
Not insane .....	3	..	3
Total .....	202	158	360
	Men.	Women.	Total.
Remaining in asylum September 30, 1887.....	171	185	356
Maximum number under care.....			404
Minimum number under care .....			348
Daily average under care.....			378.10
Ratio of recoveries to number of admissions.....			33.65
Ratio of recoveries to average population .....			28.30
Ratio of recoveries to number discharged .....			29.72
Ratio of recoveries to number discharged, exclusive of deaths, inebriates and not insane .....			35.78



*Admissions.*

On analyzing the statistics of the admissions there are many interesting facts presented. During the seven years since the asylum was opened there have been 1,969 patients received, and 1,613 discharged. Of these 815 were recovered and improved, showing that more than fifty per cent were benefited by treatment. By taking out the deaths and those discharged as not insane, mostly inebriates, the percentage is raised to more than sixty-one.

Of the 297 cases of insanity admitted for the year 250 were received during the first attack, thirty-five during the second, five during the third, two during the fourth, and in five cases the number of the attack was not ascertained.

Of the conditions existing which were unfavorable to recovery there were eleven cases of general paralysis, sixteen of epilepsy, one of imbecility, and in sixty-three cases the insanity was of more than two years' duration, and had therefore already reached a chronic stage.

The following is a list of some of the diseases, bodily defects and injuries found among those admitted. Some of them were the direct causes of insanity, while others were simply associated conditions. Forty-three were emaciated and feeble, eleven had heart disease in some of its various forms, nine had paralysis, three had fracture of skull, one fracture of a rib, eight had bruises, cut throats or other evidences of suicidal attempts; one was deaf and dumb, one had chorea, two had loss of an eye, one of an arm, four had acute meningitis, one had rickets, one ovarian tumor and one had heart disease, locomotor-ataxia and paraplegia.

Restraint was employed in bringing patients to the asylum in sixteen cases, of which eleven wore handcuffs; three had, in addition, shackles, one was brought in a muff and one had her hands and feet tied with bandages.

Of the 318 patients admitted, 119 manifested suicidal or homicidal tendencies, or both. Twenty-three had attempted suicide and fourteen had attempted homicide; one had committed homicide and attempted suicide, and the others had threatened suicide or homicide, or both.

The case of homicide and attempted suicide was one of melancholia in a woman, the mother of two children. She had never been in robust health, but suffered from no special form of disease. In December last, she had some teeth extracted while under the influence of ether, and in the unconscious condition she had very unpleasant mental impressions which recurred to her afterward. She passed into a deep melancholy state, in which she was controlled by the most depressing delusions of homicide and suicide. After about two weeks she became



more composed and it was suggested that travel might exert a beneficial influence upon her. Her husband, with his wife and the youngest child of two years of age, went to the home of a relative intending to visit among friends. The first night she escaped from the house with the child. Her absence was soon noticed and search revealed the mother lying in some bushes by the creek, her clothing wet and freezing, and the body of the child in the water, dead from drowning. The mother was brought at once to the asylum, where she has demanded constant care to prevent the success of her suicidal efforts.

#### *Discharges.*

Of those discharged not recovered, fifty chronic cases were removed to the various county asylums, which are relieved from the operation of the law requiring that such patients should be sent to the State asylums erected for this class; twenty-nine were sent to the Willard asylum; thirteen to Binghamton; one each to Utica and Brigham Hall, and twenty-four were removed by friends on giving the bond required by law. Several patients of the private class were removed by their friends, against the remonstrance of the officers of the asylum.

Among the discharges for the year are several which deserve special notice, as they emphasize in a most painful manner the dangerous tendencies which exist in certain cases of insanity, and illustrate the readiness with which friends assume the responsibility of the care of the insane, and also the little appreciation they have of disturbed mental states. An appeal to the sympathy of a parent, or of a husband or wife or other relative, often has more influence than the judgment of those who by experience and constant association with the insane are best fitted to form a correct opinion of the propriety of a removal from the asylum.

The law of the State provides for the discharge of any patient of the public class, unless committed on a criminal order, by the friends or relatives upon a bond providing "for the peaceable behavior, safe custody and comfortable maintenance without further public charge." This bond must be approved both as to amount and the sufficiency of the sureties by the County Judge of the county from which the patient is sent to the asylum. A certified copy of such bond presented to the managers, transfers all responsibility to the signers thereof.

The subsequent history of two patients discharged in this way, after a formal application had been refused by the asylum authorities, has come to our notice. One was of a young girl suffering from spinal disease, which had made her a cripple for life. Her insanity at home and afterward at the asylum, was marked by periods of great destruc-



tiveness and violence, requiring continued vigilance, and at times the personal care of several attendants. Her only parent, a mother, was without sufficient means to care for her child properly; she, however induced some friends to become surety in a small amount upon a bond which received the approval of the judge. As was predicted, the mother found herself helpless to care for her daughter, and during the first period of frenzied violence, the child left her home and came to the asylum late in the evening. She was cared for during the night and her mother informed of her whereabouts. She came to the asylum, but her daughter refused to return with her, and it required the combined efforts of three persons to place her in a carriage for removal home. She again escaped and while wandering in the streets exhibited her violence by breaking the plate-glass window of a store. For this she was arrested by the police, taken to the station-house whence she was removed to the county asylum. Another case was that of a young girl whose violence at home led to her commitment to the asylum. She had been there but a few weeks when she was visited by her mother, and a strong appeal for return home led to a request for her discharge, which being refused on account of her maniacal disturbance, a bond was obtained and the patient was removed. In a few weeks she set fire to her father's house and burned it to the ground, and subsequently set fire to her bed in the county asylum, to which she was temporarily committed for safe keeping.

There were two cases of private patients who were removed against the positive advice of the authorities. One was a young man, a teacher of music, who had attempted suicide by cutting his throat. His suicidal tendencies still existed, but a mother's desire to have her son with her and her inability to listen to reason and remonstrance, led to his removal; a paper received a month afterward from his home contained an account of his successful attempt to commit suicide by shooting himself through the head.

The other was a woman with melancholia, who had suicidal tendencies. After a residence of eleven days in the asylum she was removed by her friends, as they claimed she was well and that they could take care of her. In less than three weeks she committed suicide by taking Paris green.

This list of accidents would, we fear, be further enlarged if we knew the history of other patients removed under similar circumstances. Such experiences, however, do not in any way deter friends from assuming a responsibility which one familiar with the insane would shrink from doing. It would seem that a personal experience, which often proves to be of the most unfortunate character, can only



satisfy many of the friends of patients, as they imagine that public officials are prompted by some selfish motive in not allowing the removal of the patient from the asylum.

There were fourteen cases of inebriety discharged during the year. They were all regularly committed, but after the immediate effects of the stimulants had passed off they were found not to be insane. Many of them were committed here at their own option, in the hope of deriving aid from the restraint and treatment of the asylum. To some of them it is of great assistance, as it lays the foundation, by improvement in physical health, of a successful control of the demoralizing habit, at least for a season. It also saves the lives of some who would have died from exposure or neglect, or committed suicide or homicide unless restrained by the hand of the law.

Of the three cases discharged as not insane, one was committed to the asylum by order of a court upon the finding of a jury, who brought in a verdict of not guilty by reason of insanity.

In one case a more than usually protracted period of delirium in the early stages of typhoid fever was mistaken for insanity, and in a third the violent conduct and threats of a man much broken in health, instigated by family discord, led to his temporary stay in the asylum, much to the good of all concerned. In none of these cases can any blame be attached to the physicians making out the certificates. They were errors of judgment from a too limited period of observation and from the necessity of immediate action. It has never been my misfortune to find in any case an effort on the part of the medical men to declare a man insane and commit him to an asylum from any improper motive.

One strong safeguard against error is found in the general practice of having the family physician as one of the signers of the certificates. He is familiar with the peculiarities of the patient and with his domestic relations, and is therefore in the best position to judge of the changes indicative of lunacy, and of the propriety and necessity of commitment to an asylum.

There were forty-four deaths, a larger number than in some of the preceding years. The cause is found in the greater number of serious forms of diseases existing in those admitted.

The causes were as follows: Seven were from asthenia, six from acute meningitis, five from cerebral apoplexy, six from cerebral effusion, eight from paresis, two from uræmia, two from dysentery, two from heart failure, and one each from chronic endocarditis, loco-motor ataxia, cerebral softening, chronic diarrhœa, meningitis with injury, and heart failure with injury.

The one of meningitis with injury is the case of Charles W. Brown,



which is referred to at length in the report of the managers. It is thus recorded in the table of deaths, as the meningeal inflammation, with the subsequent arterial changes, was sufficient to account for death, without the injuries, none of which were of such a nature as to be immediately fatal.

The case of death from "heart failure with injury" is that of a young girl who came to the asylum with a history of having been insane for some four or five years. During this time she had expressed ideas of being deserted by her friends, had been seclusive, reticent, and inclined to wander from home for days together, sleeping at night in the woods or in barns, until found by friends who were searching for her. After admission she manifested no interest in her condition or surroundings, was quiet and reticent, standing about in the ward and doing nothing to occupy or employ herself. As she had no history of suicidal tendencies she was placed to sleep in a single room of a quiet ward on the upper floor of the building. In the night she climbed up by the window guards to the transom, a height of fourteen feet, broke out a pane of glass, crept through the transom guard and fell to the ground, a distance of fifty-six feet. Her groans attracted attention and she was carried to the ward and the physician summoned. He found a compound-comminuted fracture of the tibia and fibula of the left leg. Under appropriate treatment she rallied from the shock, and on the same morning a resection was performed, and the patient appeared quite comfortable. On the third day after the injury she died quite suddenly, apparently from failure of the heart.

Among the improvements in the care of patients which have been inaugurated during the year, we deem the employment of an additional night watch in each division of the asylum as the most important.

The special duties assigned are the care of the suicidal, feeble and sick, so far as they can be brought together in one of the extensions from the main ward, which is thus made an infirmary or hospital division. This provides for these classes a closer supervision than it was possible for a single watch to exercise, prevents the necessity of attendants sitting up with the sick scattered through the wards, and furnishes additional security for the suicidal. The regular watch can give more time to cases of disturbance as they occur and to the routine duties of the position. It increases the comfort of all of the patients, and relieves both physicians and attendants of anxiety for the welfare and safety of those in their charge, during the hours of the night.

For some months past, some of the doors of the patients' rooms



on the most quiet wards have been left unlocked at night. This gives them an opportunity to visit the service rooms, if necessary, relieves the mind of fear in regard to danger from fire, and by the trust reposed increases the confidence and contentment. No injurious consequences nor influences have so far been experienced from the change, nor has any one taken any advantage of the increased liberty allowed.

In accordance with our usual custom we present the tables of occupation of patients, also one showing the number on parole, sick in bed, attending chapel and entertainments. They show that more than seventy-five per cent of the men and more than seventy-four per cent of the women were usefully employed during the year. In other words, three-fourths of all of the patients were furnished with something to do during the whole or a portion of each day.

There were more than twenty-six per cent who had a limited parole of the grounds. This is a larger number than we have before been able to report, and has been reached by the constant care and attention the subject has received from the physicians of the asylum.

TABLE showing number of days women were employed, kind of work done, and average per cent daily in each month, from September 30, 1886, to September 30, 1887.\*

MONTH.	LABOR.													Total days of patents per month.	Total days' work.	Per cent employed.	
	Ward work.	Dining-room.	Laundry.	Sewing.	Mending.	Tailoring.	Knitting.	Embroidery.	Unclassified.	School.	In center.	Care of room and person only.					
1886.																	
October.....	558	506	922	555	432	52	229	228	.....	488	65	265	4,035	5,317	175		
November.....	541	505	849	513	337	50	279	211	.....	560	64	278	3,909	5,231	74		
December.....	582	532	771	488	367	52	305	194	.....	569	79	271	3,939	5,348	73		
1887.																	
January.....	551	487	664	479	371	50	221	144	.....	517	63	240	3,547	5,011	70		
February.....	505	450	724	462	373	46	150	133	.....	469	65	246	3,377	4,773	70		
March.....	574	548	832	606	469	54	183	153	.....	434	61	346	3,914	5,534	70		
April.....	565	559	756	514	480	35	97	116	104	329	83	274	3,638	4,985	72		
May.....	567	568	774	485	439	44	36	82	149	337	58	377	3,539	4,725	74		
June.....	576	624	966	478	428	51	.....	68	178	370	61	420	3,800	4,883	77		
July.....	584	615	796	372	515	23	.....	26	250	236	82	500	3,499	4,690	74		
August.....	669	736	960	554	476	34	17	11	304	17	76	393	3,854	5,028	76		
September.....	640	670	940	484	515	105	40	9	253	17	46	406	3,719	4,609	80		
Total.....	6,912	6,800	9,954	5,990	5,202	596	1,557	1,375	1,238	4,343	893	4,017	44,770	60,134	174		

\*Sundays are omitted.

† In figuring percentage employed "care of room and persons" is deducted.



TABLE showing number of days men were employed, kind of work done, and average per cent daily in each month, from September 30, 1886, to September 30, 1887.\*

MONTH.	LABOR.													Total days of patients per month.	Total days' work.	Per cent employed.	
	Barn, farm and lawn.	Engineer and fireman.	Carpenter.	Painter.	Employed in kitchen and laundry, with boy and supervisor.	Shoe shop.	Ward work.	Dining-room.	Unclassified outdoor work.	Unclassified indoor work.	School.	Care of room and per-son only.					
1886.																	
October.....	1,102	67	55	58	446	26	646	494	312	179	87	42	3,472	4,816	172		
November.....	609	93	34	44	417	26	803	525	478	273	204	26	3,506	4,733	74		
December.....	216	117	25	49	454	27	751	581	755	467	380	55	3,822	5,192	73		
1887.																	
January.....	248	127	26	28	430	14	729	592	902	430	290	52	3,816	5,070	75		
February.....	208	118	44	45	398	24	612	494	852	385	361	68	3,541	4,754	74		
March.....	699	155	66	53	491	27	574	502	760	322	409	61	4,068	5,275	77		
April.....	884	119	58	59	442	26	491	432	796	324	149	51	3,708	5,019	75		
May.....	1,008	81	35	49	375	26	594	454	682	212	12	47	3,528	4,780	73		
June.....	1,070	88	8	38	403	7	396	338	812	155	.....	27	3,315	4,352	76		
July.....	1,198	91	36	31	402	19	349	326	814	141	.....	21	3,407	4,754	71		
August.....	1,491	127	33	39	428	27	418	357	596	144	56	54	3,626	4,687	77		
September.....	1,482	118	20	29	425	25	460	341	402	99	204	26	3,605	4,537	79		
Total.....	10,215	1,301	442	522	5,111	274	6,823	5,436	8,071	3,131	2,152	530	43,404	57,969	175		

\* Sundays are omitted.

† In figuring percentage employed "care of room and persons" is deducted.

TABLE showing number of days spent by patients on parole, and sick in bed, and number attending chapel and entertainments in each month, from September 30, 1886, to September 30, 1887.

MONTH.	ON PAROLE.			SICK IN BED.		AT CHAPEL, SUNDAYS.			AT ENTERTAINMENTS.		
	Men.	Women.	Total.	Men.	Women.	Men.	Women.	Total.	Men.	Women.	Total.
1886.											
October .....	1,193	1,599	2,792	112	124	236	310	446	756	121	245
November .....	1,053	1,590	2,643	78	162	240	348	422	770	121	245
December .....	1,269	1,556	2,825	145	176	321	365	426	791	307	551
1887.											
January .....	1,301	1,327	2,628	176	227	403	386	469	855	437	798
February .....	1,229	1,404	2,633	100	219	319	329	387	716	225	509
March .....	1,451	1,447	2,898	99	193	292	339	388	727	279	596
April .....	1,112	1,432	2,544	87	224	311	361	361	722	148	311
May .....	1,004	1,215	2,219	100	211	311	275	410	685	.....	.....
June .....	816	1,222	2,038	63	102	165	283	331	614	.....	.....
July .....	975	1,379	2,354	65	209	274	284	316	600	.....	.....
August .....	1,178	1,412	2,590	108	216	324	297	318	615	.....	.....
September .....	1,110	1,502	2,612	101	166	267	304	291	595	.....	.....
Total .....	13,691	17,085	30,776	1,234	2,229	3,463	3,881	4,565	8,446	1,391	3,020



## DISTRIBUTION AND CARE OF THE INSANE IN THE UNITED STATES.

A brief statement regarding the distribution and care of the insane in the United States, will, we think, prove of interest to all, and to present in the most concise manner the statistics of patients and the methods employed in their care is the simple purpose of this paper.

As there is no annual enumeration of the insane in the United States, we are compelled to refer to the last decennial census for the record of numbers. This shows that in 1870, of a total population of 50,155,000, there were 91,997 insane, a proportion of one insane person to every 545 of the inhabitants. Considering the distribution of the insane as to locality or divisions of the country, the general principle is established that the amount of insanity bears a close relation to the duration of the social and governmental life of the people. This is well illustrated in the arrangement of the States by sections.\*

Dividing the country into two great belts of north and south, there is an almost regular proportionate decrease of lunacy as we leave the older settled parts of the country along the Atlantic coast, till we reach the extreme western slope.

In the northern belt, the New England States take the lead with one insane person to every 359 of the inhabitants. This decreases till we reach the newer States and Territories, with one insane person to every 1,263 inhabitants. In the southern belt we have the seaboard States with one insane person to every 610 of the inhabitants, and the extreme southern States with one insane person to every 935 of the population. The figures emphasize the statement that the pioneers of our newer settlements are the more hardy and vigorous citizens, and that the feeble and dependent are left in their former homes, to enjoy the comforts of the hospitals and asylums, which are the special growth of the older civilization.

Further divisions of the total insane population of the country are naturally made by nationalities and by race and color. The native whites number 36,828,698, with 59,581 insane, or a proportion of one insane person to every 618 of the inhabitants; while the foreign whites, with 6,574,330, furnish 30,259 insane, or one insane person to every 250. The causes productive of the larger percentage of insanity in our immigrant population do not at present concern us; we but note the fact of the mixed character of our people as in marked contrast with the homogeneousness of other countries as represented in the great centers. New York is the first Irish city in the world, and Berlin

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\* Prof. A. O. Wright, of Wisconsin. Proceedings of Conference of Charities and Correction.



and Hamburg are the only cities which contain as many Germans as our metropolis. In London there is only one and six-tenths of one per cent of the foreign element, and the same characteristics are observed in Paris, Berlin, Vienna, and the other European capitals.\* The colored class of our population consists of negroes, Indians, Chinese and Japanese. Of the former there is a total of 6,580,735, with 5,996 insane, or one insane person to every 1,097. In the negro race the proportionate increase of insanity is far greater than in any other division of the population. From 1870 to 1880 there was an increase in the census of the colored race of 34.85 per cent, while for the same period there was an increase of 258 per cent of the insane.† This large multiplication has occurred since emancipation from slavery and the consequent changes in conditions and life. The causes are briefly told: enlarged freedom, too often ending in license; excessive use of stimulants; excitement of the emotions, already unduly developed; the unaccustomed strife for means of subsistence; educational strain and poverty. The total census of the other colored races is 172,020, with 105 insane, or one insane person to every 1,638. The small percentage of insane among the aborigines and Chinese is fully in accord with the observations of writers upon the causes productive of mental disease. There is much less of the refinement of civilization; less competition and struggle for place, power or wealth, and as a consequence, less tendency to mental deterioration.

As a supplement to these figures from returns of the tenth census, I have prepared a table, which gives the number of insane in the asylums of the country in 1880, and at the close of the last fiscal year, and also the number of medical officers. The table contains all of the more important institutions in existence at that time, as well as those erected since that date. The comparison shows the increase in number under care during the six intervening years. One hundred and twenty-one asylums are represented in this list, and of these 106 existed in 1880; while fifteen State institutions have been added since. In 1880 there were in the asylums here enumerated 39,093 patients, and in 1886 the number had increased to a total of 61,411 patients, making a gain in accommodation of 22,318. Of this number the new institutions contain 5,890, leaving an increase of accommodation in the older asylums of 16,428. The total increase is 55 per cent of the number provided for in 1880, or an annual increase of more than nine per cent. Should this continue during the rest of the decade there will be more than 75,000 patients in the asylums of the country in 1890, at

\* See Andover Review, April, 1887.

† Roberts, of North Carolina. Report of Eastern Asylum, 1883.



the time of the next decennial census. It is impossible, with any degree of accuracy, to estimate the whole number of the insane at that time, but it is probable that this large increase of accommodation will lead to a decrease in the number of the insane in private care as compared with the figures of the last census. To care for this large number of patients there are 377 medical officers, or a proportion of one physician to every 160 patients; and if the small private asylums were included it would swell the number to 400, or one to every 150 patients.

The methods employed in the care of this large dependent class are an interesting subject for study, and to these your attention is next directed. These methods can only be enumerated rather than described in full detail, in the short time allotted.

It must be borne in mind that in this country there is no central authority in lunacy matters, and that all of our thirty-eight States and ten Territories are free to regulate their own internal affairs without supervision from the general government. This gives the greatest diversity to lunacy regulations, in respect to the law of commitment, and the organization and management of asylums, with, however, that agreement which the purpose to be accomplished, the care of the insane, necessarily produces.

The institutions are varied in name and character according to the power which organizes and controls them. They are respectively State, county, municipal, private and incorporated asylums. The latter class consist of the insane departments of some of the old established general hospitals. The State asylums are under the charge of boards of trustees, or managers, who report directly to the Legislature which creates them. The county and municipal asylums are controlled by committees appointed by the county or city officials, while the incorporated institutions are responsible to their several hospital boards. Additional supervision is provided in the State of New York by the appointment of a commissioner of lunacy, whose powers correspond with those of the English commission. In several of the States visitorial and sometimes supervisory power is conferred upon the State Board of Charities, but in the greater number there is no authority intervening between the managers or trustees and the Legislature.

State institutions now exist in all of the States of the Union except two,\* and provide accommodation for the larger number of patients

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\*NOTE.— Delaware and Vermont. The insane of the former are sent to the institutions of some other State, while those from Vermont are cared for in the private asylum at Brattleboro. The Territories of Arizona, New Mexico and Wyoming contract with the asylums of neighboring States for the care of their insane.



that are under public charge. Separate provision is made for the convict and criminal insane in two States, New York and Michigan, an example which will in time be followed in the other more populous States.

The asylums\* generally receive all classes of insane, but in the States of Massachusetts, Rhode Island, New York and California the policy of separating the acute and chronic insane has been adopted. The Willard Asylum, in the State of New York, was the first one organized for the special care of the chronic class, and has now a population of nearly 2,000 patients, taken largely from the county receptacles.

Although the theory that the insane are the wards of the State, and that it is the duty of the State to provide for all its insane, has been adopted throughout the Union, and the people have supplied the money with a generous and even prodigal hand, there are few of the States which have kept pace in the supply of accommodation with the ever-increasing demand. This arises in part from the accumulation of chronic lunacy due to the prolongation of life from the better care and treatment of the insane, but more, from the phenomenal growth of our population and the consequent increase of the number of the insane. However good the intentions, the growth of charitable institutions is proverbially slow and rarely equals the needs of the dependent class, even among the most generous and sympathetic people.

Up to twenty years ago there was little diversity in the plans of asylums throughout the country. They were all constructed upon the compact linear design, introduced by the late Dr. Kirkbride, with which all are familiar from its frequent reproduction. The first essential departure from this plan was made at the Willard Asylum in New York, where a system of separate structures was designed by the superintendent, Dr. Chapin. These were located in different parts of the large farm in such relation to the central asylum buildings as to be within easy control of the administrative authority.

A separate provision for the more able-bodied workers, and for those who required for their care the facilities of the hospital structure was the first division made. This has since been extended

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\*It should be understood that our remarks apply to the State asylums of the country, the method of care for the dependent insane which has the approval of the medical profession and the confidence of the public. Most of the criticisms made against our asylum system have originated in the defects of county or municipal asylums, when other than strictly medical considerations have controlled their erection and conduct.



by the erection of special buildings for the more feeble and helpless class of patients. This departure from the established usage provoked discussions and called forth prognostications of failure. Experience, however, proved the practicability of the plan, and familiarity with its details showed its advantages for the purposes for which it was originated. The principle of separate structures has been adopted and extended in other institutions, and divisions and subdivisions have been made until in some there are nearly as many separate buildings as there are classifications of patients. In carrying out of the plan to its legitimate conclusion we now have separate buildings for congregate dining halls, for bathing and other services. The latest hospital plan upon this aggregate theory resembles a village with streets, sewered, lighted, lined with trees and built up with neat and tasteful cottages. In all of these structures the resources of the architect have been invoked to give variety of form and to break up the monotony of former styles.

Another departure from the compact linear plan is found in what may be called the congregate-segregate plan, in which the buildings, separate and complete, are joined by connecting fire-proof corridors. This combines to a great extent the advantages of the close and segregate system; as it separates the buildings, gives the fullest opportunity for light and air, makes the classification more distinct, and still brings all within ready reach for administration and control. The plan is a flexible one and admits of indefinite expansion and of addition in various directions.

Beside new buildings upon the plan described there is great activity in the improvement of existing structures, by additions to the original buildings, or by the erection of others upon the grounds. The additions are mostly infirmary wards for the sick and feeble, and wards for the filthy and demented, or for the most disturbed and maniacal classes. All of the plans and arrangements give evidence of careful thought bestowed upon the subject, as well as of progressive views entertained of what is needed for convenience and care, and for the comfort of different classes of patients. The best type of these infirmary buildings consists of one, or at most of two stories. Exteriorly they are surrounded by broad verandas for exercise and protection from heat and storm. Internally, there are regular hospital wards with rooms for attendants, for friends visiting patients and for the seclusion and separation of special cases. Every facility which the home or general hospital can furnish for the best medical care of patients is provided in these asylum wards.

The separate buildings for the quiet and demented class are usually



of two stories, arranged with day rooms, dining and service rooms on the first floor, and sleeping apartments above. These generally consist of large associate dormitories, with a small number of single rooms for such patients as may suddenly become disturbed or violent.

In a few instances, seaside and country residences have been prepared as homes for the convalescent, and for such as may be benefited by the change of air and removal from the asylum and its associations. Farm houses already existing on asylum sites have been utilized for patients of the agricultural class, whose surroundings are thus made to approximate their former condition. The limit of variety as well as of simplicity and economy in asylum construction was reached when tents were occupied by patients during the summer months while waiting for the completion of permanent buildings. They served a good purpose, and were said to be satisfactory for the temporary use of the patients assigned to them.

As showing the probable direction of changes it is proposed by one of the State asylums to erect a series of buildings as a colony some miles from the hospital proper, where patients can be employed in cultivating land purchased for the purpose. The profits of labor thus employed in raising farm products, it is believed, will materially reduce the per-capita cost of maintenance, and at the same time improve the health and increase the happiness of such patients as can be trusted with the enlarged freedom.

Another proposed change is to attach to the present asylums for the acute insane, buildings erected at less cost and scattered about the grounds, for the chronic insane, thus bringing the two classes under the same management. When a case becomes chronic, it is to be transferred from the hospital proper to one of the cottages, where opportunity for occupation in agricultural or mechanical pursuits is provided.

These changes in the construction and arrangements have been followed by others in the modes of heating and ventilation, which accomplish the purposes with greater perfection and economy. Boilers adapted to extremely low steam pressure are taking the places of the former high pressure boilers, and direct radiation is now employed in various apartments with the advantage of increased comfort and more ready control. The large blower fans which force air through conduits and basement passages have in many places been superseded by natural ventilation through windows and open fireplaces, or by suction fans, which give a more direct and positive current in the exit flues from the wards. By the use of these the whole volume of air in the building can be changed as often as three times an hour; even in those having an air space of 4,000 cubic feet per patient. Elec-



tricity is being introduced in the new asylums, and many of the older ones are substituting it for gas for illumination, from motives of safety, cleanliness and economy. In all directions, so far as relates to plans of construction and arrangements for the health and comfort of patients, there has been during the past few years marked progress in American asylums. This has resulted in economy of expenditure in the original structures, in increased facility for classification and in greater regard for the needs of the individual patient, which is the highest good attainable in asylum care.

For the medical care and successful treatment of patients, the institutions of the country were never so well prepared as at present. A larger number of medical officers is provided and a higher standard of qualifications is sought, the effect of which is to reduce the influence of politics and favoritism in appointments.

In the State of New York the enforcement of a civil service examination gives a guarantee of good medical attainments in the successful applicant. The teaching of insanity in the medical schools has largely increased the interest in the subject. It has directed the attention of many of the younger men to the specialty, and led them to seek the advantages offered in asylums for practical experience, and has made the general practitioner more competent for the duty of examiner in lunacy, now so generally required by the laws of commitment to asylums. The knowledge thus acquired often enables him to make a diagnosis of the individual case, and to form an intelligent opinion of the necessity of transfer to an asylum, or of the propriety of treatment at home, and in the latter case, of conducting it correctly. The unparalleled progress in neurology, cerebral anatomy, physiology, pathology and localization of function has enlarged the horizon of our knowledge of disease and of the action of causes, and furnished a scientific and positive basis for treatment in many cases of insanity which before was unattainable, and has rendered possible those most brilliant operations in brain surgery by which epilepsy has been cured and brain tumors successfully located and removed. Insanity dependent upon disease of the reproductive system is yielding to the operation for the removal of ovaries, and oöphorectomy is recognized as a legitimate mode of treatment and castration in appropriate cases has now some able advocates. Electricity, for many years a plaything and experiment in the hands of physicians, is now being used with more intelligent knowledge of its powers and of the class of cases in which it may prove useful. Its handmaid, massage, less powerful and less mysterious, but not less practical, has gained a position of prominence in the treatment of insanity in many institutions for the insane. The experiments



in mesmerism, mind-reading and the faith cure have led to a closer investigation into the relation between mind and body, with a result of finding in expectant attention a valuable and legitimate help in the treatment of mental disease.

In the strictly therapeutic treatment of insanity the statement of Dr. Tuke in his notes on the insane in the United States: "I am afraid we have neither anything to teach nor to learn from each other in the therapeutics of insanity," is as true to-day as when written. The advances in the discovery of new remedies, and improvements in the pharmacists' art, have been as readily received and subjected to the critical test of experiment in the United States as in other countries. The large number of new drugs, new preparations and active principles which have been presented to the profession within the last few years has produced an embarrassment of riches in this field which has, we believe, had a good effect in practice.

It has led to differentiation in the use of remedies and promoted greater accuracy in prescribing. With a closer study of symptoms there has been a more intelligent and rational employment of the remedy best adapted to the individual case. Another result has been a marked tendency to break up a pernicious routine of practice which had its origin in a more limited supply of remedies. This better knowledge of drugs and of the limitation of their use has reduced the amount given, and to-day less medicine is prescribed and more reliance placed on other remedial measures.

In what may be called the moral, as distinguished from the therapeutic treatment of insanity, there has been a great change of practice in the asylums of the country. The old-time prejudices have largely given way to the more intelligent and less conservative methods of care. In this, as in hospital construction, the demands of the individual, as distinguished from the mass, receive more attention, and this is the key-note of progress. It is seen in every direction in which the care, or the interests of the patient, are involved.

In the way of amusement there is the greatest variety, adapted to the tastes of the individual. In all the asylums the time, patience and ingenuity of the officers are taxed to increase the means of relieving the tedium and monotony of life upon the wards. In some institutions this is carried to the point of filling out every evening with some gathering of patients for instruction or pleasure.

The occupation of patients fills a prominent place in treatment, in the estimation of all who have charge of our institutions, and one will find in the different asylums nearly all the methods of employment which have been found useful in other countries. Here as elsewhere,



nothing equals the benefit of agricultural pursuits for men, and sewing, laundry and housework for women. But for the large number of patients who are not accustomed to these forms of work, other means are made use of, as spinning, weaving, embroidery, drawing, painting and fancy work. The clothing and bedding for the house are made by the patients, brushes, mattresses, rugs and other household articles are manufactured, and in all departments of the asylum work patients render willing assistance.

Schools are being revived in American asylums as a means of occupation and moral treatment. Although not employed so generally, as in the Richmond asylum under the late Dr. Lalor and his successor, or formerly in the Utica asylum under Dr. Brigham, they are found a valuable addition to other remedial agencies.

The benefit derived from systematic instruction in arousing attention, increasing mental strength, and diverting the mind from the various delusive ideas which control it, renders a full return for the outlay of labor in conducting a school and should lead to its introduction in all asylums.

As showing the amount and variety of occupation among patients, we refer to the table of work for the last current year. This is but a repetition of what is done in other asylums, and is not presented as anything peculiar or unusual in amount or variety. Although the labor of patients has always been utilized, the real value of occupation as a remedial agent in the treatment of insanity, after the subsidence of the acute symptoms, has not been appreciated until a comparatively recent date. It is, however, at the present time, receiving the attention which its importance demands.

In tracing the influence of occupation we are compelled to note its four-fold effect: First, in the improvement of the general health and mental vigor of the patient; second, in arresting tendencies to dementia; third, in the reduction of violence and disturbance in the refractory wards, and lastly, in the decrease of mechanical restraint.

This introduces the vexed question which has been so often and thoroughly discussed since the days of Conolly and Gardiner Hill. Of the former attitude of American alienists I need not speak. The world moves and with it the views and practice of our profession, regarding the use of mechanical restraint. While the non-restraint system has not become a universally accepted dictum, there is but a minimum amount of restraint employed, and then only under the personal supervision of a medical officer.

There are some American superintendents who have openly avowed their adherence to the absolute non-restraint system, and many who



virtually practice it without being willing to proclaim themselves its advocates. The position of the profession in America, as I interpret it, is that the employment of some form of mechanical restraint in certain cases is legitimate, and its members are unwilling to deprive themselves of its advantages, when in their deliberate judgment it is necessary or preferable to other modes of treatment in the individual case. While it is not ruled out by the tyranny of public or official opinion, which may overcome the judgment of the physician who is responsible for the proper care of the patient, it is only prescribed like any other medical or moral treatment.

In American asylums seclusion is usually resorted to for short periods only, and during the paroxysms of excitement. It is controlled by strict rules and continued only under the positive direction of the medical authorities.

The tendency in American institutions is toward enlarged freedom and liberty for the individual patient. This follows as a necessary sequence the general introduction of occupation for all who are able and can be induced to employ themselves in out-of-door work. It is further promoted by the now common practice of leaving the doors of some of the wards open during certain hours of the day for the unrestricted egress of patients. This has met with favor and has been successfully employed to a degree that could not have been anticipated, or even dreamed of as possible, a few years since. It has subverted the former idea that none of the insane could be trusted save when safely secured behind bolts and bars. This tendency is further shown in the granting of paroles, either general or restricted to the asylum grounds, to such patients as show sufficient self-control to inspire confidence in their ability to restrain themselves within the prescribed limits.

Another evidence of enlarged freedom is shown in the change of feeling in regard to the necessity or even value of airing courts. In many of the newer asylums no provision is made for them, and in others their use has been discontinued. Patients are sent out to walk or to spend their time under the care of attendants. The result is highly satisfactory, as the watchfulness and supervision exercised over them is in marked contrast to the carelessness and indifference engendered by the high barriers of the court yard. The patients appreciate the greater liberty allowed, and efforts to escape are not more frequent or successful than under the former conditions.

Those who have had experience with both systems could not be induced to place their patients within the confined limits of inclosures. In still another direction is increased liberty of action manifest.



Upon the convalescent and more quiet wards the doors of the rooms are left unlocked at night. This gives free access to the service rooms of the wards, removes the feeling of close confinement, allays fears of danger from fire and inspires confidence by the trust reposed. Although an experiment, after a trial of some months we are able to commend the change.

Wherever the unpleasant and disagreeable features of restraint and confinement can be removed or alleviated the result is beneficial to the patient and to the medical officers. Liberty under proper discipline and restrictions, and not the license of undisciplined and unrestricted freedom, is to be advocated. Paroles for patients to visit their homes on trial are given in some institutions, but their use is not universal nor indeed so frequent as in other countries. This custom varies, as it depends entirely upon the laws existing in different States, in some of which no provision has been made for the exercise of this power.

In the management of asylums no subject is of more vital importance than the character of the attendants employed. A good corps of competent attendants, well qualified, and imbued with a proper spirit and interest in their work, will more than counterbalance defects of construction, or even minor errors of administration. How to obtain this desirable result has always been the study of superintendents of asylums. The low rate of wages necessarily paid in the public institution, compared with what can be earned in other vocations, the small chance of promotion, the strict discipline enforced, the trying character of the work, and the further fact that the experience gained is but of little value in any other position of life, all tend to make the tenure of place but temporary. Another powerful element operating in this direction is the fact that the entire absence of classes in America opens wide every avenue of employment to both sexes, and that every one aspires to better his or her condition in life. To overcome these difficulties in part, an effort is being made in this country to instruct and train attendants for their duties, and thus give asylum work the prominence and position of a skilled vocation. After systematic training there is an increase of wages, which, with the advantages indicated, it is hoped will give greater permanency in place and effect the desired improvement in the service.

Spasmodic efforts to train attendants have been made from time to time in different localities, but it is only within the last three years, and in American asylums, that training schools have been established, which require a course of instruction, and grant, after a satisfactory examination, a diploma, setting forth the special fitness of the possessor for the position of attendant upon the insane. There are now a



number of schools in full operation in connection with asylums in different States, and in other institutions instruction is given, in a less formal manner, in the rules and regulations and in the duties and responsibilities of attendants.

Of the full benefits of this progressive step it is too early to speak; time and experience are needed for their development. It is not too much to say that the movement receives the unqualified praise of those in the best position to form an intelligent judgment. We believe there is no exaggeration in the predictions of Dr. Stephen Smith, the Commissioner in Lunacy of the State of New York, that "within a decade no attendants will be employed in the State who have not their certificates of graduation from a training school." This effort to improve the qualifications of those in immediate attendance and care of patients, promises great benefit to the insane and marks an era in progress.

Since the establishment of training schools, the advisability of uniforming attendants has attracted more attention than ever before. The practice has been introduced to a limited extent and wherever employed has met with favor. Its advantages are more marked in the case of women attendants, as it largely reduces the cost of clothing and prevents a tendency to display and the unnecessary expenditure of money. The uniform becomes a distinctive mark of position, and carries with it a degree of authority recognized by patients and the community, and arouses a certain *esprit de corps* among the attendants themselves. It will, we think, win its place here, where distinctions of this character have not received general favor. The use of it in the public service and by private corporations is gradually overcoming the prejudice against it.

In the State of New York, attendants and all employes in public asylums have been placed upon the civil service list, and are subject to examination before a board organized for the purpose. This makes them State's appointments and renders them entirely independent of political influence, both in appointment and continuance in place. An extension of this system would do away with the present evil existing in some States which arises from the positions of attendants being considered places of patronage for the party in power, and would increase the efficiency of the service.

In looking over the ground which we have thus cursorily traversed, the first thought which occurs to all, undoubtedly, is that nothing new or original is presented in this summary. This might have been expected, as the same problem is before us all, to care for and treat the same form of disease existing in the same type of humanity, and



while the details may and do differ, the underlying principles and methods remain the same. The greatest credit we can claim is that we have not neglected to avail ourselves of the experience which time and labor have wrought out, and that we have applied it to the ever-changing conditions which exist among us.

The above article describes the care and treatment accorded to the insane in the State asylums throughout the United States, and has special reference to those of our own State. The record is certainly a creditable one, and if all of the insane of the State were provided for according to this standard every obligation of the community and of the government would be fully met. But what are the facts?

In 1886 the State Board of Charities reported 13,836 insane in all of the institutions. Of this number but 4,740 were under State care, 638 were in the various private asylums, 6,016 in the city, and 2,144 in the county asylums and poor-houses.

The investigations into the conduct of the New York city asylums during the past summer have revealed such deficiencies in care from the greatly overcrowded condition of the wards, from the lack of proper food and from attendance entirely inadequate in the numbers and character of those employed, as to call for immediate redress. Of the county asylums, seventeen have received permission to care for their chronic insane, with the understanding that the quality of the care shall equal that provided at the Willard asylum. Of the condition of these asylums, the State Commissioner in Lunacy thus comments in one of his late reports:

“The policy of creating small county asylums is wrong, both to the insane and to the tax-payers, \* \* \* when it is remembered that fully one-half the cost of caring for the insane in the best asylums is charged to the account of attendants. \* \* \* The greatest defect in county asylums is always found in the number and qualifications of attendants; \* \* \* they curtail to a degree of absolute penuriousness in providing attendants. No defense of criticism is more common than the allegation that employment of more attendants would cost the officer his next election. \* \* \* The coarser foods are well supplied, yet there is seldom discrimination of the varieties of food the insane demand. For months in the summer fresh meats are not supplied, salt meats being the substitute; at other seasons the more common vegetables are deficient. \* \* \* Bathing is not practiced with regularity. \* \* \* The moral tone is generally indifferent or low. Sabbath services are occasional; entertainments rare.”

He gives notes of his visits to all exempt asylums, and proves his



assertions, as a few quotations will show. "In one asylum," he says, "two patients are bathed in one water; C. is confined to bed, which is not made up to-day and is wet, and patients are not bathed for three weeks for want of water." In another, "Three and six are bathed in one water," and "restraint is left to the discretion of attendants." Of another he says, "The day was hot, and the yard, having neither shade trees nor grass, was not a pleasant place for resort." Of another that "a woman with a child had charge of a ward, and in one ward he records five filthy patients found, and eight soiled beds made up."

Similar defects in the county care are reported by the State Charities Aid Association.

Enough has been said to show the deficiencies of county care, when compared with that furnished by the State. What is the reason of this condition of affairs? It is not that the county officials are inhuman or indifferent, but that they are constantly under pressure to keep the pauper insane at the lowest possible price. The great objects of care, "to promote recovery or improvement and to hold in check those influences which tend to lower the mental condition of the insane," readily yield to the attempt to see how cheaply they can be kept, which is too often the controlling motive in the care of the dependent and helpless chronic insane. The State asylums for the care of the chronic class, with the large number accumulated, with their large farms and thorough organization, have reached the low price of \$2.25 per week. What can be expected in the small asylums when the amount expended for board and clothing is within rather than beyond \$1.25 per week per patient, or from fifteen to eighteen cents per day?

The natural tendency of such ideas of economy is to retain in county custody all of the insane that can be kept at home and to withdraw from the State asylums every case, at the earliest possible moment, and the question may fairly be raised whether all of the acute insane, and such as present a reasonable prospect of improvement, are sent to State hospitals as contemplated and required by law. Whether they are sent or not depends upon a belief in the curability of the case; and the important question of whether a patient is likely to be benefited by medical care and treatment, avowedly a difficult one for an expert, is left to a county official to decide off-hand. It is not strange, then, that the county asylums should receive the benefit of any doubt that may arise, and that they contain patients who have never had the advantage of treatment in any State institution.

This whole subject needs the most careful consideration upon the part of those upon whom the law places the responsibility, that justice



may be done to all of this unfortunate class who may come within the scope of their authority.

We believe, and this belief is shared by all those public officials who are in a position to form an opinion, that county care should not be extended, but that the State should require that all of its insane should receive such care and treatment as will best promote their comfort, their improvement, and if possible, their recovery. This is true wisdom and true economy.

#### ACKNOWLEDGMENTS.

We are glad to be able to record the reception of so many favors from the friends of the asylum in aid of our amusements for patients. During the year there was the usual variety of concerts, lantern exhibitions, theatrical and variety entertainments. To all who in any way promoted their success we return thanks. The list is as follows:

There were frequent dancing parties participated in by the members of the household; two entertainments given by the attendants, assisted by patients; a concert by the Queen City Harmonists of Rochester; one by the Mendelssohn Club of Buffalo, assisted by Mrs. Luther and Miss Lathrop; one by the St. Paul's choir of Buffalo; a concert with theatricals by the young ladies of the Buffalo Female Academy; a theatrical by the Dramatic Club of the St. Louis Church, Buffalo; two entertainments by young people from the city; a magic lantern exhibition, illustrations of a tour in Egypt, by Mr. Hamlin, and a lecture by Rev. Dr. J. P. Egbert, of Buffalo; and one, a tour of Scotland, with a lecture, by Rev. Dr. Chester, the chaplain of the asylum. A public exhibition of the school for patients was held in the chapel, and Dr. Andrews, the superintendent, gave two lectures on the subject of insanity, which were received with marked attention.

We present our special thanks to Mrs. James T. McCreedy, of Buffalo, for 100 quart jars of fruit and 170 tumblers of jelly for the use of the sick. They were highly appreciated by all who had the privilege of partaking of them. Mrs. McCreedy and Mrs. Lillie Lord Tiffit sent a large bundle of illustrated papers for distribution upon the wards, and Mr. W. E. Foster, of the Buffalo Commercial Advertiser, a collection of magazine and other interesting reading matter. Rev. Dr. Chester and Mrs. J. J. McWilliams frequently contributed religious papers for Sunday reading. Still further gifts of papers were made from time to time by others whose names were not recorded.

The following papers have contributed issues of their daily or weekly publications for the use of patients: Buffalo Courier, daily;



Buffalo Express, daily; Frei Press (German), daily; Demokrat (German), daily; Christian Advocate of Buffalo, weekly; The Catholic Union of Buffalo, two copies weekly; Public Interests, Gowanda, weekly; Steuben Courier, Bath, weekly; Cattaraugus Republican, Salamanca, weekly; Elmira Gazette, weekly; Husbandman, of Elmira, weekly; Chautauqua Era, of Mayville, weekly; Niagara Democrat, of Lockport, weekly; Summary from the Reformatory, Elmira, weekly.

The regular Sunday services have been continued by the chaplain, Rev. Dr. A. T. Chester, who has also officiated at the funerals of all Protestant patients when there were no friends to assume that duty.

The following clergymen have occupied the pulpit on various occasions during the year: Rev. Dr. Griffith of the Washington Street Baptist Church; Rev. Mr. Ward of the East Presbyterian Church; Rev. Mr. Dodds and Rev. Mr. Dick; Rev. Mr. Booth and Rev. Dr. Hitchcock, of the Church of the Ascension; Rev. Dr. Van Bokkelen, late rector of the Trinity Church; Rev. Mr. Kneeland of Fredonia; Rev. Mr. Stowe of Canandaigua, and Rev. K. C. Chatterjee of India.

The following official visitations have been made during the year: By the Board of Managers, thirty-nine visits, beside the regular meetings of the board; by a committee of the Erie County Board of Supervisors; by Mr. William P. Letchworth, President of the State Board of Charities, and the Hon. Oscar Craig of Rochester, member of the same; by F. R. Sanborn, Inspector of the State Board of Charities of Massachusetts. Dr. Stephen Smith, State Commissioner in Lunacy, spent a portion of eight days in his visits of inspection.

A large number of physicians from abroad who were in attendance upon the International Congress visited the asylum, as did also ex-President Rutherford B. Hayes. Beside these, the superintendents of the poor and other county officials have frequently gone through the wards and noted the care and treatment of patients. There has been a large number of general visitors shown the various wards and departments of the institution.

There has been no change in the official staff of the asylum, and all have assiduously performed the duties of their different positions with credit to themselves and with a desire to promote the interests of the asylum. Of the attendants generally, I can only speak in terms of praise. Although their duties were performed under peculiarly disheartening circumstances, as they were subjected to suspicions, distrust and even abuse, not one left the employ of the asylum until the vindication of the court and of the public fully removed all charges against them. As a class they have merited the confidence reposed in them.



The board of managers in their report refer to the resignation of Francis H. Root, not only as president but as a member of the same. It is proper that I should express my regret at parting with him, upon whose counsel and advice I was accustomed to rely in all questions relating to the management and policy of the asylum. His friendly courtesy, his correct judgment and the confidence he inspired in the community made him a pleasant, able and strong counselor, and one whose loss is felt not only by the medical officers but by the managers of the institution. In his retirement he carries the best wishes of all who were in any way associated with him.

With this record of work we close the report for the last year. Prosperity has in every way crowned our efforts, in carrying out the purposes for which the asylum was established. The success attained is due to your constant encouragement and support.

With the firm purpose of doing still better in the future we enter upon the new duties and responsibilities of another year.

J. B. ANDREWS,

*Superintendent.*

*December 6, 1887.*



## REPORT OF THE MATRON.

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### LIST OF ARTICLES MADE IN THE SEWING-ROOM.

Aprons .....	55
Abdominal supporters.....	2
Bed spreads.....	25
Blankets, strong.....	6
Bureau covers.....	65
Bandages, yards of material.....	312
Burial robes .....	5
Bibs.....	23
Camisoles .....	6
Chemise .....	90
Combination suits for women .....	35
Caps for kitchen use .....	24
Curtains .....	226
Curtain bands .....	85
Cupboard spreads .....	88
Clothes bags .....	19
Coffee bags .....	12
Dresses .....	166
Drawers, pairs of .....	269
Hoods, crocheted .....	20
Iron-holders .....	400
Jackets for kitchen use.....	34
Mattresses .....	16
Mattress covers, canvas .....	13
Mittens, canvas, pairs of.....	22
Pillow slips .....	503
Protection sheet.....	1
Rugs hemmed.....	13
Rugs drawn.....	2
Surgical hammocks .....	2
Sheets .....	329
Straw ticks .....	39
Suits, full.....	10



Shirts .....	208
Skirts, canton flannel.....	128
Shoes, canvas, pairs of.....	16
Socks, pairs knitted.....	200
Table cloths.....	18
Table napkins.....	42
Towels .....	309
Wrappers, men's canton flannel.....	12
Total .....	<u>3,839</u>
Articles mended .....	<u>23,125</u>



## REPORT OF THE STEWARD

### OF THE PRODUCTS OF THE FARM AND GARDEN.

107 tons hay, at \$10.....	\$1,070 00
360 bushels wheat, at 78 cents .....	280 80
3,000 bushels mangel wurzels, at 12½ cents .....	375 00
345 bushels oats, at 32 cents .....	111 40
253 bushels tomatoes, at 40 cents.....	101 20
12 tons wheat straw, at \$8.....	96 00
6 tons oat straw, at \$6 .....	36 00
302 bushels carrots, at 20 cents .....	60 40
250 bushels beets, at 20 cents.....	50 00
750 heads cabbage, at \$6 .....	45 00
189 dozen corn, at 10 cents .....	18 90
36 bushels lettuce, at 25 cents .....	9 00
13½ bushels cucumbers, at 50 cents.....	6 75
5 bushels radish, at 60 cents.....	3 00
Total .....	\$2,263 45

Milk produced from October 1, 1886, to September 30, 1887,	
23,420 gallons, at 16 cents.....	3,747 20
28,950 lbs. beef produced on farm, at 6 cents .....	1,737 00
11,341 lbs. pork produced on farm, at 9 cents .....	1,020 69
	\$8,768 34

### VALUE OF STOCK ON HAND OCTOBER 1, 1887.

10 horses, valued at .....	\$1,805 00
26 cows, valued at \$50.....	1,300 00
2 cows, two-year-olds, at \$30.....	60 00
4 yearlings at \$20 .....	80 00
5 calves at \$15.....	75 00
1 bull.....	65 00
108 swine at \$7.25.....	783 00
192 fowls at 25 cents.....	48 00
Total .....	\$4,216 00



# STATISTICAL TABLES

OF THE

BUFFALO STATE ASYLUM FOR THE INSANE, FOR  
THE YEAR ENDING SEPTEMBER 30, 1887.

TABLE NO. 1.

*General Statistics of the Asylum.*

	Men.	Women.	Total.
Patients in the asylum September 30, 1886 . . . . .	188	210	398
Admitted during the year . . . . .	185	133	318
<b>Total . . . . .</b>	<b>373</b>	<b>343</b>	<b>716</b>
Discharged recovered . . . . .	70	37	107
Discharged much improved . . . . .	15	19	34
Discharged improved . . . . .	40	26	66
Discharged unimproved . . . . .	36	56	92
Discharged, died . . . . .	25	19	44
Discharged inebriates . . . . .	13	1	14
Not insane . . . . .	3	..	3
<b>Total . . . . .</b>	<b>202</b>	<b>158</b>	<b>360</b>

TABLE NO. 2.

*Received on First or Subsequent Admission.*

	Men.	Women.	Total.
First . . . . .	171	124	295
Second . . . . .	11	8	19
Third . . . . .	3	1	4
<b>Total . . . . .</b>	<b>185</b>	<b>133</b>	<b>318</b>



TABLE No. 3,

*Showing the Number of Attacks in Two Hundred and Ninety-seven Cases of Insanity.*

	Men.	Women.	Total.
First attack.....	142	108	250
Second attack.....	15	20	35
Third attack.....	5	..	5
Fourth attack.....	2	..	2
Several.....	..	1	1
Unascertained.....	3	1	4
Total.....	<u>167</u>	<u>130</u>	<u>297</u>







TABLE NO. 5.

*General Statistics of the Asylum Since its Opening.*

Total number of admissions.....	1,969
Total number discharged recovered.....	477
Total number discharged, much improved.....	118
Total number discharged, improved.....	218
Total number discharged, unimproved.....	508
Total number discharged, died.....	228
Total number discharged, not insane.....	64
Total number discharged.....	<u>1,613</u>
Remaining September 30, 1887.....	<u>356</u>

TABLE NO. 6.

*Form of Insanity in Three Hundred and Eighteen Cases Admitted.*

	Men.	Women.	Total.
Melancholia.....	66	50	116
Acute mania.....	35	32	67
Dementia.....	39	22	61
Chronic mania.....	8	8	16
Paresis.....	9	2	11
Epilepsy with dementia.....	3	4	7
Epilepsy with mania.....	5	1	6
Periodic mania.....	1	1	2
Sub-acute mania.....	1	..	1
Morphia habit.....	1	2	3
Inebriates.....	14	..	14
Not insane.....	3	1	4
Total.....	<u>185</u>	<u>133</u>	<u>318</u>

TABLE NO. 7.

*Assigned Causes in Three Hundred and Eighteen Cases Admitted.*

	Men.	Women.	Total.
Ill health from grief and anxiety, overwork or loss of sleep.....	34	43	77
General ill health.....	16	15	31
Ill health from abuse, neglect or want.....	1	2	3
Ill health following fever.....	5	1	6
Ill health from prolonged lactation.....	..	5	5
Ill health from menstrual irregularities.....	..	5	5
Puerperal.....	..	9	9

TABLE No. 7—*Assigned Causes, etc.* — continued.

	Men.	Women.	Total.
Change of life . . . . .	..	9	9
Intemperance . . . . .	30	1	31
Syphilis . . . . .	16	..	16
Masturbation . . . . .	1	..	1
Vicious habits and indulgencies . . . . .	3	3	6
Morphia habit . . . . .	4	3	7
Congenital defect . . . . .	5	1	6
Pubescence . . . . .	..	3	3
Apoplexy . . . . .	3	2	5
Senility . . . . .	4	8	12
Sunstroke . . . . .	4	..	4
Bright's disease . . . . .	1	2	3
Meningitis . . . . .	2	2	4
Cerebral embolism . . . . .	1	..	1
Myelitis . . . . .	1	..	1
Injury to head . . . . .	2	..	2
Erysipelas . . . . .	..	1	1
Rheumatism . . . . .	3	..	3
Loco-motor ataxia . . . . .	1	..	1
Shock following extraction of teeth . . . . .	..	1	1
Brain disease from loss of eye . . . . .	..	1	1
Heart disease, mitral insufficiency . . . . .	1	..	1
Injury from fall . . . . .	1	..	1
Epilepsy . . . . .	8	8	16
Paresis . . . . .	9	2	11
Inebriates . . . . .	14	..	14
Not insane . . . . .	3	1	4
Unascertained . . . . .	12	5	17
Total . . . . .	<u>185</u>	<u>133</u>	<u>318</u>

TABLE No. 8.

*Civil Condition in Three Hundred and Eighteen Cases Admitted.*

	Men.	Women.	Total.
Married . . . . .	103	69	172
Single . . . . .	71	41	112
Widowed . . . . .	11	21	32
Divorced . . . . .	..	2	2
Total . . . . .	<u>185</u>	<u>133</u>	<u>318</u>



TABLE NO. 9.

*Degree of Education in Three Hundred and Eighteen Cases Admitted.*

	Men.	Women.	Total.
Common .....	127	112	239
Read and write. ....	15	6	21
Academic.....	22	10	32
Read only.....	2	1	3
Collegiate.....	7	..	7
None.....	12	4	16
Total .....	<u>185</u>	<u>133</u>	<u>318</u>

TABLE NO. 10.

*Hereditary Transmission in Three Hundred and Eighteen Cases Admitted.*

	Men.	Women.	Total.
Maternal branch.....	16	13	29
Paternal branch.....	16	11	27
Maternal and paternal branches.....	2	1	3
Insane relations.....	19	12	31
Total .....	<u>53</u>	<u>37</u>	<u>90</u>

TABLE NO. 11.

*Suicidal and Homicidal Tendencies in Three Hundred and Eighteen Cases Admitted.*

	Men.	Women.	Total.
Attempted suicide.....	12	11	23
Threatened suicide.....	21	15	36
Attempted homicide.....	12	2	14
Threatened homicide.....	13	8	21
Attempted suicide and homicide.....	..	1	1
Threatened suicide and homicide.....	7	8	15
Attempted suicide and threatened homicide....	1	3	4
Threatened suicide and attempted homicide....	4	..	4
Homicide and attempted suicide.....	..	1	1
Total .....	<u>70</u>	<u>49</u>	<u>119</u>

TABLE NO. 12.

*Age in Three Hundred and Eighteen Cases Admitted.*

	Men.	Women.	Total.
From ten to fifteen years . . . . .	4	1	5
From fifteen to twenty years. . . . .	6	6	12
From twenty to twenty-five years. . . . .	18	16	34
From twenty-five to thirty years. . . . .	20	12	32
From thirty to thirty-five years. . . . .	24	20	44
From thirty-five to forty years. . . . .	26	14	40
From forty to fifty years. . . . .	40	30	70
From fifty to sixty years. . . . .	28	19	47
From sixty to seventy years. . . . .	12	12	24
From seventy to eighty years. . . . .	6	3	9
From eighty to ninety years. . . . .	1	..	1
	—	—	—
Total . . . . .	185	133	318
	==	==	==

TABLE NO. 13.

*Supposed Duration of Insanity Before Admission in Three Hundred and Eighteen Cases Admitted.*

	Men.	Women.	Total.
One month or less. . . . .	43	20	63
One to three months. . . . .	33	20	53
Three to six months. . . . .	9	15	24
Six to nine months. . . . .	20	17	37
Nine to twelve months. . . . .	5	2	7
Twelve to eighteen months. . . . .	10	12	22
Eighteen to twenty-four months. . . . .	6	5	11
Two to three years. . . . .	9	4	13
Three to four years. . . . .	6	6	12
Four to six years. . . . .	4	12	16
Six to ten years. . . . .	5	5	10
Ten to twenty years. . . . .	3	6	9
Twenty-three years. . . . .	1	..	1
Unascertained, chronic. . . . .	13	6	19
Inebriates and not insane. . . . .	18	3	21
	—	—	—
Total . . . . .	185	133	318
	==	==	==



TABLE No. 14.

*Nativity in Three Hundred and Eighteen Cases Admitted.*

	Men.	Women.	Total.
New York.....	118	67	185
Germany.....	21	28	49
Ireland.....	11	10	21
England.....	10	8	18
Canada.....	9	5	14
Pennsylvania.....	3	4	7
Ohio.....	2	..	2
Massachusetts.....	2	2	4
Connecticut.....	2	..	2
Virginia.....	1	..	1
Holland.....	1	1	2
New Hampshire.....	1	..	1
Poland.....	1	..	1
Delaware.....	..	1	1
Tennessee.....	..	1	1
Scotland.....	1	..	1
Switzerland.....	1	..	1
France.....	1	..	1
Nova Scotia.....	..	1	1
Sweden.....	..	1	1
Hungary.....	..	1	1
Unknown.....	..	1	1
Total.....	185	133	318

TABLE No 15.

*Occupation in Three Hundred and Eighteen Cases Admitted.*

Housekeepers.....	94
Farmers and farm laborers.....	43
Laborers.....	30
Houseworkers.....	25
Workers in wood.....	13
Clerks.....	10
No occupation.....	9
Merchants.....	9
Workers in metal.....	8
Workers in leather.....	6
Teachers.....	5

Seamstresses.....	4
Painters.....	4
Railroad employes.....	4
Students.....	3
Commercial travelers.....	3
Lawyers.....	3
Manufacturers.....	3
Barbers.....	2
Hostlers.....	2
Bar tenders.....	2
Firemen and engineers.....	2
Artists.....	2
Bookkeepers.....	2
Millers.....	2
Printers.....	2
Hotel proprietors.....	2
Trained nurses.....	2
Workers in stone.....	1
Physician.....	1
Clergyman.....	1
Telegraph lineman.....	1
Architect.....	1
Baker.....	1
Cook.....	1
Oil well driller.....	1
Inventor.....	1
Cigar maker.....	1
Lithographer.....	1
Shipper.....	1
Musician.....	1
Paper hanger.....	1
Real estate agent.....	1
Postmaster.....	1
Druggist.....	1
Boatman.....	1
Jeweler.....	1
Confectioner.....	1
Driver fire engine.....	1
Sister of charity.....	1
Total.....	318



TABLE No. 16.

*Age in One Hundred and Seven Cases Recovered.*

	Men.	Women.	Total
Fourteen years.....	1	..	1
Fifteen to twenty years.....	5	4	9
From twenty to twenty-five years.....	10	1	11
From twenty-five to thirty years.....	10	7	17
From thirty to forty years.....	16	9	25
From forty to fifty years.....	15	10	25
From fifty to sixty years.....	6	5	11
From sixty to seventy years.....	5	1	6
From seventy to eighty years.....	2	..	2
Total .....	<u>70</u>	<u>37</u>	<u>107</u>

TABLE No. 17.

*Form of Insanity in One Hundred and Seven Cases Recovered.*

	Men.	Women.	Total.
Melancholia .....	41	20	61
Acute mania.....	13	13	26
Chronic mania.....	1	..	1
Dementia .....	8	1	9
Epilepsy with mania.....	2	1	3
Sub-acute mania.....	4	1	5
Paroxysmal mania.....	1	..	1
Periodic mania .....	..	1	1
Total .....	<u>70</u>	<u>37</u>	<u>107</u>

TABLE No. 18.

*Causes of Death in Forty-four Cases*

	Men.	Women.	Total
Acute meningitis.....	2	4	6
Asthenia .....	6	1	7
Cerebral apoplexy.....	2	3	5
Cerebral effusion.....	1	5	6
Cerebral softening.....	1	..	1
Chronic diarrhœa .....	..	1	1
Chronic endocarditis.....	1	..	1
Dysentery.....	1	1	2
Heart failure .....	1	1	2
Heart failure with injury.....	..	1	1
Locomotor ataxia.....	1	..	1

TABLE No. 18 — *Causes of Death, etc.* — Continued.

	Men.	Women.	Total.
Meningitis with injury . . . . .	1	..	1
Paresis . . . . .	6	2	8
Uræmia . . . . .	2	..	2
Total . . . . .	<u>25</u>	<u>19</u>	<u>44</u>

TABLE No. 19.

*Age of Forty-four Who Died.*

	Men.	Women.	Total
From twenty to twenty-five years . . . . .	..	2	2
From twenty-five to thirty years . . . . .	..	1	1
From thirty to forty years . . . . .	5	4	9
From forty to fifty years . . . . .	5	5	10
From fifty to sixty years . . . . .	7	2	9
From sixty to seventy years . . . . .	4	5	9
From seventy to eighty years . . . . .	2	..	2
From eighty to ninety years . . . . .	2	..	2
Total . . . . .	<u>25</u>	<u>19</u>	<u>44</u>

TABLE No. 20.

*Form of Insanity in Forty-four Cases of Deaths.*

	Men.	Women.	Total
Melancholia . . . . .	5	4	9
Acute mania . . . . .	4	4	8
Chronic mania . . . . .	..	1	1
Dementia . . . . .	10	5	15
Epilepsy with dementia . . . . .	..	3	3
Paresis . . . . .	6	2	8
Total . . . . .	<u>25</u>	<u>19</u>	<u>44</u>

TABLE No. 21.

*Conditions Associated With Eleven Cases of Paresis Admitted During the Year.*

	Men.	Women.	Total.
Heart disease . . . . .	1	..	1
Sunstroke . . . . .	1	..	1
Syphilis . . . . .	2	..	2
Syphilis and intemperance . . . . .	1	..	1
Intemperance . . . . .	1	..	1
Uncomplicated . . . . .	3	2	5
Total . . . . .	<u>9</u>	<u>2</u>	<u>11</u>



## APPENDIX.

### LAWS AND FORMS RELATING TO THE ADMISSION OF PATIENTS INTO THE BUFFALO STATE ASYLUM FOR THE INSANE.

The managers of the asylum desire to call the attention of county officials, physicians and others interested in the care of the insane, to the fact that the institution is prepared to properly care for such patients as may be intrusted to its charge.

The law contemplates that recent cases of insanity, of the public class, should be sent at once to some State asylum especially devoted to the treatment of the acute forms of the disease. This provision is founded upon the well-established value of the early treatment of insanity, the importance of which should not be overlooked by those upon whom the law, or ties of relationship, place the responsibility of the care of this helpless class.

#### *Legal Provisions.*

The law relating to the commitment of the insane is chapter 446, Laws of 1874, from which we make the following extracts:

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 physician 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.

TITLE 3, § 37. The terms "lunacy," "lunatic" and "insane," as used in this act, shall include every species of insanity, and extend to every deranged person and to all of unsound mind, other than idiots.

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. The certificate of two physicians, under oath, setting forth the insanity of such person, as defined in the section cited.

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

3. The certificate must be approved by a judge or justice of a court of record of the county or district in which the patient resides, before or within five days after the patient is committed, in order to authorize his confinement more than five days.

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

#### FORM OF MEDICAL CERTIFICATE.

STATE OF NEW YORK, }  
COUNTY OF                   , } ss.:

I,                   , a resident of                   , in the county aforesaid, being a graduate of                   , and having practiced                    years 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, according to 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 I possess the qualifications specified in section 2 of title 1 of chapter 446 of the Laws of 1874, and 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        , 188 . }

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, }  
 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.

*These are the legal provisions for committing patients to the asylum, so far as the question of their lunacy, and propriety of their care and treatment in such an institution, is concerned.*

*As regards maintenance, patients are of two classes, public and private. Public patients are either pauper or indigent. The former are sent to the asylum upon an order of commitment signed by a majority of the superintendents of the poor of the county in which they reside. Indigent patients are admitted upon a certificate of indigence, made by the county or special county judge, judge of a superior court, or common pleas of the county where they reside. The statute, limiting a certificate of indigence to cases of insanity of only one year's duration, has been removed by a recent act (chapter 164, Laws of 1880).*

"The object of this humane provision is undoubtedly to extend the benefits of this institution to persons of limited means, whose insanity is of recent date, and, therefore, probably curable, and if recovered, to restore them to their families and their property unimpaired, and save them from the paralyzing influence upon their future life of find-



ing 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."

*Private patients*, or those supported at their own expense, or that of their friends, are received (in accordance with section 22 of title 3 of the law) when there are vacancies in the asylum, giving preference to recent cases, upon the certificates of lunacy made and approved as before described.

To provide for their support, a bond is to be made, signed by two sureties, whose financial responsibility is certified by affidavit, and by a third responsible person.

#### COPY OF BOND.

WHEREAS,            of            , in the county of            , an insane person, has been admitted as a patient into The Buffalo State Asylum for the Insane, in consideration of the following agreement:

Now, therefore, we, the undersigned, in consideration thereof, jointly and severally bind ourselves to Elias S. Hawley, treasurer of said asylum, to pay to him and his successors in office the sum of            dollars            cents per week, for the care and board of said insane person, so long as he shall continue in said asylum, with such extra charges as may be occasioned by his requiring more than ordinary care and attention, and also to provide him with suitable clothing, and pay for all such necessary articles of clothing as shall be procured for him by the officers 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 such 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 quarterly, and ratable on the first days of January, April, July and October 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 name this  
day of \_\_\_\_\_, in the year 18 \_\_\_\_.

(Name.)

(P. O. address.)

(Name.)

(P. O. address.)

STATE OF NEW YORK, }  
COUNTY, } ss:

\_\_\_\_\_, being duly sworn, deposes and says that he is worth  
the sum of one thousand dollars over and above all his debts and li-  
abilities, exclusive of property exempt from execution.

Subscribed and sworn before me, }  
this \_\_\_\_\_ day of \_\_\_\_\_, 18 \_\_, }

STATE OF NEW YORK, }  
COUNTY, } ss:

\_\_\_\_\_, being duly sworn, deposes and says that he is worth  
the sum of one thousand dollars over and above all debts and liabili-  
ties, exclusive of property exempt from execution.

Subscribed and sworn this \_\_\_\_\_ }  
day of \_\_\_\_\_, 18 \_\_, before me, }

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 obligation.

(Name.)

(P. O. address.)

“This agreement or understanding is generally signed by near  
relatives or other friends of the patient, or legal guardians, if any such  
there be, at or prior to the time of admission, or subsequently, upon  
the deposit of a sum of money sufficient to secure its execution.”

*Clothing Required by Patients.*

“All persons require at least two suits of clothing and several  
changes of undergarments. Most of the patients go out regularly,  
and consequently require clothing suited to the season. For males,  
overcoats 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.”



*Removal of Patients to the Asylum.*

“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 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.”

*History of the Case to be Furnished.*

“The patient should be brought by an intelligent and intimate acquaintance, who will be able to give a minute history of the case, or a written account should be transmitted. In the latter should be stated the name, age, married or single, number of children, occupation, degree of education, profession of religion, habits, nativity, residence, predisposing and exciting causes. Give 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 disease 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 interval 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 that may occur to the friends likely to be useful to us.” (Appendix Utica Asylum report.)

Any of the above-named forms, viz.: *Medical certificates, orders of superintendent of poor, certificates of indigence, or bonds for private patients* in blank will be furnished upon application to the *Superintendent of the Asylum, Dr. J. B. Andrews, Buffalo State Asylum, Buffalo, N. Y.*, to whom all correspondence with or about patients is to be directed.