

The annual report of the Department for the Insane of the Pennsylvania Hospital : for the year ending fourth month 22d, 1889 presented to the 138th annual meeting of the managers of the Pennsylvania Hospital.

Contributors

Pennsylvania Hospital for the Insane.
Chapin, John B.
Jones, George.

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ANNUAL REPORT

OF THE

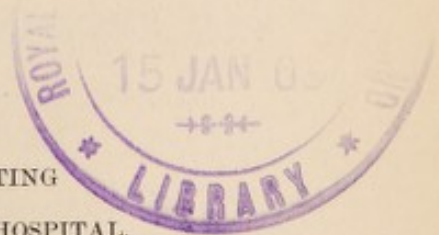
DEPARTMENT FOR THE INSANE

OF THE

PENNSYLVANIA HOSPITAL.

FOR THE YEAR ENDING FOURTH MONTH 22^D, 1889.

PRESENTED TO THE 138TH ANNUAL MEETING
OF THE MANAGERS OF THE PENNSYLVANIA HOSPITAL.



Philadelphia :
PRESS OF FERRIS BROS., PRINTERS,
SIXTH AND ARCH STREETS,
1889.



Pennsylvania Hospital for the Insane.

OFFICERS OF THE INSTITUTION.

MANAGERS.

SAMUEL WELSH,
WISTAR MORRIS,
BENJAMIN H. SHOEMAKER,
ALEXANDER BIDDLE,
JOSEPH B. TOWNSEND,
JOSEPH C. TURNPENNY,

T. WISTAR BROWN,
CHARLES HARTSHORNE,
JAMES T. SHINN,
JOHN B. GARRETT,
JOHN W. BIDDLE,
JOHN T. LEWIS, JR.

WISTAR MORRIS, *President.*

BENJAMIN H. SHOEMAKER, *Secretary.*

TREASURER.

HENRY HAINES.

PHYSICIAN-IN-CHIEF AND SUPERINTENDENT.

JOHN B. CHAPIN, M.D.

Department for Males.

ASSISTANT PHYSICIAN.

EDWARD N. BRUSH, M.D.

SECOND ASSISTANT PHYSICIAN.

W. H. HARRISON, M.D.

STEWARD.

GEORGE JONES.

MATRON.

HANNAH P. SAEGER.

Department for Females.

ASSISTANT PHYSICIAN.

H. B. NUNEMAKER, M.D.

SECOND ASSISTANT PHYSICIAN.

H. M. WETHERILL, JR., M.D.

STEWARD.

GEORGE JONES.

MATRON.

MARIA O. BEYARD.

RESIDENT PHYSICIANS.

ROBERT G. LE CONTE, M.D.

NORTON DOWNS, M.D.

CONSULTING GYNÆCOLOGIST.

VICTORIA A. SCOTT, M.D.

PENNSYLVANIA HOSPITAL.

ATTENDING MANAGERS.

1889-90.

5th month,	{	ALEXANDER BIDDLE ;
May.	{	CHARLES HARTSHORNE, 228 S. Third Street.
6th month,	{	CHARLES HARTSHORNE ;
June.	{	JOHN T. LEWIS, JR., 231 S. Front Street.
7th month,	{	JOHN T. LEWIS, JR. ;
July.	{	JOSEPH B. TOWNSEND, 709 Walnut Street.
8th month,	{	JOSEPH B. TOWNSEND ;
August.	{	JAMES T. SHINN, 1400 Spruce Street.
9th month,	{	JAMES T. SHINN ;
September.	{	JOHN W. BIDDLE, 119 S. Fourth Street.
10th month,	{	JOHN W. BIDDLE ;
October.	{	JOSEPH C. TURNPENNY, 813 Spruce Street.
11th month,	{	JOSEPH C. TURNPENNY ;
November.	{	T. WISTAR BROWN, 233 Chestnut Street.
12th month,	{	T. WISTAR BROWN ;
December.	{	JOHN B. GARRETT, 228 S. Third Street.
1st month,	{	JOHN B. GARRETT ;
January.	{	WISTAR MORRIS, 209 S. Third Street.
2d month,	{	WISTAR MORRIS ;
February.	{	BENJ. H. SHOEMAKER, 205 N. Fourth Street.
3d month,	{	BENJ. H. SHOEMAKER ;
March.	{	SAMUEL WELSH, 304 Walnut Street.
4th month,	{	SAMUEL WELSH ;
April.	{	ALEXANDER BIDDLE, 1307 Walnut Street.

The attending managers visit the Pine Street Hospital every Fourth Day (Wednesday) at 9 A. M., and the Department for the Insane every Seventh Day (Saturday) at half-past one P. M.



REPORT

OF THE

PHYSICIAN-IN-CHIEF AND SUPERINTENDENT OF THE DEPARTMENT
FOR THE INSANE OF THE PENNSYLVANIA HOSPITAL.

TO THE MANAGERS OF THE PENNSYLVANIA HOSPITAL:

The following report of the Department for the Insane for the year ending Fourth Month 22d, 1889, is herewith presented:

	Males.	Females.	Total.
The number of patients in the Hospital 4th Mo. 21, 1888	170	221	391
Admitted during the year	63	68	131
Whole number treated	233	289	522
Discharged	59	70	129
Remaining 4th Mo. 22, 1889	174	219	393
Daily average during the year	170	215	385

RESULTS OF THE YEAR.

	Males.	Females.	Total.
Recovered	20	15	35
Much improved	2	9	11
Improved	3	17	20
Stationary	11	9	20
Died	13	17	30

RESULTS SINCE THE OPENING OF THE HOSPITAL.

	Males.	Females.	Total.
Recovered	2116	2060	4176
Improved	1233	1218	2451
Stationary	892	422	1314
Died	759	579	1338
Total	5000	4279	9279

Of the patients discharged "recovered," seventeen were residents of the Hospital not exceeding three months; five between three and six months; nine between six months and one year; and six for more than one year.

Of those discharged "much improved," four were under treatment less than three months; one between three and six months; four between six months and one year; and six for more than one year.

Of the "improved," four were under care less than three months; four between three and six months; seven between six months and one year; and five for more than one year.

Of those discharged and reported "stationary," six were under care less than three months; five between three and six months; three between six months and one year; and six for more than one year.

Of those who died, two were in the house less than one month; nine less than three months; one between three and six months; three between six months and one year; and fifteen for more than one year.

Of these, one was in the house forty-four years, one thirty-four years, one thirty-three years, and one thirty years.

Cases of the opium and alcohol habit do not appear in the table of "Results."

It is a subject for congratulation that the Hospital year which has just closed has been exempt from many of the occurrences possible in a community comprising a number of persons requiring in their varied relations special care and consideration. The Department for Women has been well filled, but not overcrowded. In the Department for Men, the number has not exceeded the average of several years. All of the available accommodation in the wards for male patients has never been fully occupied. It has been the judgment of the Managers that with the increase of population the whole of the room of this department would be required at some future day to meet the growing wants of this community. It has been regarded by them as a matter of the greatest importance that an institution, with all the appointments of a hospital of the first class, should be available for the special treatment and

care of those who may be overtaken by mental disorder. While it is true that a number are amply able to meet the cost of support, or to avail themselves of the liberal accommodation which the Hospital is able to offer, it is also one of the painful experiences attending the affliction of insanity that many worthy persons do not possess an income sufficient to enable them to provide for an added burden such as this entails. Many of these persons have seen prosperous days and enjoyed comfortable surroundings, but have been reduced by misfortune, the "wear and tear," the exigencies, and sad experiences of life. All applications for admission at a rate less than the actual cost, where an actual inability to pay the whole cost of support existed, but a prospect of relief or recovery seemed likely to be realized, have been carefully considered and received the favorable action of the Managers. Such cases as in the judgment of the Managers furnished a reasonable probability of speedy recovery, and were without any means to pay even the partial cost of support, were received without any charge, subject to the rules regulating the reception of such cases. No proper case, it is believed, has been turned from the doors of the Hospital without relief. A large number in the past year, as in former years, have thus been directly the recipients of its ministrations and charity. Indirectly the community at large has experienced a relief from pecuniary burdens to a degree that is not always understood or appreciated. According to the books of the Steward, the amount expended from the available funds of the Hospital for the partial, and complete support of patients of this class during the year was \$53,472.23. Many of these patients were received from counties of Pennsylvania outside of Philadelphia. This sum does not include the interest or extraordinary expenditures on the extensive plant of the Hospital, but only the sum expended for the maintenance account for the year. It may be safely assumed that were it not for the aid extended to those embraced in this class, a large proportion would have required special provision at the public cost.

It was a wise foresight that moved the Contributors and Managers, together with many benevolent citizens, to unite to provide the liberal hospital provision that exists here. It is well estab-

lished that the increase of insanity is disproportioned to that of population, and results more frequently from those occupations incident to large and dense communities; the constant infusion of deteriorating and lowering elements; the direct and more frequently indirect consequences of intemperance and vicious indulgences, and the diminished resisting power to strain that comes from unfit marriages. Contrary to an impression sometimes entertained, the increase is not specially marked in the class most actively devoted to business pursuits. The neurotic tendencies developed at the school age by prolonged application to study, and the indirect inherited tendency that comes from intemperance, as factors, may be charged with producing quite as much insanity as the so-called excitement attending American business life. A good brain and a sound body can perform a great amount of work without risk of damage, with a proper allowance for rest.

The medical profession in recent years has shown a more intelligent appreciation of nervous disorders and the incipient stage of insanity than formerly, and their patients of the independent class are enabled to follow advice. The hospitals of large cities receiving mainly from this class show no pressing demand for larger accommodations. The increase that is going on is not from those engaged in active business, but among the wage-workers and the middle class, who are neither rich nor in actual poverty, but who are helpless and dependent as soon as they become insane. While the Hospital accommodation is likely to be ample for many years for the admission of the class able to pay the cost of support, for those unable to pay it ought to be prepared to meet the increasing demand that will be made upon it from time to time, by having at its disposal a larger number of free beds, and funds, the income from which may supplement the low rates which certain worthy but reduced persons are able to pay toward the cost of support of relatives. The claims of these cases the Managers are always ready to consider when presented.

The accumulation of experience in the care of the insane, and the social advances and exactions, which are the invariable accompaniments of all prosperous communities, impose a con-

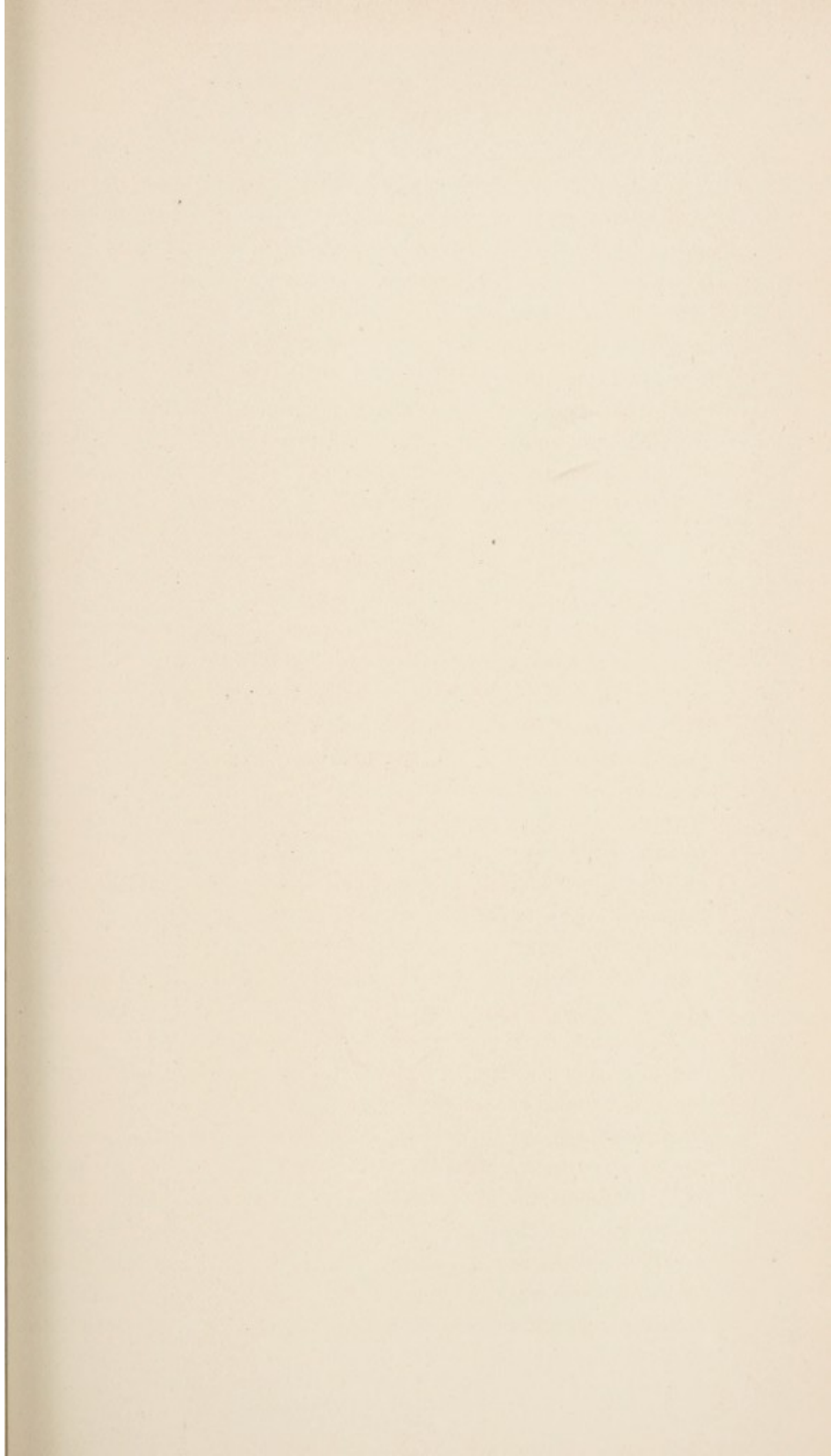
stant obligation to consider from time to time the state of our work—whether it is stationary, advancing, or retrograding. It is well established that the majority of the insane may live in wards and rooms furnished like those of ordinary dwellings. The Managers, appreciating this fact, have made liberal expenditures in this direction as far as the income of the Hospital has permitted. It is also the policy of the Hospital to seek to keep well in the advance, as medical experience in plans and administration may seem to suggest. Some of our wards, from long use, require extensive reconstruction, as well as modifications, to adapt them better to present methods and requirements. When it is decided that the time has arrived that such changes may be undertaken, the question may arise whether it will not, on the whole, be far more satisfactory to abandon the one-story wards of the Department for Females for the lodgment of patients, and erect a new block to contain wards for the treatment of acute maniacal cases; wards for convenient and efficient supervision of suicidal cases and others requiring much night attention; and wards for the isolation of a few turbulent patients—all so arranged that noise and the incidental unpleasantness that arises from such cases in close proximity may be effectually removed from the sight and hearing of any who might possibly be annoyed. To accomplish all our objects, and to make extensive and desirable changes, involving extraordinary expenditures which should not be a charge upon the weekly maintenance account; to preserve and improve what has been already created; we must depend upon the co-operation of this community and the medical profession, in whose interest alone this Hospital is maintained, and who might not know our needs unless they were announced in this public manner.

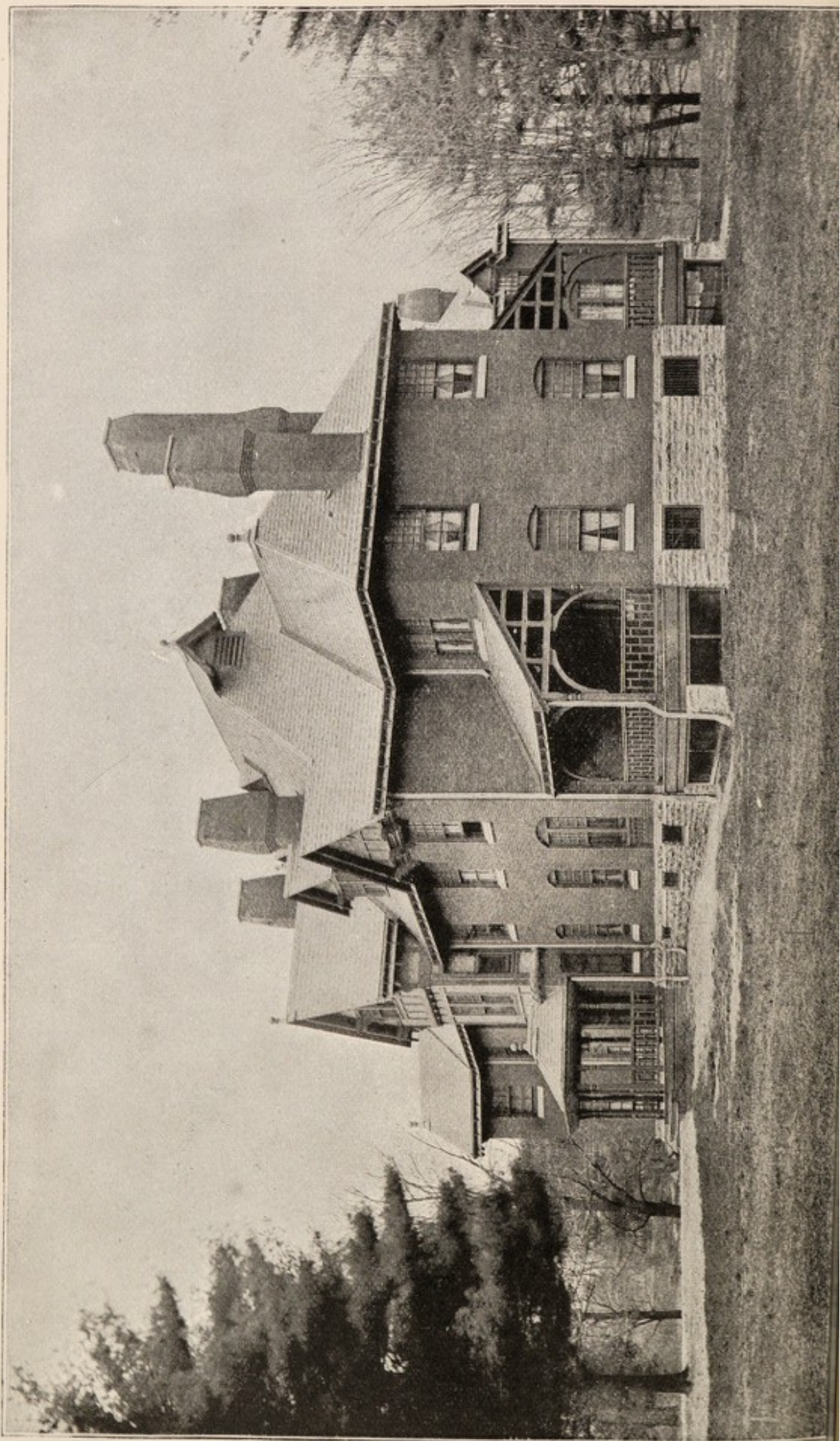
In addition to the medical treatment of such acute cases as have been admitted, the Hospital has furnished to a large extent the custodial care and medical management which so many persons in their disordered condition require. Several of our patients have been placed in the Hospital who have outlived all near relatives, and must continue to reside in some institution where they can receive the care they require. We have appre-

ciated the double affliction under which these persons suffer, and have endeavored to discharge our whole responsibility toward them. The permanent policy of the Hospital, which will extend beyond the lives of individuals, furnishes a reasonable guaranty of a continuance of good care.

During the year twenty-four cases with a pronounced suicidal tendency were admitted. This number, together with others previously admitted with a similar history, has required the usual watchfulness against successful suicidal attempts. The practice of placing suicidal cases in rooms with open doors under the observation of additional night attendants has undoubtedly thwarted many attempts. After every precaution which experience suggests has been taken, the officers of a hospital can never feel assured that the calamity of a suicide will not occur. It is a subject of regret to be compelled to report a suicide in the Department for Women, where there had been an unusual exemption for a period of seven years. No history of a suicidal tendency was furnished by the friends in this case, nor was any such disposition suspected by the physicians or attendants by whom she had been observed for several months. It is not at all probable that such a tendency existed for any length of time. The patient was, however, suspected to have hallucinations of hearing, and it is probable that she came within the dominion of voices and commands, to which she yielded obedience. Against the occurrence of unexpected suicides of this character no safeguard can prove wholly effectual, and they are events of more frequent occurrence beyond than within the walls of the hospitals.

The ingenuity displayed by persistent suicidal persons is illustrated by novel attempts made by two persons, in one of whom, while under the observation of an attendant sitting by her bed, a sudden change was noticed to occur, and she seemed about to die. On a close inspection it was found that the patient, under the cover of the bedding, had loosened a long braid of hair, which had been passed around the neck, and torsion applied until unconsciousness was produced. In another case the insomnious condition of the patient was the reason for the occasional administration of a narcotic which was given by a night nurse, the patient seeming





to swallow the potion. As a matter of fact, a portion of the medicine, was retained, and, when unobserved, ejected into a bottle which was concealed. When it was supposed a dose capable of producing a fatal effect had been accumulated, the whole was swallowed, and the patient soon found in a state of collapse from which she was with difficulty restored. The three cases alluded to illustrate the fact that suicide may occur when the danger is not suspected, as from impulses, from sudden hallucination; from delusions tending to self-destruction; and, as in the last case, from a simple perversion of the instinct of self-preservation leading to self-destruction. One male patient committed suicide while on a leave of absence from the hospital on a visit to his friends.

The villa erected on the grounds of the Department for Women, which was reported as nearly completed at the last annual meeting, was formally opened Sixth month 16th, 1888, on which occasion the Managers, the Committee of Lunacy, many physicians and citizens were invited to inspect the well-appointed and liberal accommodation which had been provided. It has been occupied from the date of its opening. This house was erected to receive a class of patients whose friends might desire for them larger rooms and different accommodations than the main buildings afforded. It possesses the advantage of close proximity to the main hospital, a well-appointed service, and the quiet and retirement of a private house, from which it does not materially differ in external appearance and in its interior arrangements. It furnishes a need which was supposed to exist from the nature of inquiries that were occasionally made. It enables our citizens, if circumstances arise that require the removal of a relative from home, to find, in close proximity to the city, every reasonable provision for comfortable and even luxurious care.

While the general scope of the hospital work does not materially differ one year from another, yet we can report that it has made some progress. Without seeking to undo what has been so well done, or to make radical changes, it has been the purpose and policy to continue to build upon foundations well and truly laid,—for this temple of our benevolent and professional work can never be regarded as finished,—and to seek for every advance

by the development of those principles of humane and mild management wisely established by our predecessors. It has also been the purpose to give increasing prominence to the "hospital idea," in the administration, so that while we shall continue to receive chronic cases requiring the custodial care of a hospital, every acute case admitted, whatever may have been the social condition, shall receive careful medical consideration. No personal attendance, medication, or dispensation of nutritious food, essential to the restoration of health, has been or will be withheld. If recovery or improvement have not followed efforts fairly applied, the result may be attributable to the intractable nature of the disease; the exhaustion of all possible expedients before admission to a hospital, until the case has lapsed into a chronic and doubtful condition; the unreasonable and persistent prejudices that still exist in the community, that permit the best interests of a patient to be sacrificed to some erroneous sentiment; or a disposition to trust that a chance recovery will in some way come about. How it is possible to eradicate the prejudicial sentiments that seem to exist in all communities toward hospitals for the insane is a difficult problem. They are not new, and less reason now exists than at any former period for their continuance, as all are better managed. The strong ties of affection naturally invoke an effort to render every needed service to a relative in sickness and distress, yet the painful fact is generally recognized, that notwithstanding every disposition to perform a grateful service, in this disease it is best rendered by strangers. The hospitals, with their accumulated medical experience, and their trained attendants, can more effectively discharge this responsibility than the relatives of the patient. The frequent personal inspection by Managers, the visits and freedom of communication with the State Committee of Lunacy, with the frequent visits of friends to patients, the daily visits of physicians, the presence of supervisors and faithful attendants, the observation of convalescent and reliable patients, preclude the practice of a systematic abuse or neglect without discovery, and furnish the surest safeguards of continued good administration. Partly for these reasons, visits of relatives to many of the wards have been

permitted. The natural desire to know how friends are actually situated in a hospital tends to relieve any undue anxiety that sometimes exists, reassures the confidence which it is important to cultivate, and removes every ill-founded suspicion that sometimes prevails. To many who thus visit their friends at all times the greater part of a hospital appears well ordered, and not unlike a building occupied by persons in the possession of reason. A large number of patients yearly come to the hospital on the advice of their attending physicians. Such recommendation is always regarded as implying confidence in its medical administration. As their interest in a patient does not always abate when admitted to a hospital, it is always a gratification to meet the family medical attendants, who often have it in their power to communicate information that may be an important guide to successful treatment, and their visits are rather to be encouraged than discouraged.

A long and varied experience with attendants upon the insane has furnished the conviction that while they are not all free from the inherent weaknesses of human nature, the average service they render to the insane is decidedly good, and that instances of intentional abuse and neglect are rare and exceptional. The public and friends of patients are mainly interested in the assurance that when delinquencies are detected, the corrective is promptly applied. The importance of securing and training attendants possessed of the proper qualities to fit them for their duties cannot be overestimated. They are instructed by the physicians and supervisors from day to day in the practical duties of the ward and as to their proper relations to patients. To supplement this practical training, influenced by the good results of others—which, if we cannot equal, we may hope to emulate—two classes have been formed for instruction in the department for men and women. In this work, as in every branch of the Hospital service, the medical staff has been equally zealous. Drs. Brush, Nunemaker, Wetherill, and Harrison have given oral lectures to the attendants, who have evinced increasing interest in their work, and are performing their duties with more intelligence. If, to excellent moral qualities which are sought in

the original selection of an attendant, can be added intelligence and knowledge in the performance of delicate and trying duties, it is confidently believed this branch of your service may be elevated and advanced.

For the purpose of imparting instruction in the preparation of what are called "sick dishes" and articles of food that comprise a hospital dietary, Mrs. S. T. Rorer, teacher of a cooking-school, has been engaged in a course of lectures with practical demonstrations of her subject. The lectures have been profitably attended by the nurses, supervisors, housekeepers, cooks, and others engaged in the preparation and serving of food. These lectures have been also attended by the physicians and patients with much interest.

In addition to the strictly medical service, the moral management of patients and their environments receive a large share of attention. Patients who are convalescing, as well as those who are to continue residents of the Hospital, need the stimulus of occupation and diversion to relieve the tedium and monotony of hospital life. On each evening of the week, at both departments, all patients whose condition will permit are assembled—a practice that has prevailed so long that it is part of the regular and established routine of our hospital life. At the Department for Women on Monday and Friday evenings a teacher comes from the city to instruct a class in calisthenic exercises. On Tuesday, Thursday, and Saturday evenings, lantern views are exhibited with explanations and descriptions. On Wednesday, thirty or thirty-five patients are invited to a tea with the officers, and spend the evening in the centre building. During the afternoons of Tuesday, Thursday, and Saturday, an instructor conducts a class in modelling in clay and plaster, decoration of pottery, and other art-work. The work performed evinces much skill, and has a peculiar interest, for the reason that several patients on approaching convalescence have shown the earliest indications of recovery while so engaged. It has been found practicable on the alternate afternoons of the week to assemble the women in the calisthenic hall to listen to reading and music, and to engage in the diversion of innocent games, so that we can report that during the

winter every afternoon as well as evening has offered some acceptable occupation and diversion.

During the year a series of lectures on botany have been delivered by Dr. H. M. Wetherill, jr., which have been attended by a class of thirty or forty. The extensive native flora on the grounds of the hospital has mainly furnished the subjects of these lectures, and excited an interest among a large number to seek a healthful and instructive recreation in making frequent search for botanical specimens.

At the department for males a lantern exhibition with a lecture is presented four evenings each week, and on two evenings selections are read to the assembled patients. This program has been varied as opportunity has offered by other entertainments during the year. An attendant teacher has conducted a school during the year, meeting a class in the morning and afternoon. It is not an object so much to impart instruction as to arouse and engage the attention in a normal direction. The opportunity now seems to offer to add to the means of healthful and varied diversion at this department by the erection of a gymnastic pavilion detached from the hospital. It should be so located that it may face the cricket grounds. The building should contain a hall for gymnastic exercises, a bowling alley, a reading-room and billiard room, with a broad verandah extending along its entire front, overlooking the grounds used for out-of-door games. Such a structure would be an objective point at the end of a walk, a resort to it would break the hospital association and monotony, and it might be made in itself an attractive feature in the landscape. The tendency to lapse into a state of mental and physical inactivity is a condition that is both important and difficult to overcome, and against which constant contention is made. To render such a building most effective and useful for the physical training of patients and for the occupation of the class received at this hospital, largely unaccustomed to manual work, an instructor or director to take special charge of this department would be desirable. The importance of this subject has already engaged the attention of the Managers, and is receiving their consideration.

The question of a discharge of a patient sometimes involves a responsibility, which for good reasons neither the friends or the physician are willing to assume. The enforced detention of a patient who, while manifesting evidences of insanity, is not in a state of mind to appreciate the true condition, is, under any circumstances, an unpleasant duty, yet, as has been heretofore observed, the right to an appeal and a review of the case is not lost by reason of residence in a hospital. During the year a patient in the department for males was brought before a judge of the *Court of Common Pleas* on a writ of *habeas corpus*. After a hearing, the Court, in a written opinion, dismissed the writ. The petitioner in this case availed himself of the rights reserved to him under the lunacy law, and was visited by nine members of the legal profession, five physicians, the Committee of Lunacy, and communicated by letter with seven judges, five lawyers, and a number of citizens.

An improvement projected by the Managers is the erection of a two-story annex to the South Fisher Ward. This addition will furnish two well-lighted sitting-rooms, fifteen feet by thirty feet, which, for the number of patients accommodated in these wards, will furnish liberal space. The object sought to be attained in the enlargement of the wards is to furnish the occupants separate day rooms, more superficial space than is now enjoyed, and an opportunity for complete ventilation during portions of the day.

During the ensuing season it is proposed to change the approach to the Department for Women. Since 1841, the grounds of this department have been entered at Forty-fourth Street and Haverford Avenue, but the reasons that required an entrance at this point no longer exist. Now it is proposed to erect a lodge and gate on the grounds of the Hospital at the junction of Market Street and Powelton Avenue, which on its completion will be the entrance to the grounds and the approach to the hospital building for women. As the time has arrived when this long-desired improvement has become practicable, it cannot fail to be appreciated by all who may for any reason have occasion to visit the Hospital.

As the operations of one hospital year bear a close resemblance

to those of another, so the report of the year just closed may seem to contain much that is a repetition of what has heretofore been expressed, on similar occasions. It must be remembered, however, that the body of Contributors, and the community interested in the charitable and professional character of our work, do not come in close contact with it except on the occasion of the presentation of the reports at the annual meeting. It is hoped the results here presented will be accepted as showing that the Hospital is, in the largest sense, continuing to perform its mission of relief to a large number of afflicted persons. Since the opening of the Department for the Insane as a separate organization, more than a generation of Contributors, Managers, and officers have passed away, and another generation has come forward to become interested in the perpetuation of the operations of the Hospital, to whom much that is presented may be new. If it was deemed a worthy object to project this Hospital, and to continue it to the present day, it is more incumbent upon the present generation to carry it forward, at a period in its history when the claims upon its beneficence are increasing rather than diminishing, and the demands upon its resources to sustain the high standard and rank it should maintain are likely to be as great as at any former period in its history. It is probably true that the manifestations of mental disorder do not change from one period to another, but with the added experience that comes from year to year, the insane in all of our hospitals are better managed, cared for, and more successfully treated. Much yet remains to be done to remove erroneous prejudices that still exist in relation to institutions of this character by all who have it in their power to shape public opinion, as well by those who are engaged in their daily management as by those who make official visits to the hospitals. Although the state, for good reasons, exacts a compliance with certain prescribed forms of admission, it must be again repeated that the hospitals are not to be regarded as merely places for the detention of the insane, to which they are to be taken when all hope and means are exhausted, but institutions for their medical treatment and care in every stage. In their medical service, in their plans and facilities of classification, in their environments, and in the possession

of all appliances that experience can suggest, they furnish a guaranty of the best attainable results. They deserve and should receive the moral and material support of public officers, the community, and the medical profession.

The good results of the year, and the harmonious administration of the affairs of the Hospital, are mainly due to the zealous co-operation of the medical staff, the resident officers, and to the supervisors, attendants, and others engaged in various offices. The accompanying report of the Steward, George Jones, presents the receipts and expenditures of this department of the Hospital. The receipts, under his excellent management, have been sufficient to meet necessary expenditures.

On behalf of our patients, I acknowledge with thanks a gift of \$100 from Wistar Morris for the Christmas holidays; \$100 from T. Wistar Brown for the Christmas holidays; \$5 from G. G. Serch for the Christmas holidays; a loan of lantern slides from Edward Stirling; a musical entertainment by Messrs. Hobart and Joseph Selden Miller; illustrated periodicals from Miss Graeme; seven open-air concerts on the Hospital lawn, kindly provided by Mrs. E. Spencer Miller; two copies of *Harper's Monthly Magazine* for the year from the Franklin Fire Insurance Company; copies of the *Daily North American* from the publishers; a collection of chromos from L. Prang & Co.; illustrated papers from Mrs. Caroline Morris; a concert by the Misses Schetke, Mrs. Roth, Messrs. Hall and Schetke; a concert by Mr. and Mrs. S. A. Murray, Miss Schetke, and Mr. W. Bradway; a concert by Miss Keilig, Misses Fitzgerald, Miss Barney, Miss Eva Howard, Mr. Yost, Messrs. Barney, Keilig, and others; several complete volumes of magazines from Wistar Morris; and two entertainments by Dr. Westcott, Messrs. Casey and Grissom, and Miss Florence Hewes. An addition of one hundred volumes was made to *The John Farnum Library*, purchased with contributions furnished by friends of the Hospital. The Hospital will thankfully receive any contributions of books, pictures, objects of art, or of interest, that may be placed in the museum buildings.

I cannot close this report without an expression of thanks to

the Board of Managers, and the several Committees of Managers who have made their weekly visits during the year, for their kindly consideration of all matters presented for their action, nor without invoking upon the work of the Hospital in its varied relations the continued favor of Divine Providence.

JOHN B. CHAPIN.

PENNSYLVANIA HOSPITAL, DEPARTMENT FOR THE INSANE,
FOURTH MO. 22, 1889.

STATISTICS.

DEPARTMENT FOR THE INSANE.

STATISTICAL TABLES.—The following statistical tables embrace all the patients received into this department of the Hospital since its opening in its present location on the first day of 1841.

TABLE I.—*Showing the forms of disease for which 9662 patients were admitted.*

	Previously Re- ported.		1888-89.	
	M.	F.	M.	F.
Mania	2020	1949	3	..
Acute mania	48	65	6	7
Sub-acute mania	23	26	3	5
Periodic mania	17	32	5	6
Mania with epilepsy . . . . .	..	..	1	..
Puerperal mania . . . . .	..	11	..	4
Hysterical mania	1	4	..	..
Chronic mania	39	23	..	8
Melancholia	1165	1445	12	21
Chronic melancholia	12	26	2	1
Monomania	740	449	..	..
Dementia	946	368	9	7
Senile dementia	7	15	1	2
Dementia with epilepsy	2	3	..	1
Paresis	50	9	4	1
Delirium	18	10	6	..
Imbecility	8	2	1	..
Disease of nervous system and threatened insanity	1	3	1	2
Alcohol and opium habit	70	17	9	3

TABLE II.—*Showing the forms of disease of those discharged as recovered since Fourth month 21st, 1888.*

	Males.	Females.	Total.
Acute mania	6	5	11
Sub-acute mania	2	..	2
Periodic mania	2	2	4
Puerperal mania . . . . .	..	1	1
Acute melancholia	3	4	7
Chronic melancholia . . . . .	..	1	1
Dementia	1	..	1
Delirium	5	..	5
Disease of nervous system and threatened insanity	1	2	3
	20	15	35

TABLE III.—*Duration of disease before admission of those discharged as recovered since Fourth month 21st, 1888.*

	Males.	Females.
Under 1 month	3	6
Between 1 and 2 months	4	3
“ 2 and 3 “	4	1
“ 3 and 4 “	1	1
“ 5 and 6 “	1	2
“ 7 and 8 “	3	.
12 months	2	1
18 “	1	.
2 years	1	1

TABLE IV.—*Showing the duration of the disease at the time of admission in 9662 patients.*

	Previously Re- ported.		1888-89.		Total.
	M.	F.	M.	F.	
Not exceeding 3 months	2182	2374	18	21	4595
Between 3 and 6 months	451	406	7	13	877
“ 6 months and 1 year	655	525	8	7	1195
“ 1 and 2 years	705	433	7	9	1154
“ 2 and 3 “	359	199	2	1	561
“ 3 and 4 “	205	120	1	2	328
“ 4 and 5 “	119	82	3	5	209
“ 5 and 10 “	216	158	1	2	377
“ 10 and 15 “	85	65	3	.	153
“ 15 and 20 “	36	34	.	.	70
“ 20 and 25 “	38	22	1	1	62
“ 25 and 30 “	19	10	.	1	30
“ 30 and 35 “	9	7	.	.	16
“ 35 and 40 “	5	1	.	.	6
“ 40 and 45 “	5	4	.	1	10
“ 45 and 50 “	2	1	.	.	3
“ 55 and 60 “	1	.	.	.	1
Congenital	5	.	2	.	7
Chronic, duration unascertained	2	.	.	.	2
Disease of nervous system and threatened insanity	1	3	1	2	7
Cases of alcohol and opium habit	31	1	9	3	44

TABLE V.—*Showing the supposed causes of insanity
in 9662 cases.*

	Previously Reported.		1888-89.		Total.
	M.	F.	M.	F.	
Ill health of various kinds	978	884	20	11	1893
Ill health from exposure, overwork, or loss of sleep	164	229	2	3	398
Injuries of the head	131	11		1	143
Puerperal state		345		5	350
Uterine disease		3			3
Prolonged lactation		15			15
Menstrual derangement		7		2	9
Menopause		11		1	12
Epilepsy	1	2	1		4
Convulsions		1			1
Progressive spinal sclerosis	2				2
Cerebral hemorrhage	2		1		3
Congenital defect	5	1			6
Heredity		27		6	33
Senility	3	17	1	3	24
Sunstroke	87	4			91
Meningitis	4	1		2	7
Infantile convulsions	1				1
Lead poisoning	2				2
Intemperance	855	75	7		937
Opium habit	20	25	1	1	47
Excessive use of tobacco	15	2			17
Vicious habits and indulgences	111	16			127
Business anxieties and perplexities	401	85	1		487
Domestic trouble	54	132		2	188
Grief	91	330	1	2	424
Disappointment		2			2
Fright	20	60		1	81
Nostalgia	1	10			11
Mental anxiety	219	386		4	609
Religious excitement		1			1
Excessive study	42	18			60
Privation		1			1
Exposure in army	9				9
Imprisonment during war			1		1
Engagement in duel	1				1
Paralysis following injury	1				1
Sciatic rheumatism				1	1
Unascertained	1879	1740	17	18	3654
Disease of nervous system and threatened insanity	1	3	1	2	7
Cases of alcohol and opium habit	31	1	9	3	44

TABLE VI.—*Showing the causes of death, from Fourth month 21st, 1888, to Fourth month 22d, 1889.*

	Males.	Females.	Total.
Paresis	4	.	4
Phthisis pulmonalis	1	3	4
Pneumonia . . . . .	.	1	1
Parotid abscess and septicaemia . . . . .	.	1	1
Apoplexy . . . . .	.	1	1
Intestinal tuberculosis . . . . .	.	1	1
Locomotor ataxia . . . . .	.	1	1
Bright's disease of kidneys, embolism of pulmonary artery	1	.	1
Exhaustion from chronic brain disease	4	5	9
Exhaustion from acute mental disease . . . . .	.	2	2
Exhaustion and cerebral effusion, following epilepsy	2	1	3
Suicide	1*	1	2
	13	17	30

* Committed suicide while on a leave of absence.

TABLE VII.—*Showing the state of 9278 patients who have been discharged or died, and the forms of disease for which they were admitted.*

	Previously Reported.					Recovered.		Much Improved.		Improved.		Stationary.		Died.		Alcohol and Opium Habit.		Total.
	Recovered.	Much Improved.	Improved.	Stationary.	Died.													
						M	F	M	F	M	F	M	F	M	F	M	F	
Mania	2239	303	572	419	513	.	.	.	.	.	.	1	.	3	.	.	.	4050
Acute mania	20	4	10	2	5	6	6	1	.	1	2	1	.	1	2	.	.	61
Sub-acute mania	7	4	8	2	.	2	.	.	.	.	.	.	.	.	.	.	.	23
Chronic mania . . . . .	.	5	5	11	8	.	.	.	1	.	1	1	1	.	4	.	.	37
Periodic mania	5	5	2	.	.	2	2	.	.	.	3	.	.	.	.	.	.	19
Puerperal mania	6	.	.	1	.	.	1	.	.	.	2	.	.	.	.	.	.	10
Hysterical mania	1	.	2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	3
Epileptic mania . . . . .	.	.	.	1	.	.	.	.	.	.	.	.	.	1	.	.	.	2
Monomania	552	92	276	147	49	.	.	.	.	.	.	.	1	.	1	.	.	1118
Melancholia	1155	284	493	295	278	3	4	1	5	2	5	2	2	2	6	.	.	2537
Chronic melancholia	6	3	2	4	2	.	1	.	.	.	.	.	2	.	1	.	.	21
Dementia	127	53	285	400	393	1	.	.	.	.	2	2	1	1	1	.	.	1266
Senile dementia . . . . .	.	.	.	.	13	.	.	.	.	.	.	.	.	1	2	.	.	16
Paresis . . . . .	.	.	2	20	26	.	.	1	.	.	3	.	4	.	.	.	.	56
Imbecility . . . . .	.	.	.	2	.	.	.	.	.	.	1	.	.	.	.	.	.	3
Delirium	6	.	.	1	17	5	.	1	.	.	.	.	.	.	.	.	.	30
Diseases of nervous system and threatened insanity . . . . .	.	2	.	.	.	1	2	.	.	.	.	.	1	.	.	.	.	6
Alcohol and opium habit . . . . .	.	.	.	.	.	.	.	.	.	.	.	.	.	.	10	3	.	13
	4124	755	1657	1295	1304	20	16	2	8	3	15	11	8	13	17	10	3	9271

TABLE VIII.—*Showing the ages of 9662 patients at the time of their admission.*

	M.	F.	T.		M.	F.	T.
Under 10 years . . .	2	3	5	Between 50 and 55 . .	363	292	655
Between 10 and 15 . .	18	24	42	“ 55 “ 60 . .	249	196	445
“ 15 “ 20 . .	254	249	503	“ 60 “ 65 . .	188	142	330
“ 20 “ 25 . .	688	596	1284	“ 65 “ 70 . .	106	100	206
“ 25 “ 30 . .	731	692	1423	“ 70 “ 75 . .	86	83	169
“ 30 “ 35 . .	702	617	1319	“ 75 “ 80 . .	33	32	65
“ 35 “ 40 . .	730	557	1287	“ 80 “ 85 . .	9	17	26
“ 40 “ 45 . .	532	511	1043	“ 85 “ 90 . .	3	4	7
“ 45 “ 50 . .	462	392	854	“ 90 “ 95 . .	.	2	2

TABLE IX.—*Showing the ages at which insanity first appeared in 9662 patients.*

	M.	F.	Total.
Under 10 years	23	9	32
Between 10 and 15	80	81	161
“ 15 “ 20	491	428	919
“ 20 “ 25	872	782	1654
“ 25 “ 30	881	771	1652
“ 30 “ 35	660	624	1284
“ 35 “ 40	633	477	1110
“ 40 “ 45	464	426	890
“ 45 “ 50	349	423	772
“ 50 “ 55	256	212	468
“ 55 “ 60	184	165	349
“ 60 “ 65	132	91	223
“ 65 “ 70	65	46	111
“ 70 “ 75	33	41	74
“ 75 “ 80	18	12	30
“ 80 “ 85	5	15	20
“ 85 “ 90	1	2	3
“ 90 “ 95 . . . . .	.	1	1
Congenital	4	.	4
Age not ascertained	2	.	2
Disease of nervous system and threatened insanity . . . . .	.	1	1
Cases of alcohol and opium habit	26	.	26

TABLE X.—*Showing the occupation of 5155 male patients.*

Farmers	542	Wheelwrights	8
Merchants	501	Gardeners	31
Clerks	602	Chemists	7
Physicians	121	Print-cutters	2
Lawyers and judges	120	Curriers	2
Clergymen	63	Tailors	52
Masons	34	Shoemakers	115
Umbrella-makers	10	Brokers	22
Printers	56	Waiters	4
Teachers	59	Stove-makers	3
Officers of the army	10	Dentists	6
“ “ navy	17	Victuallers	26
Students	92	Rope-makers	3
“ of Medicine	26	Tinmen	28
“ of Law	13	Painters	44
“ of Divinity	14	Brush-makers	3
Saddlers	21	Paper-hangers	5
Peddlers	22	Boat-builder	1
Tobacconists	32	Carvers	6
Carpenters	161	Confectioners	14
Bakers	28	Coach-makers	10
Seamen and watermen	80	Public Officers	11
Planters	33	Shipwrights	4
Manufacturers	112	Collectors	3
Coachmen	11	Nurses	2
Druggists	51	Soap-maker	1
Laborers	359	Contractors	7
Engineers	41	Authors	4
Plasterers	23	Editors	11
Bank Officers	2	Railroad Conductors	8
Conveyancers	12	Apprentices	3
Bookbinders	19	Musicians	6
Hatters	12	Coppersmith	1
Hairdressers	5	Tanners	9
Police officers	10	Artists	28
Machinists	103	Dyers	2
Plane-maker	1	Gold-beaters	2
Iron-masters	3	Fireman	1
Weavers	52	Watch-case-maker	1
Bricklayers	19	Ranchman	1
Brick-makers	11	Insurance agent	1
Sail-makers	7	Stenographer	1
Coopers	5	Stone-cutters	2
Jewellers	26	Theatrical manager	1
Potters	3	Station agent	1
Chair and Cabinet-makers	43	Soldiers U. S. A	20
Blacksmiths	49	Brewers	4
Watchmakers	12	Coach-trimmers	2
Hotelkeepers	75	Auctioneers	3
Second-hand dealers	4	Plumbers	9
Cap Manufacturer	1	Type-founders	3
Locksmiths	4	Telegraph operators	9
Millers	22	Whip-maker	1
Glassblowers	5	Silversmiths	3

TABLE X.—*Continued.*

Photographers	2	Electricians	2
Wire-workers	2	Reporters	4
Upholsterers	4	Salesmen	24
Drovers	7	Civil and mechanical en- gineers	2
Brass-founders	2	Civil engineers	2
Pattern-maker	1	Mechanical engineer . . .	1
Comb-maker	1	Mill-hands	2
Grocers	12	Livery-stable-keeper . . .	1
Cigar-makers	3	Ice dealer	1
Glove-makers	3	No occupation	751
Errand Boys	5		
Engravers	8		

TABLE XI.—*Showing the occupation of 4508 female patients.*

Seamstresses or mantua- makers	355	<i>Daughters of Physicians</i> . .	26
Milliners	4	“ Planters	33
Storekeepers	28	“ Watchmaker	1
Attendants in Stores	40	“ Curriers	3
Cigar-makers	4	“ Electricians	2
Teachers	126	“ Editors	6
Domestics	374	“ Authors	2
Nurses	36	“ Victuallers	8
Artists	5	“ Saddler	1
Factory Girls	24	“ Coach-makers	4
Physician	1	“ Contractors	4
Sisters of Charity	3	“ Tinman	1
Clerks	15	“ Mason	1
Actress	1	“ Hatters	2
School Girls	6	“ Publisher	1
Hair-dresser	1	“ Painters	5
Box-maker	1	“ Glass-makers	2
		“ Ship-builders	3
		“ Caterers	2
Of the <i>Single</i> females, not pur- suing a regular occupation, were—		“ Grocers	2
		“ Civil Engineer	1
<i>Daughters of Farmers</i> . .	216	“ Clerks	48
“ Merchants	304	“ Engineers	4
“ Masons	4	“ Clergymen	34
“ Bank Officers	13	“ Miller	1
“ Weavers	20	“ Public Officers	25
“ Laborers	59	“ Officers of Army	2
“ Sea Captains	7	“ Officer of Navy	1
“ Auctioneer	1	“ Lawyers	41
“ Inn-keepers	14	“ Machinists	9
“ Teachers	17	“ Bricklayers	2
“ Carpenters	26	“ Chairmakers	2
“ Paper-makers	2	“ Manufacturers	22
		“ Tailors	8

TABLE XI.—Continued.

<i>Daughters of</i> Watermen	2	<i>Wives of</i> Cabinet-makers	20
“ Bakers	8	“ Laborers	243
“ Printers	12	“ Grocers	16
“ Shoemakers	6	“ Clergymen	47
“ Druggists	4	“ Tobacconists	14
“ Artists	4	“ Weavers	22
“ Brick-maker	1	“ Sea Captains	6
“ Blacksmiths	2	“ Victuallers	15
“ Musicians	2	“ Brush-makers	2
“ Dentists	4	“ Tailors	34
“ Tanner	1	“ Teamsters	3
“ Roofer	1	“ Salesman	1
<i>Of the Married similarly situated were—</i>		“ Billiard-room-keeper	1
<i>Wives of</i> Clerks	142	“ Planters	15
“ Teachers	27	“ Paper-hanger	1
“ Farmers	279	“ Ship-builder	1
“ Brass-founders	4	“ Livery-keepers	2
“ Moulders	4	“ Peddlers	8
“ Gardeners	9	“ Coachmen	7
“ Saddlers	6	“ Manufacturers	75
“ Printers	16	“ Brokers	8
“ Machinists	43	“ Tanners	14
“ Masons	8	“ Musicians	5
“ Painters	9	“ Conveyancers	9
“ Stage Owners	2	“ Officers of Army	15
“ Cutler	1	“ “ of Navy	5
“ Bank Officers	17	“ Plumbers	3
“ Inn-keepers	50	“ Blacksmiths	20
“ Book-binders	4	“ Bakers	6
“ Tinmen	6	“ Waiters	5
“ Millers	12	“ Confectioners	5
“ Police Officers	16	“ Hairdressers	4
“ R. R. Agents	2	“ Contractors	7
“ Carpenters	60	“ R. R. Conductors	10
“ Butchers	2	“ Dentists	6
“ Steel Polisher	1	“ Watchmakers	6
“ Cooper	1	“ Public Officers	17
“ Druggists	17	“ Brewers	4
“ Hucksters	3	“ Optician	1
“ Editors	9	“ Iron-masters	5
“ Plasterers	5	“ Perfumer	1
“ Engineers	28	“ Gold-beaters	2
“ Artists	14	“ Jewelers	2
“ Bricklayers	3	“ Architect	1
“ Paper-makers	3	“ Insurance Agents	2
“ Collectors	5	“ Civil Engineer	1
“ Brick-makers	8	<i>Of the Widows similarly situated were—</i>	
“ Seamen	14	<i>Widows of</i> Merchants	105
“ Merchants	306	“ Physicians	20
“ Physicians	35	“ Public Officers	12
“ Lawyers and judges	65	“ Manufacturers	18
“ Shoemakers	48	“ Lawyers	15
“ Hatters	7	“ Carpenters	8

TABLE XI.—*Continued.*

Widows of Clerks	19	Widows of Barber	1
“ Tanners	2	“ Brickmaker	1
“ Teachers	2	“ Coachman	1
“ Planters	6	“ Carriage-makers	3
“ Bricklayers	3	“ Army Officer	1
“ Painters	3	“ Plasterer	1
“ Seamen	10	“ Tobacconist	1
“ Engravers	2	“ Weaver	1
“ Engineers	8	“ Contractor	1
“ Machinists	7	“ Conveyancer	1
“ Masons	2	“ Peddler	1
“ Printer	1	“ Brewer	1
“ Blacksmiths	3	“ Banker	1
“ Bakers	5	“ Sea Captains	8
“ Druggists	4	“ Butchers	2
“ Musician	1	“ R. R. Conductor	1
“ Interpreter	1	“ Hotel-keepers	6
“ Tailor	1	“ Shoemakers	27
“ Dentists	2	“ Clergymen	7
“ Tinman	1	“ Farmers	77
“ Confectioner	1	“ Coopers	3
“ Silversmith	1	“ Laborers	47

TABLE XII.—*Showing the civil condition of 9662 patients.*

	Males.	Females.	Total.
Single	2499	1873	4372
Married	2392	2073	4465
Widows . . . . .	..	554	554
Widowers	269	..	269

TABLE XIII.—*Showing the nativity of 9662 patients.*

Natives of Pennsylvania . . .	4162	Natives of Ireland . . .	1171
" New Jersey . . .	420	" Germany . . .	526
" Delaware . . .	259	" Poland . . .	10
" Maryland . . .	290	" Prussia . . .	18
" Virginia . . .	126	" Switzerland . . .	10
" North Carolina . . .	81	" Bermuda, W. I. . .	3
" South Carolina . . .	64	" Jamaica . . .	2
" Georgia . . .	44	" St. Domingo . . .	4
" Alabama . . .	19	" Barbadoes . . .	4
" Tennessee . . .	33	" Cuba . . .	19
" Indiana . . .	17	" Gaudaloupe . . .	1
" Kentucky . . .	40	" Martinique . . .	1
" D. of Columbia . . .	28	" St. Croix . . .	1
" Maine . . .	25	" St. Thomas . . .	3
" Massachusetts . . .	105	" Isle of Madeira . . .	1
" Connecticut . . .	53	" Isle of Man . . .	1
" Missouri . . .	23	" Spain . . .	4
" Ohio . . .	72	" Italy . . .	8
" New Hampshire . . .	14	" Denmark . . .	4
" Louisiana . . .	31	" Holland . . .	5
" Rhode Island . . .	20	" Russia . . .	2
" New York . . .	330	" Austria . . .	9
" Mississippi . . .	14	" Bavaria . . .	4
" Vermont . . .	11	" Venezuela, S. A. . .	2
" West Virginia . . .	10	" Norway . . .	3
" Michigan . . .	4	" Sweden . . .	2
" Iowa . . .	3	" Japan . . .	1
" Texas . . .	7	" Costa Rica . . .	2
" Illinois . . .	19	" St. Kitts . . .	2
" Florida . . .	6	" Mexico . . .	2
" Wisconsin . . .	6	" Brazil . . .	2
" Sicily . . .	1	" Belgium . . .	1
" Nova Scotia . . .	3	" Buenos Ayres . . .	1
" Canada . . .	22	" China . . .	1
" France . . .	29	" Ceylon . . .	1
" England . . .	75	" N. Brunsw'k, B.A. . .	1
" Scotland . . .	65	" Born at Sea . . .	1
		" Unknown . . .	1

TABLE XIV.—*Showing the residence of 9662 patients.*

Residents of Pennsylvania	7817	Residents of New York	229
“ New Jersey .	342	“ Florida . . .	9
“ Delaware . .	243	“ Wisconsin . .	4
“ Maryland . .	232	“ California . .	7
“ Virginia . . .	83	“ Oregon . . .	1
“ West Virginia	9	“ Minnesota . .	9
“ D. of Columbia	47	“ Kansas . . .	6
“ N. Carolina .	72	“ Montana . . .	2
“ S. Carolina .	38	“ Colorado . .	3
“ Georgia . . .	46	“ Nebraska . .	1
“ Alabama . . .	24	“ Jamaica, W. I.	2
“ Louisiana . .	50	“ Barbadoes . .	4
“ Tennessee . .	23	“ Cuba	15
“ Kentucky . .	26	“ St. Croix . . .	1
“ Arkansas . . .	4	“ St. Thomas . .	4
“ Mississippi . .	15	“ Isl. of Madeira	1
“ Vermont . . .	5	“ Germany . . .	3
“ Texas	15	“ Venezuela, S. A.	2
“ Illinois	31	“ England . . .	9
“ Michigan . . .	11	“ Norway . . .	2
“ Ohio	71	“ Costa Rica . .	2
“ Indiana	18	“ Mexico	4
“ Missouri . . .	40	“ Canada	10
“ Massachusetts	26	“ Japan	1
“ N. Hampshire	1	“ Nova Scotia . .	1
“ Iowa	9	“ Brazil	2
“ Connecticut . .	16	“ Italy	2
“ Maine	3	“ Sandwich I. . .	1
“ Rhode Island	10	“ P. Edward I. .	1

TABLE XV.—*Showing the number of the attack in 9662 cases.*

	M.	F.	T.		M.	F.	T.
First attack	3834	3198	7032	10th, 11 m., 7 f.; 11th, 5m., 4 f. . . .	16	11	27
Second “	728	785	1513	12th, 4 m., 3 f.; 13th, 3 m., 2 f. . . .	7	5	12
Third “	238	277	515	14th, 3 m., 3 f.; 15th, 1 m., 1 f. . . .	4	4	8
Fourth “	127	103	230	16th, 1 m.; 17th, 2 m.	3	3	6
Fifth “	64	56	120	18th, 4 m.; 19th, 2 m.	6	6	12
Sixth “	66	24	90	20th and 21st, each 1 m. and 1 f. . . .	2	2	4
Seventh “	33	10	43	22d, 1 m., and to 26th, each 1 f. . . .	1	5	6
Eighth “	14	13	27	27th, 2 f.; 29th, 1 f.	3	3	6
Ninth “	10	8	18	30th, 31st, 32d, 33d, each 1 f.	4	4	8
Not Insane	3	1	4				

TABLE XVI.—*Showing the number of admissions, discharges, recoveries, and deaths in each month since the opening of the Hospital.*

	Admissions.	Discharges.	Recoveries.	Deaths.
1st month	761	839	334	134
2d "	722	616	271	102
3d "	851	713	304	111
4th "	972	718	318	125
5th "	957	845	377	124
6th "	917	794	352	81
7th "	812	868	393	125
8th "	760	804	365	127
9th "	737	800	362	107
10th "	765	822	393	105
11th "	714	740	334	103
12th "	697	721	358	94

RECEIPTS AND PAYMENTS
OF
GEORGE JONES, STEWARD
OF THE
PENNSYLVANIA HOSPITAL FOR THE INSANE,
DEPARTMENT FOR MALES,

FROM FOURTH MONTH 23TH, 1888, TO FOURTH MONTH 27TH, 1889.

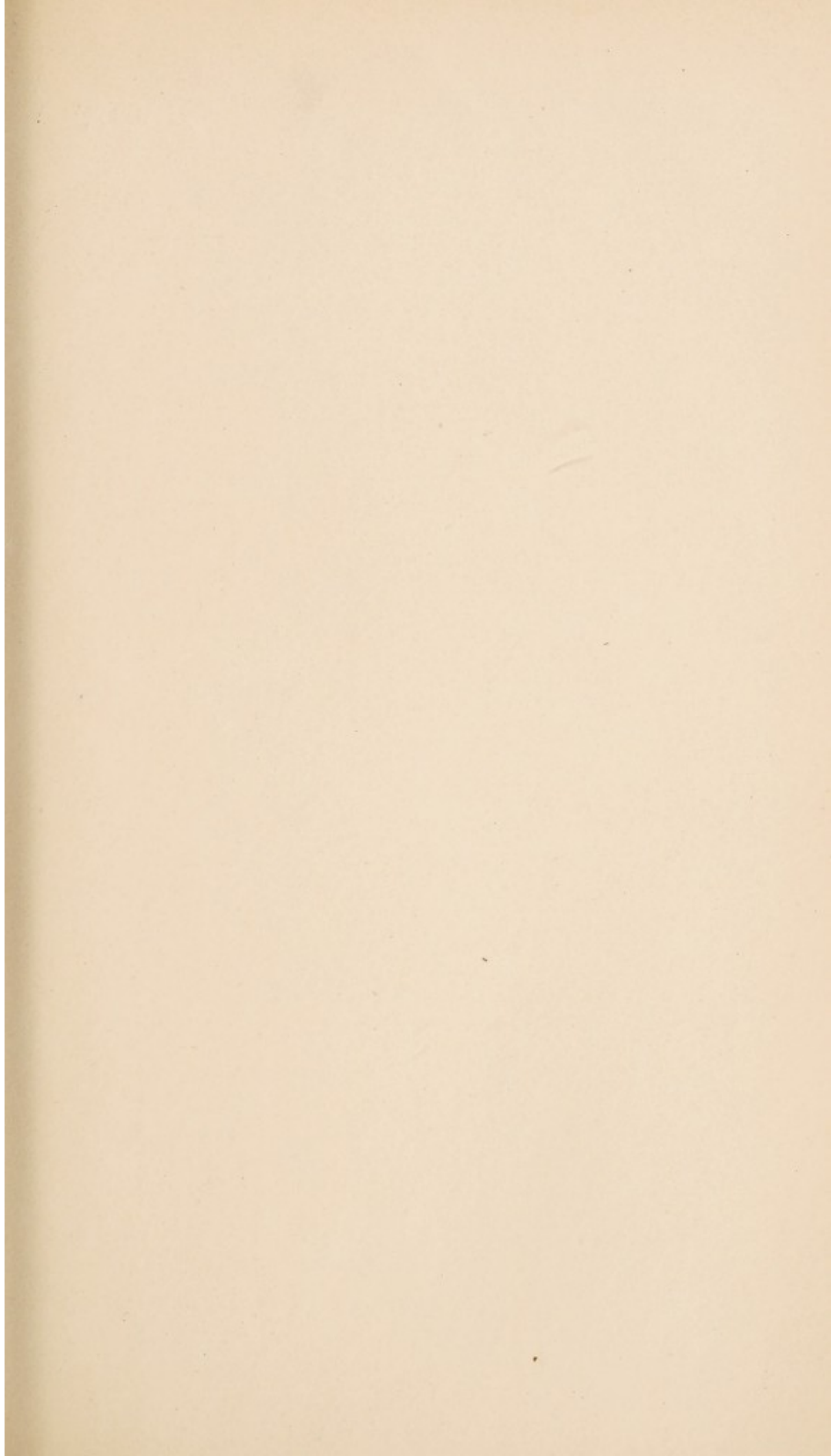
PAYMENTS.

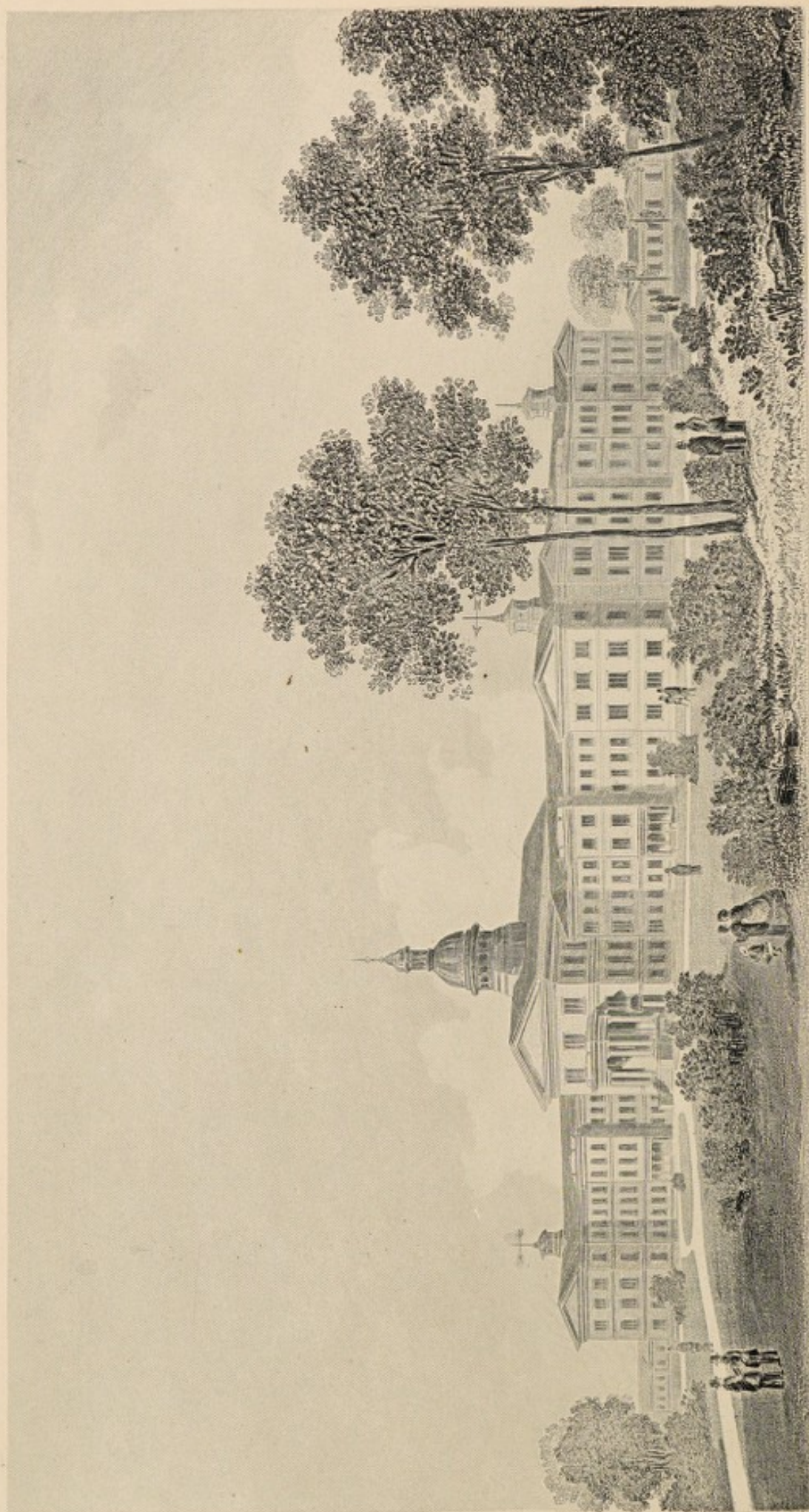
MEDICAL DEPARTMENT.

Medicine,	\$585 75	
Ale, Wine, Spirits, etc.,	711 05	
	<hr/>	\$1,296 80

HOUSEHOLD EXPENSES.

Meat, 83,376 lbs., \$9,097.58 ; Fish and Oysters, \$1,822.49 ; Poultry, \$977.18,	\$11,897 25	
Eggs, 5943 doz., \$1,166.80 ; Milk, 72,403 quarts, \$3,620.15 ; Butter, 15,117 lbs., \$4,637.80 .	9,424 75	
Cheese, 804 lbs., \$104.99 ; Fruit, \$2,585.39 ; Vegetables, \$865.16	3,555 54	
Potatoes, 2252 bushels, \$1,328. 77 ; Flour, 333 bbls., \$2,046.60 ; Meal, \$231.11	3,606 48	
Biscuit, \$77.45, Macaroni, \$73.69 ; Rice, 1190 lbs., \$81.41 ; Salt, \$36.38 ;	268 93	
Spices, Olive Oil, and Vinegar, \$172.69 ; Tea, 933 lbs., \$332.00 ; Coffee, 6070 lbs., \$1,- 375.37	1,880 06	
Farina, Corn Starch, etc., \$65.17 ; Sugar, 20,938 lbs., \$1,587.74 ; Molasses, 220 galls, \$92.40	1,745 31	
Lard, 1504 lbs., \$155.06 ; Ice Cream, \$292.27 ; Ice, \$371.91 ; Hominy, 8.30	827 54	
Yeast \$174.90	174 90	
	<hr/>	33,380 76





PENNSYLVANIA LEGISLATIVE DEPARTMENT FOR MEN

Furniture, \$1632.76; Bedding, \$483.83; Car-		
peting, \$181.00; Gas and Candles, \$2,-		
108.10	\$4,405 69	
Egg Coal, 2065 tons, \$9,281.60; Charcoal,		
\$76.00; Soap, Starch, and Indigo, \$604.49,	9,962 09	
	<hr/>	14,367 78

LIVE STOCK, CARRIAGES, ETC.

Horseshoeing, \$ 202.50: Fodder, \$1,037.77;		
Carriages Repaired, \$133.75	\$1,374 02	
Harness,	62 50	
	<hr/>	1,436 52

GARDEN AND GROUNDS.

Wages of Gardener and Laborers, \$2,379.10;		
Seeds and Plants, \$167.58	\$2,546 68	
Manure, \$670.74: Flower Pots, \$5.75; Bean		
Poles, \$25.00; Lawn Mowers repaired,		
\$25.15	726 64	
	<hr/>	3,273 32

WAGES.

Attendants on the patients, \$9,843.12; Watch-		
man, \$293.00; Housekeeper and Seam-		
stresses, \$720.00	\$10,856 12	
Baker and Assistant, \$785.95; Cooks, House-		
maids, and Laundresses, \$4,177.00	4,962 95	
Jobber, \$286.00; Coachman, \$240.00; House-		
cleaners, \$369.80	895 80	
Engineer and Fireman, \$1,214.80; Gatekeeper,		
\$240.00; Storekeeper, \$277.00	1,731 80	
	<hr/>	18,446 67

REPAIRS AND IMPROVEMENTS.

Carpentry, 540.00; Lumber, \$454.93; Painting		
and glazing, \$595.00	\$1,589 93	
Paints, Oil, and Turpentine, \$369.04; Hard-		
ware, \$182.09; Sand, Lime, and Cement,		
\$103.65	654 78	
Plastering, \$249.93; Steam and Gas Fitting,		
\$280.13; Bricklaying, \$494.87	1,024 93	
	<hr/>	
Carried forward,	\$3,269 64	3

Brought forward,	\$3,269 64	
Paper Hanging, \$37.91; Fire Brick, \$180.77:		
Aprons for Mangle, \$17.50	236 18	
Grate bars and castings, \$220.93; Belting,		
\$77.48; Stoves, etc., \$17.95	316 36	
Rebuilding outside Wall, \$211.62; Repairing		
Roofs and Spouts, \$448.13	659 75	
Gum Hose, etc., \$83.11; Steam Radiators,		
\$31.70; Steam Pump, \$160.00	274 81	
Machinery Oil,	34 83	
	<hr/>	4,791 57

MISCELLANEOUS.

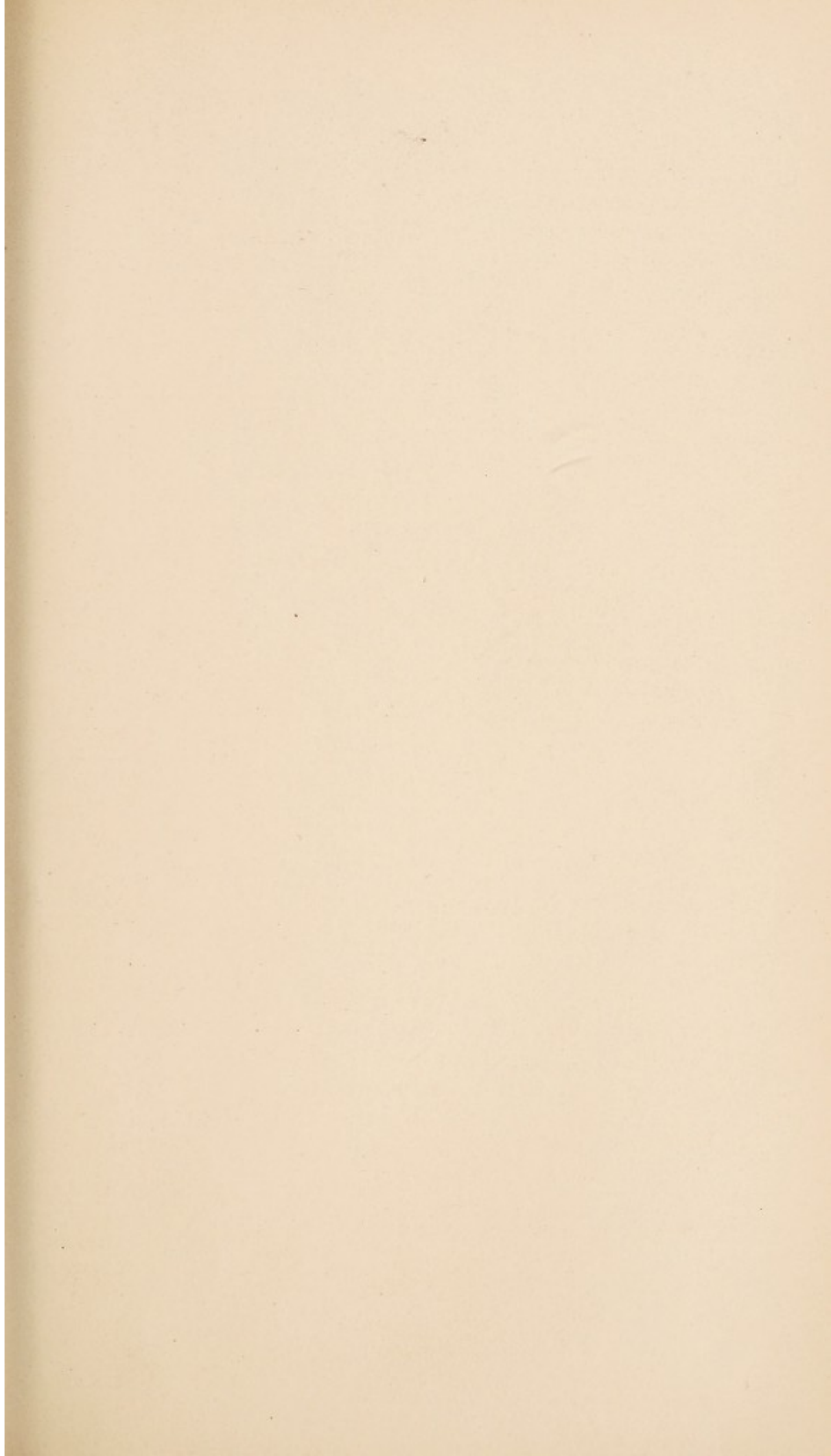
Stationery, \$282.95; Library, \$85.66; Carriage		
hire, \$195.00; Amusements, \$162.60 . . .	\$726 21	
Water Rent, \$140.03; Printing Report, \$229.33;		
Inspecting Boilers, \$17 70	387 06	
	<hr/>	1,113 27
Clothing, etc., purchased for the Patients, . .	\$4,697 43	
Amount paid Henry Haines, Treasurer, . . .	7,200 00	
Balance due the Hospital, Fourth Mo. 27th, 1889,	6,305 73	
	<hr/>	18,203 16
		<hr/>
		\$96,309 85
		<hr/>

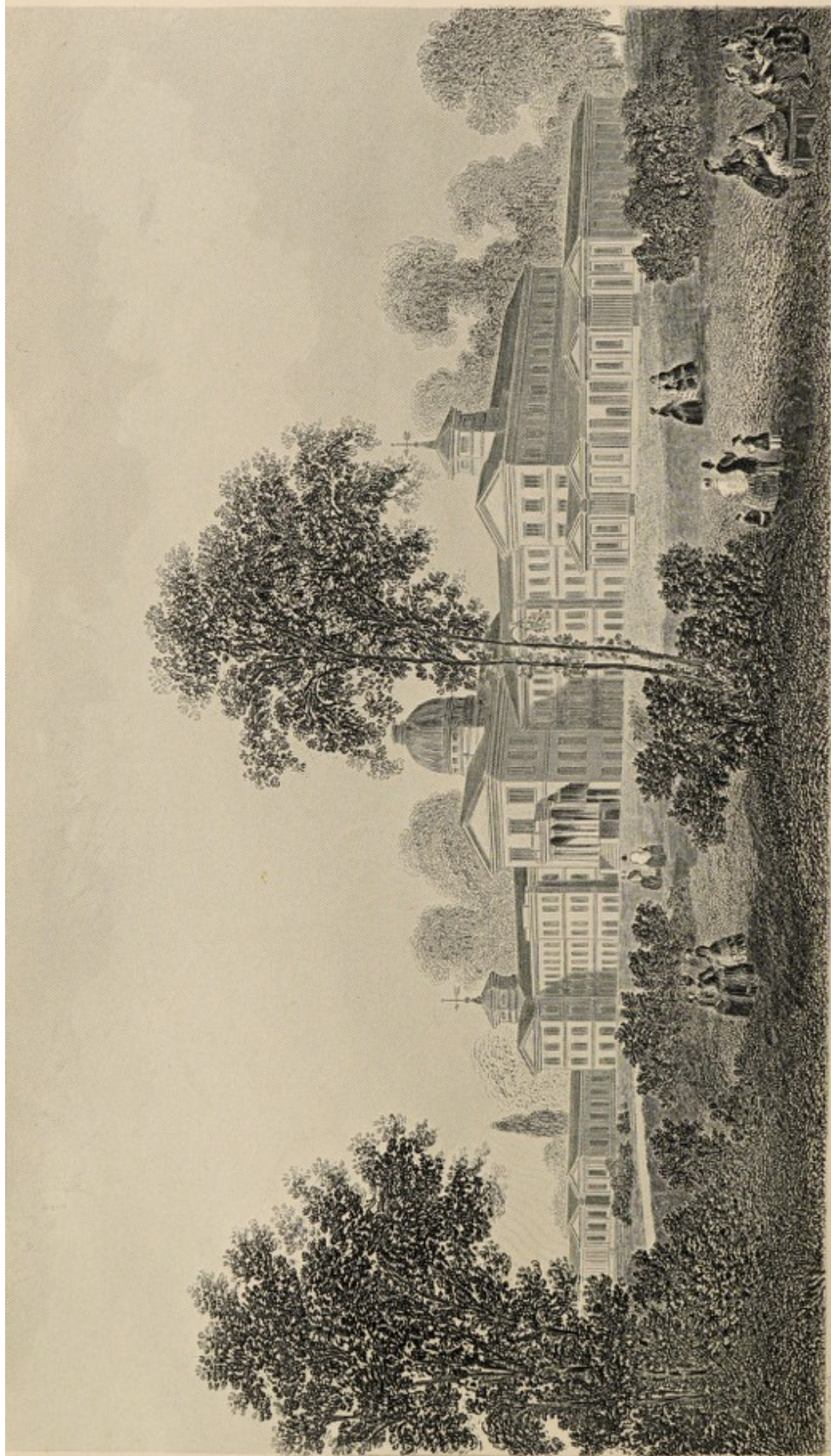
RECEIPTS.

Balance due the Hospital, Fourth Mo. 28th, 1888, . . .	\$11,465 52
Board and Medical Care of Patients,	77,567 51

ARTICLES SOLD.

Empty Barrels, \$82.00; Garbage, \$50.00	\$132 00	
Rags and Fat, \$18.00; Vegetables, \$19.00 . . .	37 00	
Second Crop Hay, \$86.30; Plants, \$4.00	90 30	
	<hr/>	259 30
Interest on Bank Deposits,	\$216 81	
" Legacies and Donations,	2,140 89	
	<hr/>	2,357 70
Clothing, etc., furnished Patients,	4,659 82	
	<hr/>	\$96,309 85
		<hr/>





PLENARY GENERAL CONGREGATION FOR THE YEAR 1900.

RECEIPTS AND PAYMENTS
OF
GEORGE JONES, STEWARD
OF
PENNSYLVANIA HOSPITAL FOR THE INSANE,
DEPARTMENT FOR FEMALES,
FROM FOURTH MO. 28TH, 1888, TO FOURTH MO. 27TH, 1889.

PAYMENTS.

MEDICAL DEPARTMENT.

Medicines	\$ 834 53	
Ale, Wine, and Spirits	1,123 61	
	<hr/>	\$1,958 14

HOUSEHOLD EXPENSES.

Meat, 121,489 lbs., \$13,690.52; Fish and Oys- ters, \$2,579.64; Poultry, \$2,251.97 . . .	\$18,522 13	
Eggs, 9150 doz., \$1,810.50; Milk, 113,123 qts., \$5,696.15; Butter, 14,762 lbs., \$4,703.63	12,210 28	
Cheese, 2,168 lbs., \$279.08; Fruit, \$2,729.22; Vegetables, \$906.40	3,914 70	
Potatoes, 1,481½ bus., \$940.27; Flour, 328 bbls., \$1,976.90; Meal, \$256.84	3,174 01	
Cake and Biscuit, \$139.43; Rice, 2,507 lbs., \$165.25; Chocolate, \$84.80	389 48	
Coffee, 6,668 lbs., \$1,313.53; Sugar, 29,421 lbs., \$2,153.00; Salt, \$28.65	3,495 18	
Molasses, 100½ gals., \$39.45; Spices, Olive Oil, Vinegar, \$181.08	220 53	
Lard, 2,220 lbs., \$204.30; Corn-Starch, etc., \$123.96; Ice Cream, \$304.33	632 59	
Ice, \$462.32; Macaroni, \$63.78; Tea, 2,117 lbs., \$870.75	1,396 85	
	<hr/>	\$43,955 75

Furniture, \$2,100.00; Bedding, \$2,423.38;	
Carpeting, \$351.45	\$ 4,874 83
Gas and Candles, \$1,043.70; Coal, 2,600 tons,	
\$11,736.20; Charcoal, \$98.00	12,877 90
Soap, Starch, and Indigo	714 10
	————— \$18,466 83

LIVE STOCK, CARRIAGES, ETC.

Horse-shoeing, \$206.50; Fodder, \$1,487.89;	
Carriages repaired, \$344.25	\$ 2,038 64

GARDEN AND GROUNDS.

Wages of Gardener and Laborers, \$2,636.25;	
Seeds, etc., \$129.38	\$ 2,765 63
Flower Pots, \$81.71; Manure, \$227.00	308 71
	————— \$ 3,074 34

WAGES.

Attendants for Patients, \$13,033.60; Seam-	
stresses, \$723.00; Jobber, \$264.00	\$14,020 60
Cooks, Housemaids, and Laundresses, \$5,370.90;	
Coachmen, \$498.00	5,868 90
Engineer and Firemen, \$1,488.00; Watchman	
and Watchwomen, \$724.00	2,212 00
Gate Keeper, \$240.00; House-cleaners, \$447.75	687 75
	————— \$22,789 25

REPAIRS AND IMPROVEMENTS.

Masonry and Material, \$291.02; Carpentry,	
\$958.89; Lime, Stone, Gravel, etc., \$374.84	1,624 75
Painting and Material, \$877.02; Hardware,	
\$692.89; Steam and Gas-fitting, \$1,-	
014.45	2,584 36
Inspecting Boilers, \$35.40; Roofs and Spouts,	
\$227.97; Lumber, \$681.61	944 98
Paper Hanging, \$75.56; Building Office,	
\$662.00	737 56
	————— \$ 5,891 65

MISCELLANEOUS.

Printing, \$229.32; Stationery, \$317.91; Amuse-	
ments, \$1,037.54	\$ 1,584 77
Water Rent, \$175.80; Carriage Hire, \$65.00;	
Library, \$31.79	272 59
Telephone Rent,	129 22
	————— \$ 1,986 58
Clothing, etc., furnished patients	\$ 3,729 87
Amount paid Henry Haines, Treasurer . . .	6,600 00
Balance due the Hospital, Fourth mo. 27th, 1889	6,395 43
	————— \$16,725 30
	—————
	\$116,886 48

RECEIPTS.

Balance due the Hospital Fourth mo. 28th, 1888	\$6,723 80
Board and Medical care of Patients, etc.	104,454 62
Articles sold: Hogs, \$374.87; Wool, \$2.53; Corn fodder,	
\$14.50	391 90
Interest on Bank Deposits	\$ 119 58
“ Donations and Legacies	1,707 92
	————— \$1,827 50
Clothing furnished patients	3,488 66
Average number of free patients in Department for Females	20
Amounts expended on free patients during the year . . .	9,776 00
Average cost per week of each patient	9 40

Examined and found correct, Fifth mo. 3d, 1889.

WISTAR MORRIS,
JOS. C. TURNPENNY,
BENJ. H. SHOEMAKER,
JNO. W. BIDDLE,

Acting for John B. Garrett

ADMISSION OF PATIENTS
 INTO THE
 PENNSYLVANIA HOSPITAL FOR THE INSANE,*
 AT
 PHILADELPHIA.

ALL classes of insane persons, without regard to the duration of the disease or its curability, are admitted into this Institution. Idiots, however, it may be stated, are not received; and for the epileptic, a special agreement should be made.

Cases of *mania-à-potu* are not received into this Hospital; but into that at Eighth and Pine Streets, *exclusively*.

Preparatory to the reception of a patient, it is necessary to arrange the rate of board, etc., with a member of the Board of Managers,† and to furnish a certificate of the patient's insanity from two physicians, both of whom must be residents of Pennsylvania, who shall have examined the patient within six days of its date, and the same shall be acknowledged and sworn or affirmed to before some magistrate or judicial officer, as required by an Act of the Legislature of Pennsylvania, approved 1883. An "Order for the reception of a patient" must be signed by a near

* *This is the only title of this institution, and the only proper direction for letters, etc.* Other names, occasionally used, are liable to make confusion, by confounding it with another Institution in the same vicinity.

† The names of these gentlemen will be found in the front of this Report, and their places of residence can be learned on application at the Hospital, on Eighth Street, between Spruce and Pine, Philadelphia, where blank forms for physicians' certificates, bond, etc., can always be obtained.

relative or friend. Full and complete answers should also be given to questions in "Statement."

For the payment of board, and removal of a patient when discharged, security is always required from some responsible resident of the city of Philadelphia. Payment for board is always to be made quarterly in advance; and if the patient is removed *uncured*, before the expiration of the first three months, and contrary to the advice and consent of the Superintending Physician, board is required for thirteen weeks; otherwise the charge is only for the time actually passed in the Hospital, provided that time is more than four weeks.

Interest will be charged on bills not paid till after the expiration of the quarter.

Large chambers and private attendants can always be supplied, if desired by the friends of the patients.

A patient who is not a resident of this State, and other emergency cases manifestly insane, may be brought direct to the Hospital, where they may be received and remain until the necessary medical certificates can be procured, provided this be done within forty-eight hours.

The following are the forms for Physicians' certificates, order for the reception of a patient, and the bond that is to be executed before the order of admission is given:

ORDER FOR THE RECEPTION OF A PATIENT.

I, ——— the undersigned, hereby request you to receive ———, an insane person, as a patient into the Pennsylvania Hospital for the Insane, believing that such detention is necessary for ——— benefit. Subjoined is a statement respecting the said ———.

Occupation, ———

Degree of relationship (if any) or other circumstances of connection with the patient.

Dated this _____ day of _____ one thousand eight hundred and eighty _____.

To the Board of Managers of the Pennsylvania Hospital for the Insane, Philadelphia, Pa.

CERTIFICATE OF PHYSICIANS.*

We, the undersigned, residents of Pennsylvania, hereby certify that we have, within one week prior to the respective dates hereinafter mentioned, at _____ in the county of _____, separately examined _____ of _____, and do verily believe that the said _____ is insane, and that the disease is of a character which, in our opinion, requires that the person shall be placed in a hospital or other establishment where the insane are detained for care and treatment.

We further certify that we have been actually in the practice of medicine for at least five years, and that we are not related by blood or marriage to the said _____, nor in any way connected as a medical attendant or otherwise with the Pennsylvania Hospital for the Insane or other establishment in which it is proposed to place the aforesaid.

_____ M. D.

Residence, _____

Dated this _____ day of _____ one thousand eight hundred and eighty _____

_____ M. D.

Residence, _____

Dated this _____ day of _____ one thousand eight hundred and eighty _____

* As required by the law of Pennsylvania, approved 1883.

CERTIFICATE OF MAGISTRATE OR JUDICIAL OFFICER.*

I _____, a _____ of _____ county, of the State of Pennsylvania, do certify that the foregoing certificate was duly _____ to before me, by the above named _____ and _____ on this _____ day of _____ 188—, that the signatures thereto are genuine, and that the signers are physicians of good standing and repute.

_____ [L. S.]

OBLIGATION.†

In consideration of _____ being admitted as a patient into the "*Pennsylvania Hospital for the Insane*," established and maintained by "The Contributors to the Pennsylvania Hospital," we do jointly and severally promise to pay to the Steward of the said Hospital, or to his order, quarterly, in advance, _____ dollars _____ cents per week, for board, and to provide or pay for all requisite clothing and other things deemed necessary or proper for the health or comfort of said patient; to pay for all glass or furniture broken or destroyed by said patient; to remove _____ when discharged; and if taken away *uncured*, against the advice and consent of the Superintending Physician, before the expiration of three calendar months, to pay board for thirteen weeks, or if removed, or discharged, within four weeks, with his approbation, to pay board for four weeks.‡

* Certificate of a Notary Public will not be accepted.

† This obligation is to be signed by a responsible person. The surety to be a resident of the city of Philadelphia.

‡ If the patient recovers before the expiration of the period paid for, and leaves with the full approbation of the physician, the excess is refunded, unless that time should be less than four weeks, for which period board is always required.

Witness our hands the _____ day of _____, 188—.

_____ [L. S.]

_____ [L. S.]

The above preliminaries having been complied with, an order is given by a Manager, authorizing the Physician of the Institution to receive the patient.

Letters relative to the admission of patients into the Department for the Insane may be addressed to any of the Managers, or to Dr. JOHN B. CHAPIN, Pennsylvania Hospital for the Insane, West Philadelphia.

Entrance to "The Department for Males" on Forty-ninth Street between Market and Haverford Streets.


Entrance to "The Department for Females," on Haverford Street near Forty-fourth Street.

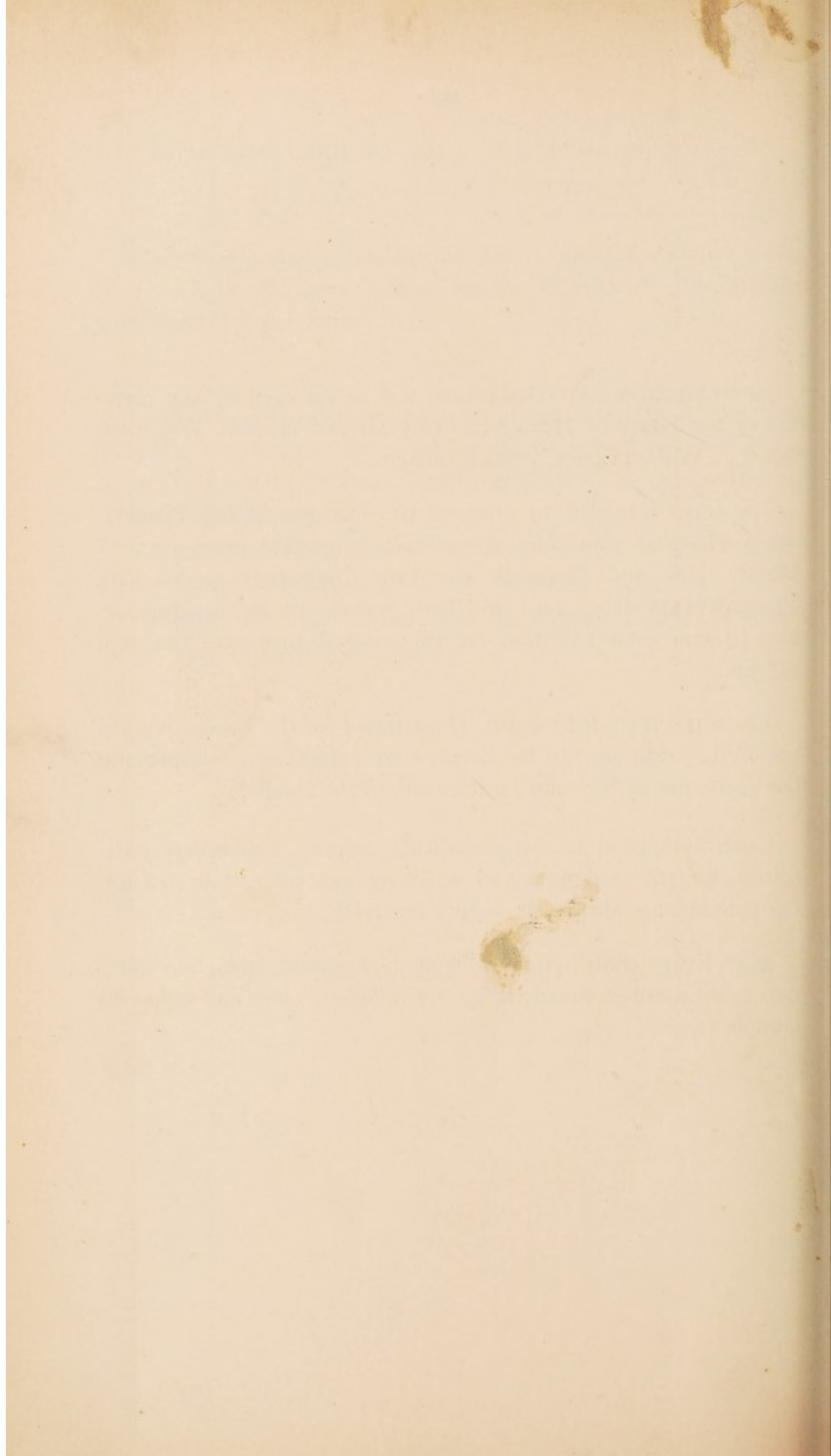
SUBSCRIPTIONS AND DONATIONS will be received by any member of the Board of Managers, or by HENRY HAINES, *Treasurer*, No. 512 Walnut Street, Philadelphia.

LEGACIES intended to promote the interests of the Pennsylvania Hospital should be given in its corporate name, viz.: "I hereby give and bequeath to 'THE CONTRIBUTORS TO THE PENNSYLVANIA HOSPITAL' and their successors and assigns forever (if real estate) all that, etc. (if personal property), the sum of," etc.

LEGACIES intended for the Department for the Insane should specify in addition, "to be devoted to extending or improving the accommodations, and for the care, of the insane."

Contributions of books, periodicals, pictures, engravings, curiosities for the museums, and whatever can interest or occupy the patients, are always thankfully received.

 Every contribution or legacy of \$5000 adds one FREE BED to the number already in use for indigent recent and supposed curable cases.



PLAN OF WESTBORO INSANE HOSPITAL.

- A. ADMINISTRATION BUILDING.
- B. CONGREGATED DINING ROOM.
- C. PAYING PATIENT WING.
- D. SUPERINTENDENT'S HOUSE.
- E. WATERTOWER.
- F. COTTAGE.
- G. BOILER HOUSE.
- H. GLASS CONNECTING CORRIDORS.
- I. CONSERVATORIES.
- J. DAY ROOMS.
- K. KITCHEN BUILDING.
- L. LAUNDRY.
- M. DRY ROOM.
- N. IRONING ROOM.
- O. GENERAL COURT YARD.
- P. AREA.
- Q. DINING ROOMS FOR EXCITED PATIENTS.
- R. BATH ROOMS.
- S. TOILETS.
- T. CLOTHES ROOMS.
- U. PANTRY.
- V. DORMITORIES.
- W. KITCHEN COURT.
- X. CORRIDORS.
- Y. SERVING ROOM.

