

**Annual report to the State Board of Charities : 1906 / Craig Colony for Epileptics.**

**Contributors**

Craig Colony for Epileptics (Sonyea, N.Y.)

**Publication/Creation**

Sonyea, N.Y. : The Colony, 1906

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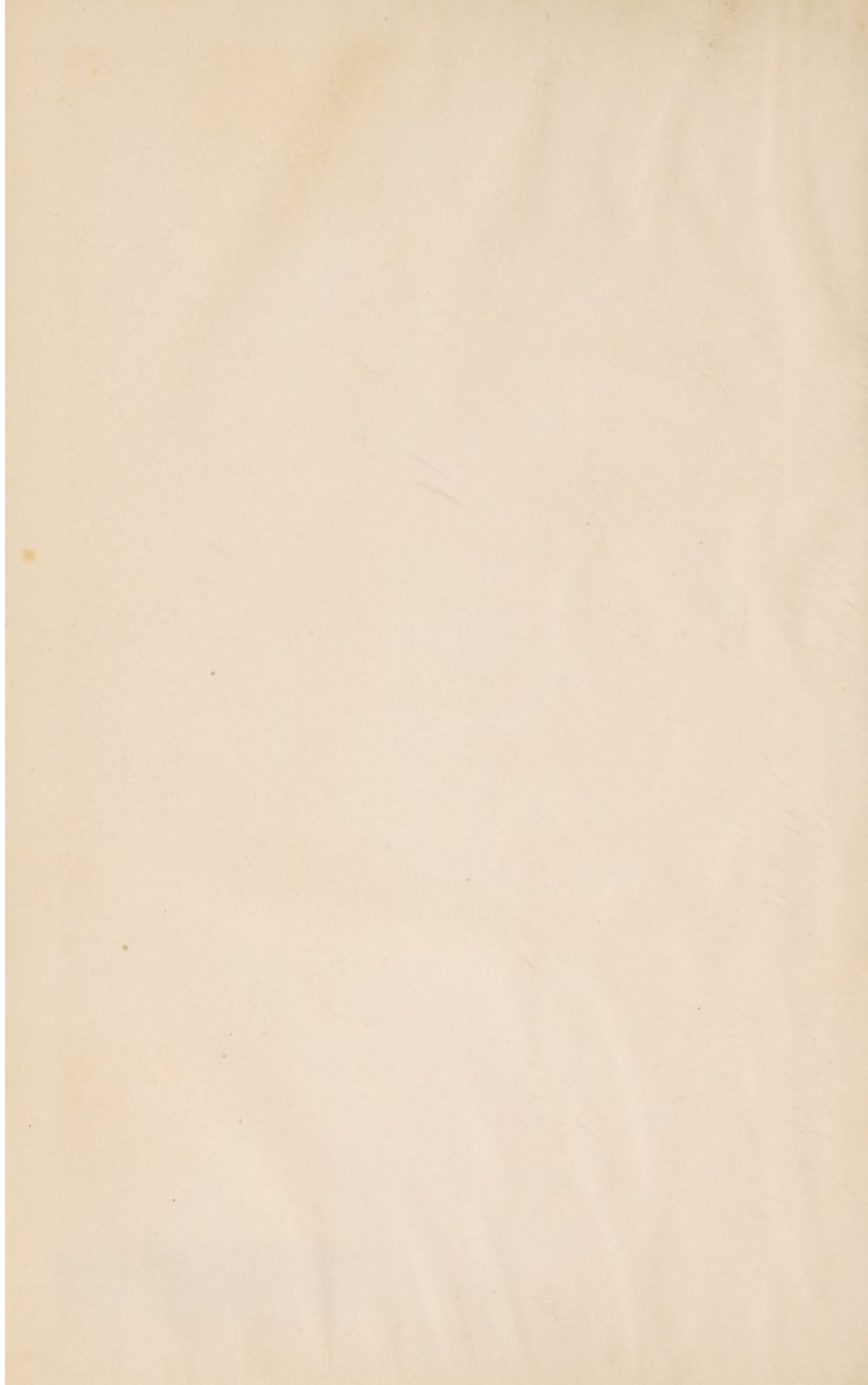



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Sonyea Hall, The Office Building, showing The Craig Colony Cornet Band and Band Wagon.  
The Band is a valuable feature of the amusement side of Colony life.



THE  
Craig Colony for Epileptics

AT  
SONYEA IN LIVINGSTON COUNTY  
NEW YORK

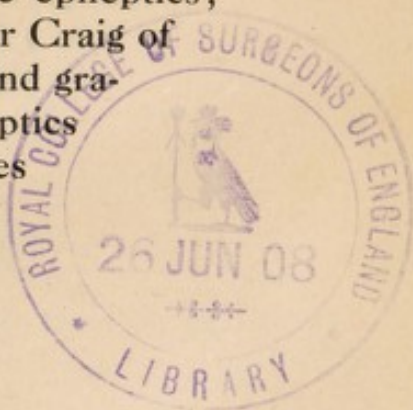
Founded in 1894  
Opened February 1, 1906  
for

“The humane, curative, scientific and economical care and treatment of epileptics, exclusive of insane epileptics;”  
and named in honor “of the late Oscar Craig of Rochester, N. Y., whose efficient and gratuitous services in behalf of epileptics and other dependent defectives the State desires to commemorate.”



THIRTEENTH ANNUAL REPORT  
TO THE STATE BOARD OF CHARITIES

ADOPTED BY THE MANAGERS AT A MEETING IN SONYEA HALL  
AT THE COLONY, OCTOBER 9, 1906



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### *General Information*

*The Craig Colony for Epileptics is located at Sonyea in Livingston County, New York, about 350 miles from New York City, 70 miles from Buffalo and 40 miles from Rochester.*

*From New York and Buffalo it is reached over the Lackawanna Railroad and from Rochester over the Pennsylvania and Erie.*

*Long Distance Telephone. Open 8 A. M. to 6 P. M. Call Mount Morris.*

*Adams Express and Western Union Telegraph offices on the premises.*

*Visitors to patients admitted Wednesdays and Saturdays, 10 to 12 A. M. and 2 to 4 P. M.*

*The Colony Estate embraces 1900 acres.*

*Present population—nearly 1300 in all.*

*Number of houses—76.*

*State patients only received.*

*October 1, 1906.*





## BOARD OF MANAGERS

GEORGE L. WILLIAMS..	Buffalo, N. Y.
H. E. BROWN.....	Mount Morris, N. Y.
HON. JAMES H. LOOMIS.....	Attica, N. Y.
PERCY L. LANG.....	Waverly, N. Y.
DANIEL B. MURPHY.....	Rochester, N. Y.
JEANETTE R. HAWKINS.....	Malone, N. Y.
ABBOT L. DOW.....	Brooklyn, N. Y.
GEORGE E. GORHAM, M. D. ....	Albany, N. Y.
MRS. EDWARD JOY.....	Syracuse, N. Y.
FREDERICK PETERSON, M. D.....	New York City
W. B. BIGGS .....	Trumansburg, N. Y.
STANLEY HUNTING.....	Watertown, N. Y.

## OFFICERS OF THE BOARD

1906—1907

George L. Williams.....	President
H. E. Brown .....	Secretary
John F. Connor.....	Agent and Treasurer



## RESIDENT CHAPLAINS

Rev. H. A. Crowley.....*Roman Catholic*  
Rev. J. Duncan McNair.....*Protestant*

## TEACHERS

Marietta Hitchcock  
Vacant just now, *Sloyd Instructor*  
Mary F. Tracy

## HEADS OF DEPARTMENTS

Edward M. Logan..... *Chief Engineer*  
Arthur J. Porter.....*Assistant Engineer*  
John Beggs..... *Plumber and Steamfitter*  
Clarence McNaughton..... *Carpenter*  
Lewis G. Lockwood.....*Painter*  
J. Fred Rebban.....*Head Laundryman*  
A. J. Swift.....*Dairyman*  
Paul R. Kingston..... *Farmer*  
George H. Goodman .. *Gardener*  
George Gould.....*Mason*  
Michael Horr.....*Blacksmith*  
A. J. Paxton..... *Baker*  
T. A. Lamson.....*Tailor*  
James Mannix.....*Brickmaker*

## IN THE CARE OF PATIENTS

Mrs. Geo. L. Cornwell.....*Chief Nurse Peterson Hospital*  
F. H. Crofoot.....*Supervisor West Group*  
E. D. Richmond.....*Supervisor East Group*  
Francis McConnell.....*Supervisor Village Green*  
Miss Ella Day.....*Supervisor Women's Infirmary*  
Mrs. B. E. Porter... *Supervisor Women's Group*



Views along the Kishaqua Creek Gorge on the Colony Estate, (by L. G. S.)

176 49 302







# Thirteenth Annual Report

OF THE

BOARD OF MANAGERS OF THE  
CRAIG COLONY FOR EPILEPTICS  
FOR THE FISCAL YEAR ENDING  
SEPTEMBER 30, 1906

*To the State Board of Charities:*

We present herewith the Thirteenth Annual Report of the Board of Managers of the Craig Colony for Epileptics for the fiscal year ending September 30, 1906.

**Board's Membership  
Complete**

In our last report mention was made of two vacancies in the Board due to the resignations of Professor Huffcut and Mr. Nill. We are pleased that Mr. Wm. P. Biggs of Trumansburg was appointed during the year to fill the vacancy caused by Professor Huffcut's resignation, and Mr. Stanley Hunting of Watertown was appointed to fill the vacancy caused by Mr. Nill's resignation.

**All Board Meetings  
Held at the Colony**

When we consider the distance that most members of the board must travel to attend the meetings at Sonyea, it is remarkable with what regularity they attend the quarterly meetings. The monthly meetings are not so well attended, though there is usually a quorum of the Executive Committee at such meetings. In this connection we advise an amendment to the law which would provide for quarterly meetings of the full Board and a monthly meeting of the Executive Committee instead of monthly meetings of the full Board as the law now calls for. We see nothing to be gained by having a quorum of the full Board meet at the Colony monthly, while a meeting of the Ex-



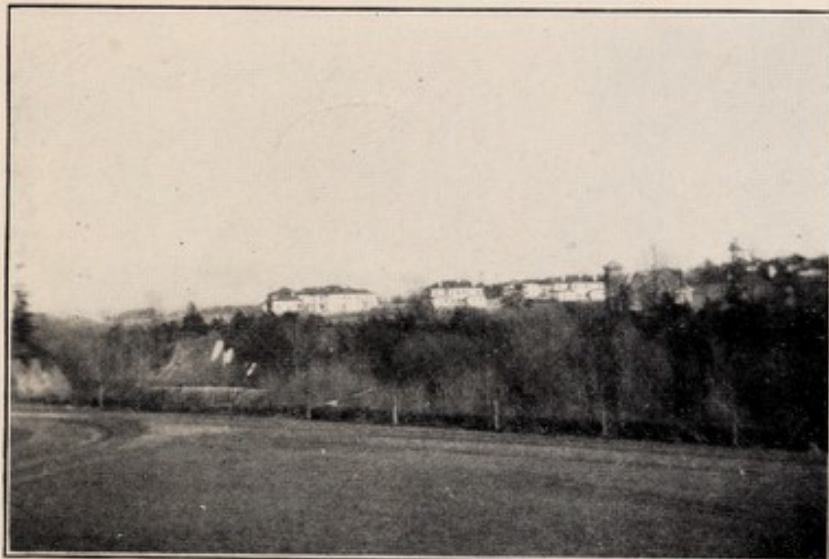
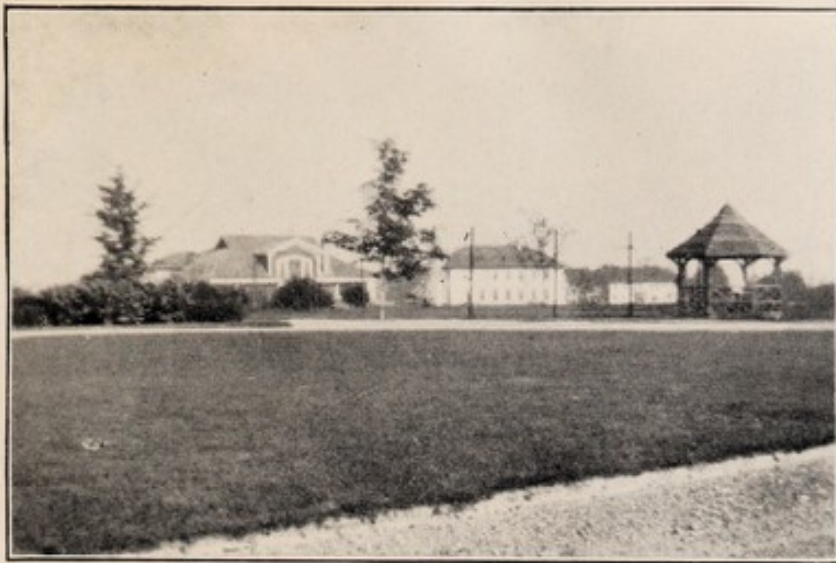
ecutive Committee would meet every purpose and would be far more conomical.

**Changes in the Census During the Year** There is little change to report in the census during the year; we stand substantially in this respect at the present time where we stood a year ago. Our census is not likely to increase or decrease until the five new dormitories now under construction are ready for occupancy. The daily average number of patients under treatment during the year was 1046.232 as against 992.26 for the previous year.

**Cost of Maintenance Lowest in the History of the Colony** It is a pleasure to report that the cost of maintenance the past year was the lowest in the history of the Colony, being \$141.38 as compared with \$147 and a fraction for the previous year. We feel that the Colony is entitled to credit for effecting this reduction in the cost of keeping patients. There has been no depreciation of the character of the service given the patients nor in the quality of the food supplied. In our judgment the per capita cost is probably as low as it should ever be; on the other hand, it might very well be a little higher for the reason that we do not feel that the Colony is allowed a sufficient amount of help to care for the patients in the manner they should be cared for. Other items in the estimate are not treated as liberally by the authorities who revise them as in our judgment the welfare of the Colony requires.

**Special Provision for Low Grade Cases** Last year we asked for an appropriation of \$300,000 for the construction of a single building in which to care for six to seven hundred low grade cases. The appropriation passed the Senate but failed in the lower house. We renew the request that we have an appropriation for that purpose another year. It has come to our knowledge that more or less of a sentiment has developed on the part of some interested in the welfare of the Colony against the construction on these premises of a building for low grade cases. It is held by those who oppose the plan that the Colony was not originally designed for epileptics un-





Partial view of the Village Green.

Kishaqua Creek Gorge showing some of the buildings in Women's Group.

Partial view of the Women's Group, (by L. G. S.)





able to give to themselves a fair degree of self-care. We readily assent to that view and we are entirely willing to see established a new institution solely for *epileptic idiots*, *epileptic imbeciles* and the *epileptic insane*, with the *proviso* that it shall be built large enough to accommodate in time not less than 2000 and that the first patients to be admitted into it shall be low grade cases taken from the Craig Colony. By relieving the Colony of approximately 350 of these cases we could then fill up the available space here with epileptics better designed to care for themselves in part, and in that way we would more nearly meet the original purpose for which the Institution was planned. The two Infirmaries now occupied by infirm cases would make admirable buildings for children, a class whose admission we need to encourage by every possible method.

**Structural Improvements during the year** It seems hardly necessary to review in detail the structural improvements during the year since they are fully set forth in the report of the Medical Superintendent attached to this. We regret the delay (which was unavoidable) in beginning the construction of the five dormitories. Under the terms of the contract these buildings should be ready for use on the 20th of December of the present year, but in our judgment it will be some time after that before they are ready for occupancy by patients. We regret that the Colony experienced such extreme difficulty the past season in securing necessary workmen under Special Appropriations. We had approximately \$38,000 to spend by day's labor,—mostly small items. We could have had the work pretty well accomplished by this time had we been able to employ seventy to eighty workmen as we desired, but during the whole season we were able to secure but nineteen men.

**Special Appropriations required another year** First of all we should complete the Women's Group another year by adding a building for fifty women on the northeast corner to balance a similar building now going up in that group. We estimate the cost of such a building at \$25,000. The question of asking for a building for the segregation of six or seven



hundred epileptics on these premises may be held in abeyance and probably cannot be determined for some time yet. Should it develop later on that it will be best to create a separate institution and should there be a definite move in that direction, we stand ready to strike the item of \$300,000 from our list.

There are at the present time sixty tubercular epileptics on these premises, about twenty of them being in an active stage. We ask for an appropriation of \$35,000 for a building in which to segregate eighty to one hundred patients of this class. It is not likely that all the space in a \$35,000 building will be filled immediately, but it would be within a year or so.

We stand greatly in need of an addition to the pathological laboratory, 20 x 40 ft., which we estimate will cost, together with the wood work equipment inside, \$4,000. We feel that the work of the laboratory is now on a satisfactory basis and we desire to expedite the scientific work in the study of epilepsy in the only institution in a state whose epileptic population numbers not less than 16,000. All reasonable grants required for the laboratory should be conceded.

The Laundry, which is now doing the work for approximately 1,300 persons, has about reached its limit. We ask for an extension to the Laundry, including equipment, at a total cost of \$15,000.

We were disappointed last year in that we secured no money for the construction of the county highway across these premises. The State Engineer estimates that a mile and one fifth of this roadway on the Colony will cost \$7,200; we ask for that amount and an additional sum of \$5,000 for the construction of a mile roadway on the Colony estate, leaving a small balance of the \$15,000 for grading, for walks and for planting. Five thousand dollars should be expended on the grounds in the Women's Group alone.

We secured no employees' cottages last year although several were needed. Employees at the Colony who are best satisfied with life in so isolated a community are those who have families and a separate cottage. We ask for four cottages another year at a total cost of \$7,000.



One of the greatest needs of the Institution is for a Protestant Chapel to seat not less than 1,000 persons, the estimated cost of which is \$20,000. All Protestant religious services, amusements, dances, theatrical performances and things of that sort, are now carried on in "The House of the Elders", a building put up by the Shakers a half century ago. It is *wholly* inadequate to meet the demands of the Colony at all times.

We need \$1,200 for scientific books, instruments, laboratory and hospital equipment and appliances.

For repairs and equipment another year, we shall require \$8,000.

One of the greatest problems that confronts us at the present time is an adequate heating system for the Women's Group. The subject was considered by the State Architect on a recent visit to the Colony, and we are of the opinion now that we shall ask later on for an item in the appropriation bill for heating the Women's Group from the main power plant. Certain it is that something must be done to relieve heating conditions in that Group, these conditions being notoriously unsatisfactory at the present time. The one solution of the problem to our minds is to heat the entire Group from a central plant.

We need a new and larger ice-house, the cost of which we are unable to give at this time as we have not yet received an estimate from the State Architect. We cut from 1,500 to 1,800 tons of ice a year from Willow Pond on the premises. At the present time we store about 1,000 tons in the basement of the old Shaker mill, the rest in the ice-house in the East Group. We need a single house to hold the entire crop of 2,000 tons which we shall have to cut within a year or so.

For maintenance during the year beginning October 1, 1907, we estimate that we shall require \$185,000.

#### Visitors

We were pleased to receive Dr. E. V. Stoddard, President of the State Board of Charities, Dr. Stephen Smith, Commissioner and Chairman of the Committee on the Colony of the State Board of Charities, Hon. Dennis McCarthy, of Syracuse, Commissioner, and Dr. Robert W. Hill,

Acting Secretary of the State Board of Charities, at the Colony last September. We were also pleased to receive visits from the State Architect and the Fiscal Supervisor of State Charities during the year.

Respectfully submitted,

GEORGE L. WILLIAMS, *President*,  
H. E. BROWN, *Secretary*,  
JAMES H. LOOMIS,  
PERCY L. LANG,  
DANIEL B. MURPHY,  
JEANETTE R. HAWKINS,  
ABBOT L. DOW,  
GEORGE E. GORHAM,  
MARY E. JOY,  
FREDERICK PETERSON, M. D.  
WM. P. BIGGS,  
STANLEY HUNTING.

SONYEA, N. Y.

October 10, 1906.





# Treasurer's Annual Report

*To the Board of Managers of Craig Colony for Epileptics:*

The Treasurer of the Craig Colony for Epileptics respectfully submits the following Annual Report for the year ending September 30, 1906:

## General Fund—Maintenance

1905	Receipts	
Oct. 1	Balance Treasurer's hands.....	\$ 1,936 15
	From Comptroller, Chap. 699, Laws 1905	135,000 00
	From Comptroller, Chap. 686, Laws 1906	23,738 00
	From Comptroller, Chap. 700, Laws 1905	9,162 00
	From Clothing .....	10,472 94
	From Private Patients .....	4,407 64
	From Miscellaneous Earnings .....	186 21
	From Home Products.....	6,831 81
	From Refunds.....	50 43
		<hr/>
		\$191,785 18

## Disbursements

Disbursements, less refunds,	
\$169,825 32	
Disbursements, including re-	
funds, .....	\$ 169,875 75
Disbursed to State Treasurer,	
as per Sec. 37, Chap. 580	
Laws 1899 .....	\$ 21,898 60
Balance Treasurer's hands, ....	10 83
	<hr/>
	\$ 191,785 18



### Clearing and Draining Land, Fruit Trees etc.

Re-appropriated from Chap. 599, Laws 1903, by Chap. 700, Laws 1905.

1905			
Oct. 1	Balance Comptroller's hands .....	\$	10 40
	Received from Comptroller, and disbursed, .....	\$	10 13
	Balance Comptroller's hands ...	27	
		<hr/>	
		\$	10 40

### Furnishing Cottages and Dormitories

Chapter 729, Laws 1904

1905			
Oct. 1	Balance Comptroller's hands .....	\$	10 86
	Lapsed .....	\$	10 86
		<hr/>	
		\$	10 86

### Bridge Across Kishaqua Creek

Chapter 729, Laws 1904

1905			
Oct. 1	Balance Comptroller's hands ...	\$	55
	Lapsed, ... ..	\$	55
		<hr/>	
		\$	55

### Pavilion for Contagious Diseases

Re-appropriated from Chapter 585, Laws 1903, by Chapter 700, Laws 1905

1905			
Oct. 1	Balance Comptroller's hands .....	\$	10 10
	Balance Comptroller's hands .....	\$	10 10
		<hr/>	
		\$	10 10

### Dormitories

Re-appropriated from Chapter 585, Laws 1903, by Chapter 700 Laws 1905

1905			
Oct. 1	Balance Comptroller's hands ....		\$3,949 82
	Received from Comptroller and disbursed .....	\$3,517 74	

Balance Comptroller's hands....	<u>432 08</u>	\$3,949 82
---------------------------------	---------------	------------

### Furnishings for Dormitories

Chapter 729 Laws, 1904

1905			
Oct. 1	Balance Comptroller's hands....		\$ 66 79
	Received from Comptroller and		
	disbursed.....	\$ 62 23	
	Lapsed.....	<u>4 56</u>	
			\$ 66 79

### Road Construction, Walks, etc.

Chapter 722, Laws 1904

1905			
Oct. 1	Balance Comptroller's hands....		\$ 19 48
	Lapsed .....	<u>\$ 19 48</u>	
			\$ 19 48

### Brick Bake Oven

Chapter 722, Laws 1904

1905			
Oct. 1	Balance Comptroller's hands....		\$ 4 01
	Lapsed.....	<u>\$ 4 01</u>	
			\$ 4 01

### Apparatus, Medical Books and Instruments

Chapter 722, Laws 1904

1905			
Oct. 1	Balance Comptroller's hands.....	\$	43 96
	Received from Comptroller, and		
	disbursed.....	\$ 34 77	
	Lapsed .....	<u>9 19</u>	
			\$ 43 96

### Two Cottages for Employees

Chapter 722, Laws 1904

1905			
Oct. 1	Balance Comptroller's hands.....	\$	16 35
	Lapsed .....	<u>\$ 16 35</u>	
			\$ 16 35



### Furnishings

Re-appropriated from Chapter 585, Laws 1903, by Chapter 700, Laws 1905.

1905

Oct. 1	Balance Comptroller's hands .....	\$	678 00
	Received from Comptroller, and disbursed .....	\$	625 03
	Balance Comptroller's hands...		<u>52 97</u>
		\$	678 00

### Repairs and Equipment

Chapter 703, Laws 1905

1905

Oct. 1	Balance Comptroller's hands .....	\$	2,159 73
	Received from Comptroller and disbursed .....	\$	2,150 21
	Balance Comptroller's hands...		<u>9 51</u>
		\$	2,159 72

### Hospital Instruments, Books and Equipment

Chapter 703, Laws 1905

1905

Oct. 1	Balance Comptroller's hands .....	\$	2,203 96
	Received from Comptroller, and disbursed .....	\$	1,555 03
	Balance Comptroller's hands...		<u>648 93</u>
		\$	2,203 96

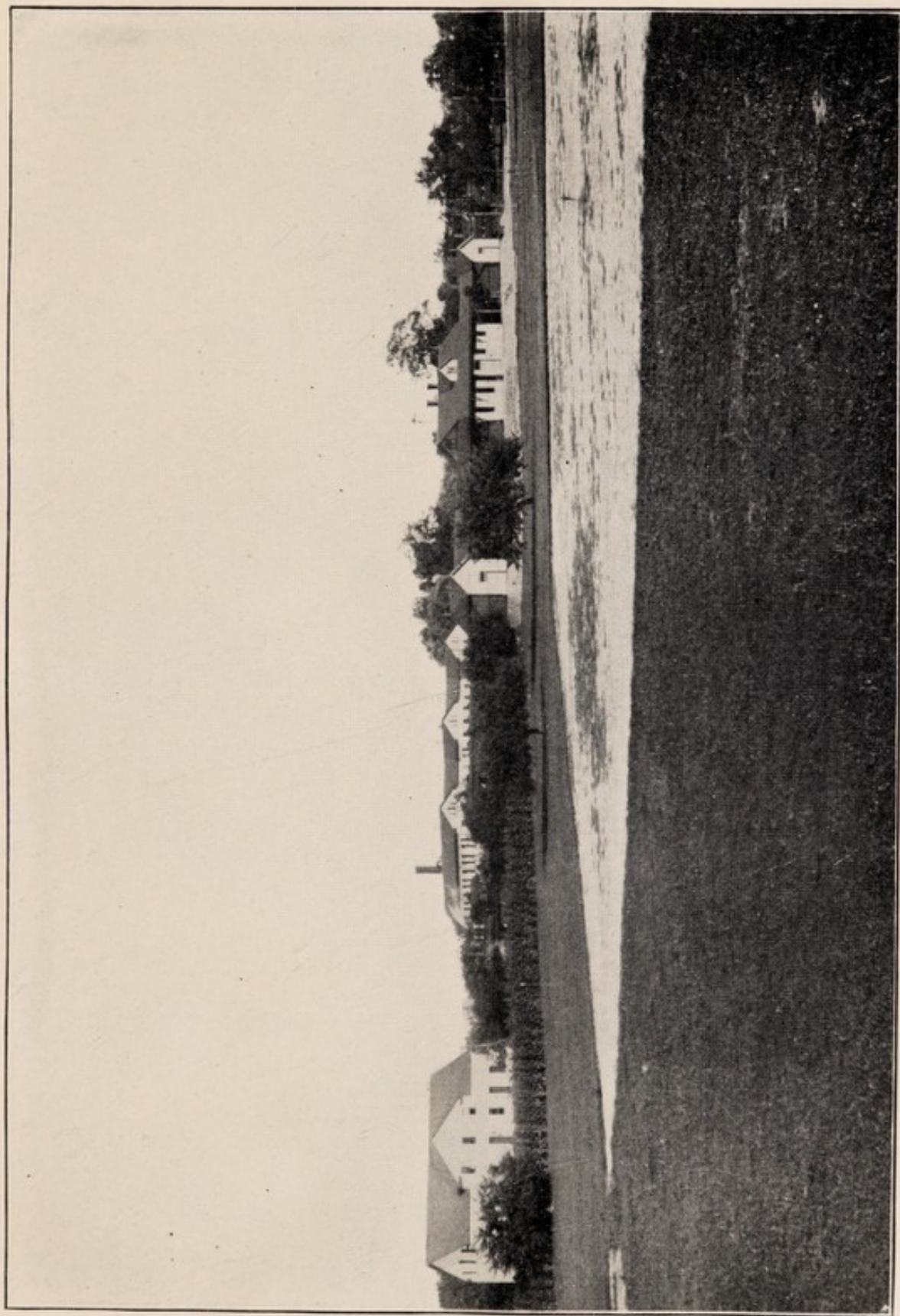
### Dormitories for 200 Patients

Chapter 703, Laws 1905

1905

Oct. 1	Balance Comptroller's hands .....	\$	89,973 38
	Received from Comptroller and disbursed .....	\$	30,284 91
	Balance Comptroller's hands...		<u>59,688 47</u>
		\$	89,973 38





The Athletic Field in the foreground, Railroad Station, Store and Trades School in the background.  
A grandstand to seat six hundred to eight hundred persons is badly needed.





## Sewage Disposal

Re-appropriated from Chapter 585, Laws 1903 by Chapter 700, Laws 1905

1905		
Oct. 1	Balance Comptroller's hands.....	\$ 1,127 90
	Received from Comptroller and disbursed .....	\$ 1,127 90
		<u>\$ 1,127 90</u>

## Conduit, etc., Peterson Hospital, and Heating Pathological Building

Chapter 722, Laws 1904

1905		
Oct. 1	Balance Comptroller's hands.....	\$ 105 56
	Received from Comptroller and disbursed ... ..	\$ 76 73
	Balance Comptroller's hands...	<u>28 83</u>
		\$ 105 56

## Service Building—Women's Group

Chapter 374, Laws 1906

Appropriation .....	\$ 12,000 00
Received from Comptroller and disbursed .....	\$ 38 69
Balance Comptroller's hands...	<u>11,961 31</u>
	\$ 12,000 00

## Moving and Repairs to Chestnut Cottage

Chapter 374, Laws 1906

Appropriation .....	\$ 1,800 00
Received from Comptroller and disbursed .....	\$ 1,717 41
Balance Comptroller's hands...	<u>82 59</u>
	\$ 1,800 00

## Verandas on Four Buildings

Chapter 374, Laws 1906

Appropriation .....	\$ 1,800 00
Received from Comptroller and disbursed .....	\$ 1,132 05
Balance Comptroller's hands ..	<u>667 95</u>
	\$ 1,800 00

## Repairs and Equipments

Chapter 374, Laws 1906

Appropriation .....	\$ 8,000 00
Received from Comptroller and disbursed .....	\$ 5,523 45
Balance Comptroller's hands...	<u>2,476 55</u>
	\$ 8,000 00

## Steam Conduit

Chapter 374, Laws 1906

Appropriation .....	\$ 3,000 00
Received from Comptroller and disbursed .....	\$ 910 00
Balance Comptroller's hands...	<u>2,090 00</u>
	\$ 3,000 00

## Repairs and Equipment

Re-appropriated from Chapter 729, Laws 1904, for "Sheds for Sheep", by  
Chapter 686, Laws 1906

Appropriation .....	\$ 1,000 00
Received from Comptroller and disbursed .....	\$ 175 96
Balance Comptroller's hands...	<u>824 04</u>
	\$ 1,000 00



## Developing, Maintaining and Extending Industries

Chapter 729, Laws 1904

1905

Oct. 1	Balance Comptroller's hands.....	\$	2,188	09
	Miscellaneous earnings available for this fund		16	00
		\$	2,204	09
	Received from Comptroller and disbursed .....	\$	2,187	39
	Balance transferred to "Devel- oping, Maintaining and Ex- tending Industries", Chap- ter 700, Laws 1905.....	\$	16	70
		\$	2,204	09

## Developing, Maintaining and Extending Industries

Chapter 700, Laws 1905

1906

May 11	Balance transferred from "Devoloping, Maintaining and Extending Indus- tries", Chapter 729, Laws 1904.....	\$	16	70
	Received from T. L. Stone, Steward, (sale of farm products) and forwarded to State Treasurer.....		6,831	81
		\$	6,848	51
	Received from Comptroller and disbursed .....	\$	1,671	75
	Balance Comptroller's hands...		5,176	76
		\$	6,848	51

All of which is respectfully submitted,

JOHN F. CONNOR,  
*Treasurer, Craig Colony for Epileptics.*

We hereby certify that we have examined the foregoing Treasurer's Report for the year ending September 30, 1906, have compared the same with the Treasurer's books and vouchers, and with the Superintendent's books and Report, and we believe the same to be correct.

*Auditing Committee* { DANIEL B. MURPHY,  
H. E. BROWN,  
JAMES H. LOOMIS.

DEC. 4th, 1906.  
H. E. BROWN.  
DANIEL B. MURPHY.





# The Annual Report

of the

MEDICAL SUPERINTENDENT TO  
BOARD OF MANAGERS FOR THE  
YEAR ENDING SEPTEMBER 30, 1906

SONYEA HALL, SONYEA, N. Y., *October 1, 1906.*

*To the Board of Managers of the Craig Colony for Epileptics*

A foreword in my last annual report was as follows :

“When the new buildings authorized by the Legislature are completed and occupied there will be 1,250 patients at Sonyea. There are 1,050 here now. Bids for the new buildings were opened September 5, last. Contracts for them have not yet been awarded. It is not probable that they will be ready for occupancy before the spring or summer of 1907.”

Our census is no greater now than it was twelve months ago. The five cottages mentioned above were contracted for on the 20th day of December, 1905; the contract calling for completion by December 20, 1906. Work was not begun on them until April 1, 1906. It does not seem probable now that these buildings will be ready for use before late in the spring of 1907; so that our present population of 1,050 will probably hold until that time. After that it will go by leaps and bounds until 1,250 is reached.



**An Army of 1,000 Applicants on the Waiting List** During the year just ended we fell conspicuously short in our efforts to admit any considerable portion of the army of applicants who applied for admission. As nearly as can be estimated, there are now in the vicinity of 1,000 epileptics in the 61 counties of the State waiting to enter the Colony.

**Is Epilepsy Increasing** The question is often propounded: "Is epilepsy increasing?" It probably is not increasing out of ratio to the rapidly increasing population. A reason why so many more epileptics are known of now than formerly is because they more generally understand that something is being done for them by the State, and in seeking such aid their malady becomes known.

It has generally been estimated that one person in every 500 suffers from epilepsy. I am confident that if *all epileptics* could be counted, the proportion would be one epileptic to approximately every 300 of the population at large.

**A Complete Census Not Possible** A complete census of epileptics within a given territory can never be made. Many who have the disease fail to recognize it; others have it in so inconspicuous a form that they feel no alarm and seek no treatment for it; others still have attacks only at night and nocturnal attacks may occur for years before the disease is finally recognized.

**Epilepsy a Dangerous Disease** True epilepsy disastrously affects the brain. It is never a harmless malady. It is always dangerous, no matter what its type nor how infrequent the seizures. Scarcely any other disease can cause death in so short a time. It can take life almost in the twinkling of an eye. Many epileptics die suddenly; others after serial attacks lasting some hours or days; still others from status epilepticus—a condition that is the bane of every epileptic's existence.

**Changes in Census During the Year** The census of the Colony October 1, 1905, was 1,050—575 males and 475 females. During the year 1905-1906, there were admitted 155



males and 75 females; total 194; while during the same period we lost through discharges, deaths or transfers, 115 males; 78 females; total 191; leaving the census September 30, 1906, 1,053; 577 males and 476 females. There were 58 deaths during the year, being  $4\frac{6}{10}$  per cent of the total number under treatment.

#### **The Curability of Epilepsy**

It is a great pleasure to print in this report (see page 103) a table sent me by the Chief Physician of the German Colony for Epileptics, at Bielefeld, which is of extreme interest if it is studied with care.

For years it has been a mooted question in this country among certain neurologists as to whether epilepsy can actually be cured. I hold that it can be cured. I have seen scores of cases cured during the past twenty years. From the table sent me by Dr. Huchzemeier, it may be noted that 587 epileptics have been cured at the great German Colony for Epileptics, at Bielefeld, since it was founded in 1867.

**Earlier Admissions** The one great thing all epileptic institutions need is *earlier admissions*. Now patients do not enter until they are incurable or unbearable at home. This is no unjust commentary on the epileptic, for like the insane, they have a disease of the brain. About five per cent of the possibly curable cases at The Craig Colony are cured. But it takes years to do it.

#### **Rum Selling to Patients by Dealers In the Vicinity**

There is a law on the statute books which provides that rum sellers in the vicinity of the Colony shall not sell intoxicating liquor to an epileptic. This law has been ignored with disastrous results to patients several times during the past year.

When a man acquires a certain type of epilepsy *because* of his vicious drink habits, it is due himself, his family and society that all possible safeguards be placed about him to keep him from liquor to prevent the perpetuating of his disease. Why not place him under enforced restraint until he is cured of both diseases?



**Limited Free Postage for Charity Dependents** I advocate the enactment by the Federal Government of a law to permit a charity dependent—State or Federal—to send a letter once a month, postage free, the officer in charge of the institution in which such dependent is cared for to endorse a statement on the envelope something like the following: "Postage Free—Charity Dependent," and followed by the name written in ink of the officer certifying to the same.

**The Tubercular Epileptic** From correspondence I have had with other institutions for epileptics and from a close study of the literature, I have reached the conclusion that the epileptic is especially prone to tuberculosis. About twice as many epileptics die of tuberculosis as do persons not afflicted with epilepsy. Heart disease is also a very common cause of death in epilepsy.

The death rate in the State of New York among all classes of persons from tuberculosis is annually about nine per cent, while the death rate in five institutions for epileptics, which sent me data on the subject some time ago, from pulmonary tuberculosis alone was 24 per cent.

We need to segregate tubercular epileptics at the Colony by providing a special building for them. We have asked for an appropriation for this purpose next year.

**The State Architect** Representative from the State Architect's office made frequent visits to the Colony during the year to inspect all new work under construction designed by the State Architect. We feel that plans and specifications for all such work have been sent to the Colony with as much expedition as the State Architect with his vast responsibilities and enormous amount of work constantly on hand could command.

Mr. D. M. Collier has had charge of the State Architect's work at the Colony.

**The Fiscal Supervisor of State Charities** As much promptness in passing upon our estimates as appeared commensurate with good business principles, was our experience with





Our present Protestant "House of Worship" is presented to show how badly a new one is needed. This one is used for Sermons, Prayer Meetings, Lectures, Dances and Conventions generally. It is *far too small* for the present population. Very soon it will be much worse.



The Letchworth House, erected in 1858. Four-story buildings are not suited to epileptics.





the Fiscal Supervisor's office during the year.

Mr. Bender's plan of buying under bid and contract so considerable a proportion of the supplies for the sixteen charitable institutions was a step in advance. In my judgment the law should be amended to admit payments for goods as soon as purchases are made and not require dealers to wait seven or eight weeks. We should also be in a position to take advantage of discount rates and so save a considerable sum to the State each year.

**Landscape  
Embellishments**

When the State purchased the 1,895 acres of land at Sonyea for the Colony in 1894, the first Board of Managers arranged to expend \$4,500 in three years in the employment of a competent landscape architect to lay out the entire institution; to plot buildings necessary for 2,000 people or more; to locate water or sewer mains, and to otherwise plan to improve the entire residence part of the estate to please the eye. To this time practically no money has been spent on landscape embellishment, except a little for cement sidewalks, and a mile of stone road. If we could secure for three or four years an appropriation of \$2,000 to \$3,000 a year, the results at the end of that time should be very gratifying.

**The Oldest Building  
on the Place**

Chestnut Cottage, the oldest building on the place, built by the Shakers in 1837, and that stood almost immediately in front of Sonyea Hall, between that building and the Pennsylvania Railroad station, interfering with the embellishment of the grounds in that part of the Colony, was moved during the summer about 900 feet to a point near Willow Pond. After moving the building it was entirely reconstructed, at a cost of \$1,800, making substantially a new building of it for twelve patients.

**More Land Will Be  
Needed Before Long**

While the Colony possesses 1,895 acres, less than six hundred acres are areable. The rest is covered with an original forest of 640 acres, by houses, lawns, industrial buildings, barns, pasturage lands, railroads, (two across the place) churches, etc. If the



Colony is to receive several hundred additional patients, as it seems likely now it must do sooner or later, in justice to the epileptic, who should be employed *in the sunshine and in the open air so far as possible*, the State should add 200 to 300 acres of the best land adjoining these premises that it can procure. The products of the farm, garden and numerous industries were worth \$42,000 to the State last year.

**Proper Care of Epileptic Infants** More than 80% of all cases of epilepsy begin under the twentieth year, making it essentially a disease of early life. A large number of cases begin in infancy. There should be a special building constructed on these premises for 40 or more epileptic children under five years of age.

**Patients Who Work of their own Initiative** I cannot speak too highly of the many well trained Colonists on the premises who work day in and day out, the year round, except Sundays and holidays; on the farm, in the garden, at the brick-yard, in the Trades School, in the power-house, in the laundry, on the lawns, in the care of stock, and elsewhere. The list is too numerous; the *occupations* too varied to specify them more in detail.

We regard occupation for epileptics *a valuable therapeutic measure*. It sometimes takes newcomers a long time to fall in with this view, but sooner or later they rarely fail to do so.

**The Evils of Patients Going on Visits** If a patient desires to go on a visit we are unable to deny him permission to do so. We can advise against it, but that is all. After a patient has been at the Colony two or three years, has acquired certain habits of living, has grown accustomed to certain forms of treatment, has become acquainted with Colony life in all its phases, and his disease, maybe, has been brought largely under subjection, if not wholly arrested, he sometimes becomes restless of the restraints it is needful to impose on him for his good, and wants to break away from them. *Invariably* when he does this and goes on a visit, his condition is usually as bad on his return to the Colony—and often worse—than when he first entered the Colony.



**The Cost of Maintenance Constantly Growing Less**

It should be gratifying to the people of the state that the net cost of keeping a patient at the Colony last year was only \$141.38—\$6.16 less than it was the year before. At present we have not enough persons caring for patients; one to every twelve is not a satisfactory ratio. Efforts to change this have not been satisfactory to this time.

**What's In a Name**

Many people pass from infancy to maturity afflicted with epilepsy, and yet they remain wholly ignorant of the fact that they have this fearful disease; others have "spells" "faints", "darknesses", "flashes", "weaknesses" and the like, that destroy intelligence quicker and more completely than is the case in ordinary grand mal epilepsy, and neither do they know that they have epilepsy in a marked form. In such cases there is much in a name, but the ultimate results of the disease make it desirable that its condition be known *as soon as possible* that proper treatment may be instituted and persisted in as long as the patient's condition requires.

**Earlier Admissions Would Result In More Cures**

Since the Colony was opened in February, 1896, we have admitted a grand total of 2,071 patients.

Of this vast number 26 only had suffered from epilepsy less than a year at the time of their admission.

In 80 the disease had existed 1 to 2 years.

In 347 " " " " 2 to 5 years.

In 536 " " " " 5 to 10 years.

In 724 " " " " 10 to 20 years.

In 358 " " " " 20 years and over.

**Legal Checks on the Perpetuation and Increase of the Defective Classes**

Early last spring I secured two hundred endorsements from prominent physicians, ministers, commissioners of charities, superintendents of the poor, philanthropists, law-makers and others on the enactment of a law by this State designed to prevent the marriage and intermarriage of the defective classes. The bill was introduced in the Senate by the Hon. F. C. Stevens, of the Forty-sixth District, and passed that body, but it unfortunately met defeat



in the lower house. There should be such a law on the statute books of every state in the union. It would not cure or maybe it would not very *greatly* correct the evils we are dealing with, but observed as it should be, it would be a link in the chain that is slowly being forged stronger each year with that purpose in view.

**Checking Epilepsy and  
Insanity Early.  
A Way That Should  
Help**

Another way to check insanity, epilepsy and perhaps drunkenness, would be by cutting these conditions short in their incipency if it could be done. I am positive that much epilepsy and insanity could be overcome if treated *rightly and in time*. I would advocate the appointment, by the State, of a district psychiatrist in each of the eight judicial districts of the State, whose duty it would be to visit, assist, prescribe for, and help in every legitimate way in the early treatment or prevention, or both, of the maladies named above. Such work by non-political and really competent men would have a great general and educational value, for even the average physician—to say nothing of families more or less ignorant about such matters—learns but little of these particular diseases while in college or after he enters general practice. Such psychiatrists could be called by any physician, superintendent or overseer of the poor, commissioner of charities, or by any private person of inadequate means when his services were needed. Appointees should be required to give not less than three to five hours a day to their public duties and be paid not less than \$2,000 a year and their actual expenses incurred in the performance of their duties. Eight such district psychiatrists would be paid a total of \$16,000. This would be an infinitesimal sum compared with the money that would be saved to the State through the early checking or prevention of conditions that later on are bound to place the individual for years or more probably for life in some State institution. Physicians appointed to such positions should have at least three years actual experience in similar work, and they should be equipped for their several requirements.

The idea is to get practical, trained men instead of those who have a knowledge of theory only.



**The Epileptic at Home**

Epilepsy is without doubt the worst disease that can afflict a human being. It oftenest begins in early life. The essential epileptic age ranges from the twelfth to the sixteenth years. The presence of the disease creates sympathy for the afflicted one, and sympathy tends to aggravate the disorder either through the person being granted improper privileges of many kinds, or by virtue of the fact that the individual is a "skeleton in the family closet". They must remain in the background, debarred from the family life, denied social pleasures, and not infrequently an epileptic child in a family where there are other children is a *positive menace* to the physical safety of such children. No epileptic person of immature years or of defective intelligence, from which fully 90% of them suffer sooner or later, *can be successfully treated at home.*

**The Evils of Patent Nostrums**

Do not give the epileptic patent nostrums advertised in the public prints as "sure cures" for epilepsy. Some of these nostrums unquestionably possess the power to do infinite harm. I have known some of them to destroy the mind in two or three years' time; I have known others to destroy life in less time than that, when administered by unskilled hands. Do not temporize with so serious a disease as epilepsy through the use of patent nostrums or otherwise, but as soon as possible place the epileptic individual in a proper institution, or under the care of a regular physician where adequate treatment may be assured. Epilepsy is a dangerous disease.

**Epilepsy a Dangerous Disease**

Neurologic writers do not ascribe any very great mortality to epilepsy. As a matter of fact it is *a dangerous disease*. Any epileptic may die at any moment. It is not unlike organic heart disease in this respect.

In ten years 344 deaths have occurred at The Craig Colony. Of these

- 32 were due to asphyxia resulting from a seizure;
- 43 occurred in status epilepticus;
- 4 from acute delirium following epileptic attacks;



- 23 as a result of serial attacks;
- 11 while in seizures;
- 1 from injury during an attack;
- 1 from "automatic" poisoning;
- 1 from drowning during a seizure.

116 equal to 33 7-10% of all deaths at the Colony were directly due to epilepsy.

**An Early Life Disease** Of the 2,071 patients admitted to this time 1,746, equal to 84.3%, acquired the disease before the 20th year.

**Years of Treatment Required to Effect a Permanent Cure of Epilepsy** Many epilepologists of note assume without any proof in support of their assumption that epilepsy "is always an organic disease, and for that reason is incurable". They appear to forget that many organic diseases of the nervous system can be cured if the patient can be held under treatment long enough. No epileptic, no matter what the type of his disease is, or how long it has lasted, can be cured under two or three years of proper and persistent treatment, and no epileptic should enter an institution for his class with the idea of remaining there less than two to three years. It is true that some may be markedly improved, and others have their disease apparently wholly arrested within less time than that, but a *complete cure* can never be assured under several years of patient, unremitting treatment, and even then "cures" must frequently be regarded as "arrests" of the disease and the patient must continue to live at home, to observe and practise the same methods of living he was compelled to live and observe in special institutions for his kind. The whole thing is a matter of learning a lesson and never forgetting it, and, most essential of all, it is *not* confined to inmates of institutions like this; 3,000,000 persons need the lesson.

**The Colonist's Library** Eighteen months ago a large library and reading-room was arranged in "The Elms", now known as "The Colonist's Club", in the East Group, for the male colonists able to appreciate such a feature. At the present



time about 225 men belong to the Club, which also has connected with it a smoking and card room and a pool room with three tables. The average daily attendance in the reading-room during the past few months has been sixty. The Club is open from 4 P. M. to 10 P. M. The library in this building has over 2,000 bound volumes; we receive more than a score of county papers, nine daily papers and a large number of monthly magazines and periodicals.

**A Special Library for the Women** A room was set aside in Iris Cottage in the Women's Group solely for Women last April. They have about 200 books now and they get other reading matter as the men do, but not so much, for the reason so many less women than men care for literary diversion. A good bound volume for one of the Colony libraries is always appreciated, or send us, if you please, a framed picture, some toys for the children about Christmas time, some cigars and pipes, and good warm mittens for the men; a few handkerchiefs, a small box of note paper, a bit of ribbon, or something of that sort for the women. It is the little things that count most every time, and our people have little enough of home life in the little things and little ways that mean so much.

**Dangerous Assaults on Employees by Epileptics** I called attention to this matter in my last report. Recently a disturbed epileptic left the Colony without our knowledge and consent. On being returned to the Colony, and when about to be taken from the train, he resisted and had to be removed by force. He drew a knife and stabbed an express messenger in the arm.

It is my belief that a law should be enacted that would allow persons employed in the care of these patients, and other persons who may come in contact with, and be injured by them, to secure a reasonable and just compensation for injuries they may receive at the hands of the wards of the State. The matter, with the approval of the Legislature, might be adjusted in each instance by the Court of Claims.

To care for epileptics is far more dangerous than to care



for the insane; the epileptic commits deeds of violence under great impulse. The insane is more stealthy and cunning, and there is more opportunity for self-defense.

**Necessity for Enlarging the Roman Catholic Chapel**—When the Rt. Rev. B. J. McQuaid, Bishop of Rochester, gave us approximately \$12,000 some years ago for constructing and furnishing a Catholic chapel and a priest's house along with it, I intimated to the Bishop then that in a short time the chapel might become too small to accommodate all who desired to worship in it. It seats only about 340 persons. I recently wrote the Bishop calling his attention to the matter and asked what chances there were for getting \$4,000 or \$5,000 additional some time soon for enlarging the chapel. His reply was as follows:—

“ROCHESTER, N. Y. *September 15, 1906.*

DR. WM. P. SPRATLING,  
*Sonyea, N. Y.*

DEAR SIR:

“I beg to acknowledge your letter in which you inform me that the chapel for Catholics will soon be too restricted for their accommodation, and that the enlargement should be sufficient for as many more as the present building holds.

“The same spirit that moved me to erect, with the kind permission of the Managers, the existing chapel, will cause me to provide any additional room that may be needed.

“Please bring this matter to the attention of the Managers at the next meeting, and if agreeable to them, I can begin preparations for building in the spring.

“Very truly,

“B. J. MCQUAID.”

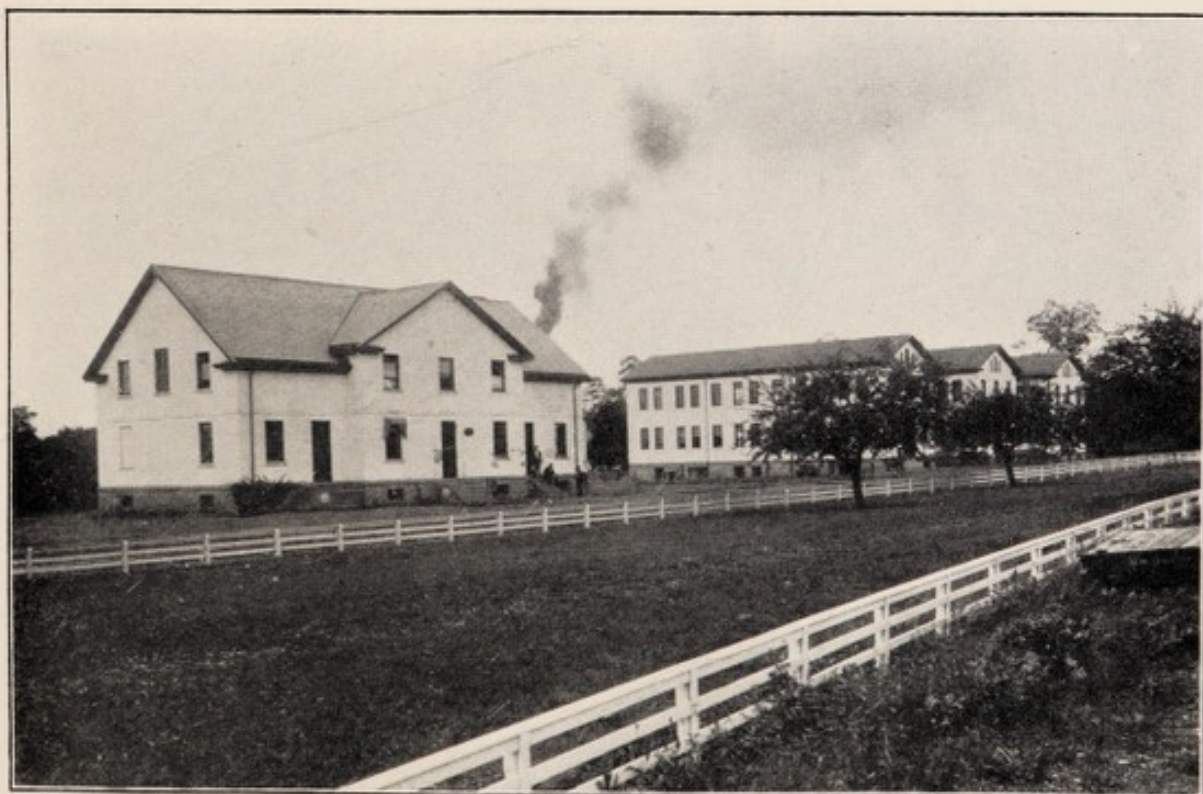
It is needless to add how much The Craig Colony appreciates the effective efforts of the Bishop of Rochester to provide a suitable place for religious services for Roman Catholic patients and employees at the Colony. The State employs two resident Chaplains whose services we look upon as invaluable.

**Some of the Repair Work Accomplished During the Year**—Three years ago the Colony did not get a cent under “Repairs and Equipment.” The result was a deplorable depreciation of many buildings and much property on the place





A log hut in the forest where twenty-five brickmakers take their noon meal, saving about a three-mile walk in the middle of the day.



Showing the Store for Colony Supplies, the Trades School and Improvements opposite the Railroad Station.





during the year, so many of the buildings being old anyway. This year we were given \$9,000 for "Repairs and Equipment" to seventy-one buildings, and for other purposes. An unparalleled difficulty in buying materials and in procuring mechanics confronted us during the entire summer just past; we wanted sixty or more men to work under special appropriations, but we were able to procure nineteen only, although we advertised far and wide. Consequently much repair work for which we have money has not been accomplished. Among the work accomplished, and that to be accomplished, we hope, before the end of the year, are the following items:—

1. The construction of four verandas on four buildings in the Women's Group.
2. The painting outside of the "Elms" and of "Tall Chief."
3. The painting outside of four buildings in the West Group.
4. The painting inside of six buildings on the Village Green and of the two Infirmaries.
5. An addition to the Steward's house and some alterations and repairs to the old Shaker portion of it.
6. The establishment of a chip soap making plant in the laundry. About fifty dollars worth being made each month.
7. Sodding the embankments of sewage filter bed No. 4.
8. The construction of a log hut at the brick yard where twenty-five to thirty patients and employees take their noon meal, when employed in the brick yard.
9. The moving and repairing of Chestnut Cottage, the oldest building on the premises.
10. The replastering and wainscoating of Hoyt Cottage throughout.
11. A new cement floor in basement of Hoyt Cottage.
12. A new cement floor in the Hospital basement.
13. A new cement walk in front of Sonyea Hall.
14. The construction of a band stand large enough for twenty-five musicians opposite "The House of the Elders," where public concerts are given men and



women patients twice a week in the summer.

15. Much necessary grading in the rear of the Men's Infirmary.
16. Improvement of the small park near the Pennsylvania Railroad Station.
17. Extensive repairs to "The House of the Elders," inside.
18. A new local and long distance telephone system with twenty-nine stations now, but which may be increased to fifty should they be required.
19. Thousands of minor repairs to chairs, furniture, bedding, etc., that are made annually in the industrial shops, of which we keep a complete record, but which are far too numerous to publish in a report of this character.

**The State Civil Service Commission** Our relations with the State Civil Service Commission and with the officers of that body were of a pleasant character during the year just ended.

The action of the Commission in removing the position of Medical Interne from competitive to non-competitive examination was a valuable step in the right direction. Before this was done it was practically impossible to procure suitable men and women for important medical work. Since the restriction has been removed, we have had no difficulty whatever. I am of the opinion that if more competitive restrictions were removed, permitting the State Commission to exercise a "supervisory power" only over examinations and appointments to all positions at the Colony, progress along other lines would be fully as marked. They are almost as badly needed.

By all means the principle of promotion in all scientific positions at the Colony should be recognized, for the reason that nowhere else in the State can the necessary preliminary training in the study of epilepsy be acquired.



## TABLE 2

Attendance and Cost For Fiscal Year Ending  
September 30, 1906

## ATTENDANCE

1. Number of patients under care, October 1, 1905.....	1,050
2. Number of patients admitted 1905—1906...	194
3. Number of patients died, discharged or transferred during the year.....	191
4. Number of patients under care, October 1, 1906.....	1,053
5. Average daily population for the year ending September 20, 1906.....	1,046. 232

## COST

1. Salaries and Wages of Officers, Assistants and Employees.....	\$ 68,656 61
2. Expense of Managers, Officers and Agent..	1,128 65
3. Cost of Provision.....	42,336 18
4. Total Cost of Maintenance.....	169,819 32
5. Per Capita Cost of Maintenance (net).....	141 38

Special Appropriations the Craig Colony For Epileptics Should Have in 1907 With the  
Reasons Therefor

- Item 1. For a building including constructions, heating, plumbing and lighting for the segregation of 650 to 700 infirm epileptics... \$ 300,000\**

There are at present 350 low-grade epileptics at the Colony

\* An alternative proposition to this building would be the creation of a separate State institution to provide for approximately 2,000 epileptic idiots, imbeciles and epileptic insane; all such cases to be transferred from the Colony to the new institution, which for 2,000 persons would cost complete in the vicinity of \$2,000,000. This allows \$500 per bed for dormitories and \$500 per person for all other purposes, including site, water, sewage, industries, laundry, and ministrat on, hospital, ba ns and other essential features. A consolidated form of management might be provided for the Colony at Sonyea and the new institution; both caring for epileptics, both working for the same ends, though with different classes of patients. Such a plan would permit an interchange of patients between the two institutions—a feature of great practical value.



—a class whose wants can largely be met by protective custody. They are not curable. Their number will steadily increase. There are many more scattered throughout the State in alms- and poorhouses, and in dependent homes.

A single building should be constructed on the premises to accommodate 650 to 700 patients of this type. This building should be located at some remote place on the premises where its infirm occupants would in nowise interfere with the better classes of patients or with the Colony proper, in which all patients are free; the occupants of the large buildings being under care by lock and key—a form of care their incompetent state constantly demands.

Insane epileptics are denied admission to the Colony by law. But epileptic idiots and imbeciles are not so excluded. It is within reason to assume that the State will care for these classes somewhere. It would do the Colony *no harm* to set them in a background on these premises. For the present at least—that is, for ten years or so,—all epileptics demanding state care can, under a *suitable* development of this plant, find every accommodation here.

<i>Item 2. For a dormitory building for fifty patients in the Women's Group (known on the original plan as Building No. 6) to include construction, plumbing, heating and lighting .....</i>	\$ 25,000
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When this building is constructed it will complete the Women's Group as a unit and in conformity with the original design. A similar building is going up in the Women's Group at the present time. The new building would occupy the site at the northeast corner of the Villa Flora Plaza.

<i>Item 3. For a building for the segregation of 100 tubercular epileptics.....</i>	\$ 35,000
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All who have to do with epileptics in large numbers are of the opinion, so far as I have been able to gather statistics on the subject, that the epileptic is especially prone to pulmonary



tuberculosis. It is our view of the matter at Sonyea. In a population of 1,050 we have to-day 60 who are tubercular. It is *wholly wrong* to keep tubercular patients in cottages occupied by persons whose lungs are sound.

If we should secure an appropriation for a building for tubercular epileptics next year it will take eighteen months or two years to complete it. By that time there will probably be not less than 75 to 80 tubercular patients on the premises.

*Item 4. For an addition to the Pathological Laboratory, 20 x 40 feet, including its woodwork equipment in the way of cases, desks, etc. . . . . \$ 4,000*

This item has been asked for two years in succession, but so far we have not obtained it. In view of the fact that the trend of the work in the laboratory has recently been proceeding along new lines, and that it is under the direction of a physiological chemist instead of a pathologist, we desire to alter somewhat the addition formerly proposed and make it 20 x40 instead of 18x24. We estimate the cost of this addition at \$4,000. *This item is of the most vital importance.*

*Item 5. For an extension to the Laundry building, including equipment of the same. . . . \$ 15,000*

The present laundry is rapidly becoming incapable of doing the work for our increasing population. If we are able to occupy the five new cottages now under construction by the first of next year, our total population by October 1, 1907, will not be far from 1,500. It is important that we increase our laundry facilities. We propose to do this by the construction of a building 30x75 feet, two stories high, immediately south of and adjoining the present laundry. Such an addition would give us laundry facilities for all future time—or for 2,000 or 2,500 persons.

*Item 6. For roads, walks, planting and grading . . . . . \$ 15,000*

*1 1-5 miles of this road is the county high-*



*way across the Colony property, the estimated cost of which by the State Engineer is \$7,200.*

This item explains itself in large part. Now that the State under the good roads law is constructing a road between the village of Mount Morris and the Colony, it would be well for the State to take up the work where the new road will join the Colony highway that passes across these premises. The balance of the \$15,000 is for the construction of an additional mile of highway on the Colony grounds; for grading, for walks and or planting. *If the grounds in the Women's Group were done justice in the way of grading, laying cement walks, and planting, not less than \$5,000 would be spent there alone.*

*Item 7. For four employees' cottages to match in capacity, type and design, employees' cottages constructed in the past.....* \$ 7,000

We asked last year for additional cottages for employees but failed to get them. The amount we ask for here is little in excess of amounts previously asked for this purpose and is due to the marked advance in the price of labor and materials. These cottages are an imperative necessity.

*Item 8. For a Protestant Chapel to seat 1000 persons.....* \$ 20,000

Religious exercises, amusements and dances are all held in "The House of the Elders", an old Shaker building put up half a century ago and which is wholly inadequate at the present time to seat the number of persons who would like to attend Protestant services. "The House of the Elders" has a seating capacity of less than 400. We stand in very great need of a Protestant chapel to seat 1,000 persons.

*Item 9. For scientific books, instruments, laboratory and hospital equipment and appliances.....* \$ 1,200

We have generally received \$2,500 a year for this purpose.



In view of the fact that we ask for \$4,000 for an extension to the laboratory building this year, we have reduced the estimate for books, instruments, equipments, etc., to \$1,200, which amount will be urgently required to carry on the work of this important department.

*Item 10. For repairs and equipment..... \$ 8,000*

The value of the real estate of the Colony at the present time is approximately \$800,000. Since the Colony was founded we have annually (save one year) received a special appropriation for repairs that were not proper charges against maintenance. One per cent of the value of the real estate is a small amount for keeping the property in good repair.

*Item 11. For an enlarged heating system for the  
Villa Flora Group.....*

Before the three cottages now under construction in the Women's Group were begun, the steam boilers in the basement of the Villa Flora Group were being pushed to their utmost in severe weather to heat the Women's Group. I fear there will be a marked deficiency of heat in that group which will then comprise eighteen buildings, in which 600 persons will live. The State Architect has the matter under consideration at the present time, and in all probability before the Colony's appropriation bill is introduced into the Legislature, an item for the proper amount may be formulated for the proper heating of the Women's Group.

*Item 13. For an ice-house to hold not less than  
2,000 tons .....*

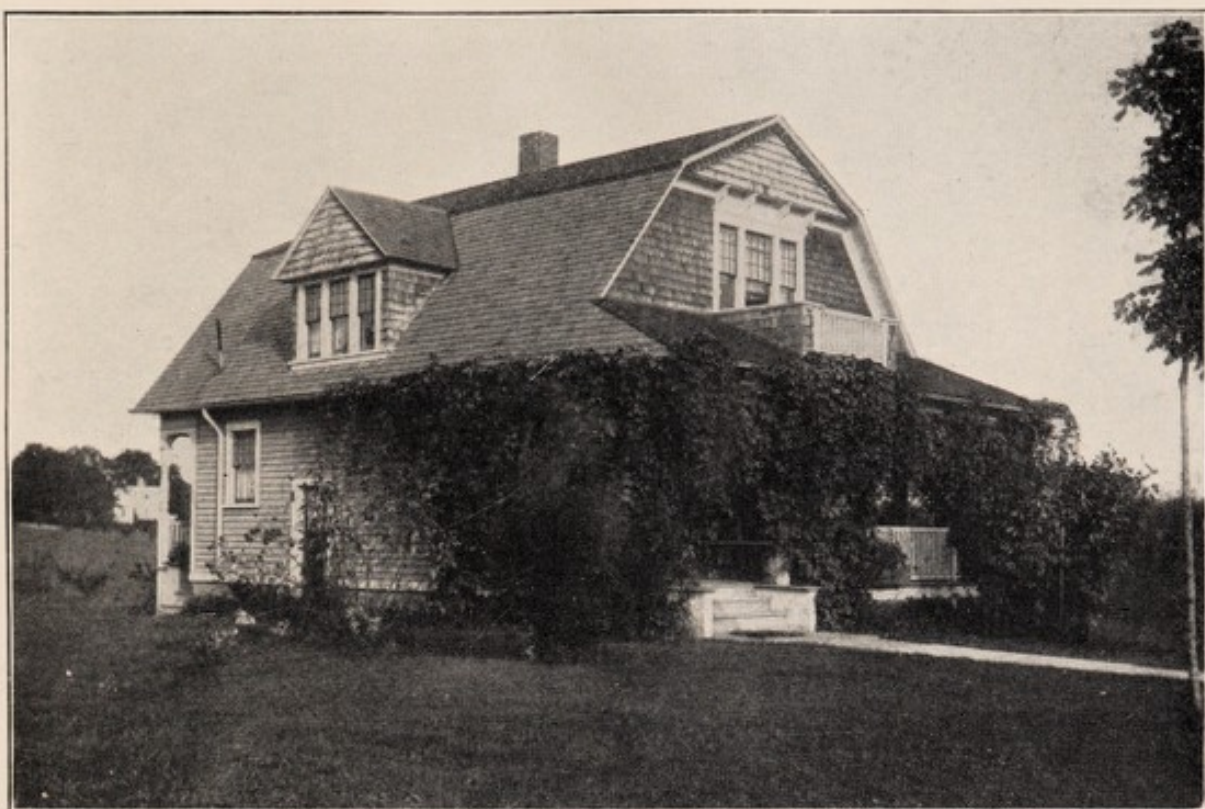
We need a new and larger ice-house. All ice used on the premises is cut here. We can scarcely store 1,500 tons now in the two dilapidated old houses poorly adapted to the purpose. Before the appropriation bill is introduced we hope to have an estimate made by the State Architect for such an ice-house as we need.

*Item 14. For maintenance during the year*

1907-1908 ..... \$ 185,000

The estimate for maintenance is based on \$150 per patient per annum. We may be able to do a little better than that, but a conservative margin is always wise.





Types of cottages occupied by higher employees at The Craig Colony; usually Heads of Departments.  
We have twelve of these and need four more.





## Part Two

### Scientific Papers and Reports

We print the following technical papers and reports to show in part that the Colony is much more than a boarding place for epileptics; that as much scientific work is carried on as our means admit of. And our facilities for the treatment and study of "the strongest disease in human nature" improve each year     ∴     ∴     ∴     ∴     ∴

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## Medical Administration

SONYEA, N. Y., October 1, 1906.

*To the Medical Superintendent :*

I make the following report on the different subjects mentioned by you.

**Admission of Patients** The Superintendents of Poor of different counties in this State are required to send a statement on October 1st, of each year, of the number of indigent epileptics in the counties at that time, to the State Board of Charities. The admission of patients is divided pro rata, according to number of indigent epileptics reported and the space available at the Colony. When it is desired to have a patient admitted, application should be made to the superintendent of the poor of the county in which the patient lives. The superintendent of the poor supplies the necessary blanks. After the filling out of the blanks properly, they should be sent to the Medical Superintendent of the Colony. A card of admission is sent to the superintendent of the poor, who arranges for transfer of patient to the Colony. Female patients must be accompanied by a female attendant. On admission to the Colony patients are examined at once by a physician for cleanliness, evidence of infectious disorders, condition of clothing, bruises or vermin. They are then given a bath and assigned to a building where they can be kept under special observation for a time. As soon after admission as possible, *a thorough physical and mental examination* is made and recorded, and whenever possible the character of the seizure is also noted, and from this the line of treatment to be carried out is indicated. As complete a previous history as possible of each patient is obtained by interviews and correspondence with friends and relatives.



**Classification of Patients**

All classes of epileptics, other than those who are insane, are admitted to the Colony. Epileptics of all ages and all degrees of mentality, from extreme idiocy to noted intelligence, are to be found on the Colony. This requires the division of patients into groups. We have a separate cottage for small boys whose mental condition has not deteriorated very much; another cottage is for men of a similar class mentally, but who are rather feeble physically. A somewhat similar arrangement exists for the women. As regards the mental condition, the 27 buildings occupied permit of considerable classification. The smaller the building, the better the patient, the reverse being true.

**Mental Condition of Patients at the Colony Now**

The mental condition of the colonists varies from extreme idiocy to that of normal, or almost normal, mental capacity. Mental deterioration in some degree is bound to result in almost all cases of recurring convulsions. If the disease is of long duration the deterioration is usually—though not necessarily—marked, and as most of the colonists have had the disease for several years before admission, a large proportion of them show mental deterioration. In some cases the deterioration takes place rapidly. The mental condition is divided as follows: “good”; “fair”; “showing considerable mental deterioration”; “imbeciles”; “idiots”, and “idiots of a very low grade.” Under the heading, “good”, has been included all whose mental condition might be considered good for colonists. Many such cases can hardly be considered normal; their memory is defective; they are often irritable and unreasonable, and difficult of control. Under “fair” is included those in whom mental deterioration is more evident than in the first class. The third class includes all whose mental deterioration is very prominent; in many it is profound. In many of those classed as imbeciles and idiots considerable mental deterioration has also taken place. The large number classed under “imbeciles”, is because epilepsy so frequently develops at an early age. The census of the Colony August 2, 1906, when this classification was made, was 1,042, with the following result :



Good .....	186
Fair.....	240
Showing considerable mental deterioration .....	135
Imbeciles.....	364
Idiots .....	90
Idiots, very low grade.....	27
	<hr/> 1,042

While insane epileptics are not admitted to the Colony, many we receive exhibit periods of mental disturbance lasting from a few moments to several hours or days, or longer. At no time is the Colony entirely free from patients suffering from some severe mental disturbance, and as a rule there are several such cases on hand at the same time. In some cases the mental storm is of a very severe character demanding great care of the patient. When the periods of mental disturbance become frequent or much prolonged, the patient is committed to one of the State hospitals as prescribed by law, being sent to the State hospital in the district from which they originally came to the Colony. During the past year 23 patients have been committed to State hospitals as insane.

#### Employment of Patients

Occupations suitable for epileptics are somewhat restricted owing to the peculiar character of their disease and to their mental and physical condition. But even with the greatest care, accidents are bound to occur now and then, but no patient has ever been killed at the Colony as a result of his vocation—only a few slightly injured. The physical condition of patients permitting, it is better that they *should be occupied*, and at the Colony all are required for medical reason to work who can do so. Certain occupations are preferred, such as garden work, farm work, brickmaking, the care of lawns and the like. Life out of doors appears to have a beneficial influence on the disease, but work in houses has to be done so that in arranging work, the *requirements of the institution*, in addition to the physical and mental condition of the patients, must be taken into consideration. We have only



one hired person to every twelve patients. Epileptics of the best grade lose much time from work. More patients than are actually necessary at one time to accomplish certain work have to be allotted to do it to get it done. Most epileptics require constant supervision in their work; so many have poor memories that they must be constantly reminded of what they are to do. Often a patient has to be changed from one kind of work because of changes in his mental condition. Many patients admitted to the Colony have *never been taught to do any work*, never been taught to read or write; these constitute great difficulties. Many of them, 20 to 25 per cent., are too young to do work of any kind. Out of 1042, 182 only are unable to dress themselves without aid; 124 are under 15 years of age; 157 suffer from hemiplegia (partial paralysis). In making up a statement of the occupations of the different patients, many are necessarily included who do so little work that they might probably be included in the entirely idle class. In the following statement of the occupations, all who accomplish *anything* in the way of work, have been classed as workers:

Engaged in house-work (including kitchen, dining-room, ward-work, etc.).....	365
Helpers in different shops (carpenter, plumbing, blacksmith, paint-shop, with mason, store, electric plant, mattress shop, bakery, butcher shop, and firemen).....	50
Helpers on farm.....	27
“ in garden.....	25
“ “ brick yard.....	21
“ “ laundry.....	54
“ “ dairy.....	11
“ “ tailor shop.....	7
Engaged in sewing.....	52
“ on lawns.....	13
Messengers.....	5
Miscellaneous.....	12
Total employed.....	642
Number entirely idle.....	400
	<hr/> 1,042

**New Remedies in  
Treatment**

Owing to the length of time the great majority of the colonists have had epilepsy, the field for the investigation of remedies for the cure of the disease is not a very favorable one. The number of cases that offer ground for hope of cure is rather small. However, improvement is secured in many of those who are admitted to the Colony and this can be attributed in a great measure to the healthy surroundings, regulation of diet, regular habits, suitable occupation, and also greater freedom, for an epileptic's freedom away from the Colony is often much restricted, often having to remain in comparative seclusion much of the time. The following are some of the drug preparations most commonly used: brometone, bromopin, chloretone, borax, solanum, carioliensis and belladonna; but they are only *adjuncts* to treatment.

Respectfully submitted,

DONALD L. ROSS, M. D.,

*First Assistant Physician.*





# Annual Report

from

## The Research Laboratory at the Craig Colony For Epileptics

SONYEA, N. Y., *October 1, 1906.*

*To the Medical Superintendent:*

I have the honor to present herewith my first report as Pathologist at The Craig Colony for Epileptics, covering an incumbency of only three and a half months.

In taking up any new work, it is always necessary to gain first a clear-cut conception of the end in view and of the means to be used in gaining that end. It seems appropriate that this report, coming as it does before any extensive work has been begun, should present for consideration the theoretical basis for the work and the general methods to be used.

The object of the work is to utilize the patients at the Colony as clinical material for the study of their disease. It has been, and it is, the hope that through an exact study of the vital processes of these people during life, as shown by their secretions and excretions, of certain tissues after death, some new light might be thrown on the nature and treatment of the disease.

The tissues of the epileptic have been most thoroughly examined by the pathological anatomist, but his knife and microscope have revealed no lesion, however slight, which can be found in cases of every form and duration. I think it is not too much to say that most pathologists admit that the lesion of epilepsy—if there be one in an organic sense—is still to be discovered.



The years of patient and accurate work which have been spent on the pathological side of the etiology of epilepsy are, in themselves, and without reference to facts in the case, sufficient warrant for undertaking, for some years at least, new lines of work.

The new work to which I refer, is the study of epilepsy as a disease due to chemical changes. Whether such changes are visible or invisible, is immaterial. In other words, we are to study epilepsy as a disease of the metabolism, possibly spontaneous within the nerve cell and possibly due to the action of an intoxicant formed elsewhere in the body. This is the line of work planned for the laboratory and is one which has always seemed to promise the greatest results in the end.

According to this conception of the disease, we are to consider the epileptic body as a chemical machine. The wheels and levers of this machine are chemical molecules and their component parts. The activities of this chemical machine are carried out under chemical laws quite as definite as are the physical laws which control the wheels and levers of the real machine. The result of the interaction of the various parts of either machine is the function of that machine. From these preliminary statements, I think it will be agreed that function is the resultant of the kind and relationships of the interacting parts—that is, function that is determined by chemical structure. Further, any disturbance of that structure will result in changed or abnormal function. The change in the structure of the machine may arise from within or by the interposition of some external agent. Therefore, we must take the machine apart and discover what the parts are and which ones are broken or out of place, or, in the other case, examine the surroundings of the machine and find what the outside agent is which is doing the damage.

We thus have two lines of work: (1) The study of the chemical structure of the normal and of the epileptic nerve-cell, and (2) The study of the tissues and fluids of epileptics to find if there is an outside agent, and then, if possible, to isolate it and discover an antidote.



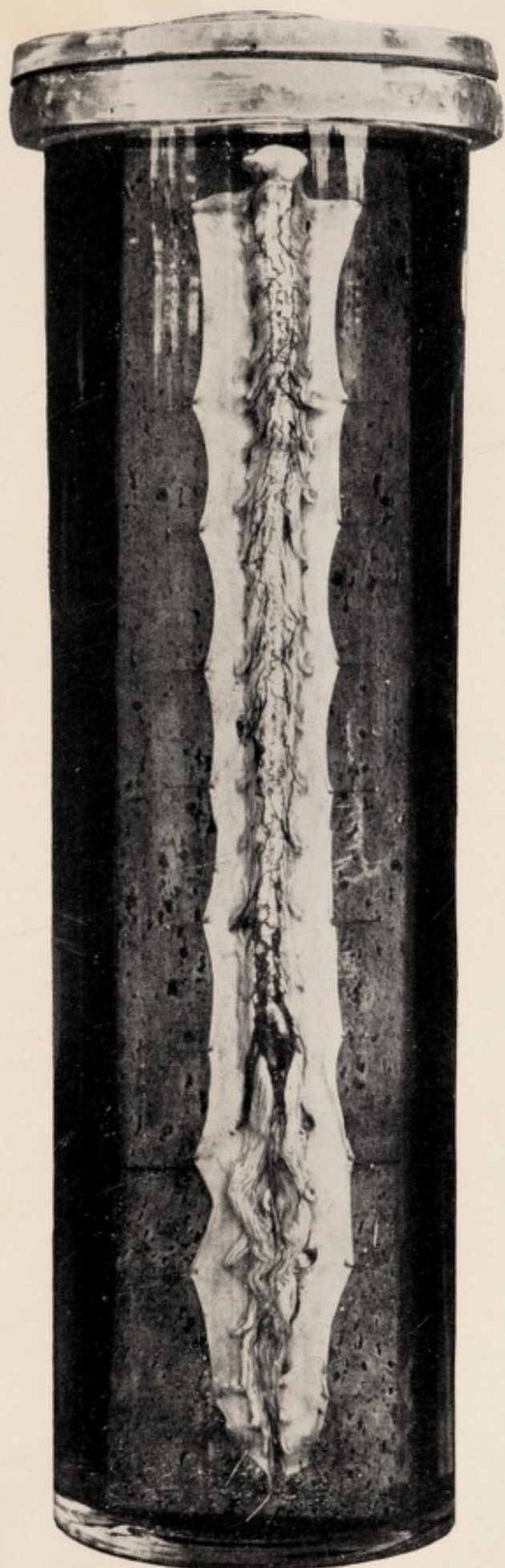


Fig. 3.—A normal specimen of the human spinal cord.





We have in epilepsy a disease which is engrafted upon an intrinsically sensitive, labile, nervous system. It is hard to believe that there is permanent change in the structure of the cells producing the symptoms of the disease, since, between the attacks, many epileptics are quite like other persons in all respects. The most ordinary food substances, under proper agencies, will yield deadly poisons. This is the common result of bacterial action; the intervention of living matter is not needed, for hydrolytic measures in vitro will produce equally intense poisons. Similar processes take place occasionally in the human body; why not periodically in the body of the epileptic? That is, may we not consider epilepsy as due to the action of a poison produced from the extracellular, non-living material of the body, as contrasted with a living cellular source?

For the presence of a poison in the epileptic body, that is related to the attacks, we have some evidence. A large number of investigators, following Bouchard, have tested the toxicity of urine and blood. The essential inaccuracy of the method of investigation of this toxicity—by intravenous infusion—has led to contradictory reports. The sources of inaccuracy are seen easily—to be comparable, two fluids must be of the same density and reaction, though some authors report this unnecessary, and any attempt to render the two fluids uniform may result in changes in toxicity. The rate of injection and the temperature of the injected liquid would seem important. Again the experimental animal introduces a rather variable factor. But most important of all, the method gives no indication as to *the nature of the poisonous substance*.

In certain respects the results obtained by various authors are in accord. During the interval between the seizures, the toxicity of the urine is lowered or is normal. At the time of the seizure, however, there is hypertoxicity, the relation to the attack, according to some, being in dispute. Some claim that the hypertoxicity precedes, and some that it follows the attack. In any case the attack seems to be associated with an unloading of stored poisons. This has been further confirmed by the



finding of hypertoxicity of the blood corresponding to the hypertoxicity of the urine preceding the attack. The gastric juice is said to be more toxic at the time of the attack than during the intervals, and the attack tends to be accompanied by hyperacidity and hypersecretion.

While one is tempted to believe that there is an increased toxicity, as shown by the above results, the mere fact of its pressure alone is of but small value—it is *the nature of the poison* which we must know, and until we know this, our work will be in vain.

Uric acid has been brought forward as the poison of epilepsy, just as it has been charged with the causation of almost every known disease. In epilepsy, the accusation rests on the reported retention of uric acid before the attack and subsequent increase in the elimination,—perhaps also preceding the attack,—so that the total of uric acid excreted is unchanged. Upon this basis, Krainsky concludes by theoretical considerations, that ammonium carbamate is the actual poison, and that this very unstable substance is transformed into uric acid by changes in the fluids of the body during the asphyxia of the seizure. On the other hand, other authors deny any relationship between uric acid and the attacks. Whether uric acid is the primary toxic agent, or whether it is secondary to a disturbed metabolism caused by the real poison, is a difficult question. It would seem, however, that in some cases, there must be a changed secretion of uric acid related to the seizures. The poisonous action of ammonium carbamate is alleged to be due to its ammonia content, and the ammonia of the blood is said to be increased at the time of the attacks, and is also increased in the urine.

Another element which enters into the toxicity of the urine, is the toxicity of the various metallic ions in solution. Of these, potassium is the most important, and is sufficient to account for one third of the toxicity. There are observations on normal urine which show that its toxicity varies according to the quantity of potassium present.



**Cholin** Another alleged epileptogenous poison is cholin, which has been found in the cerebro-spinal fluids of some epileptics, in paretics, etc. The finding of this substance has been doubted by some, on the basis that the means of identification used were not sufficiently exact to eliminate the presence of ammonium and potassium, which respond in a similar way to the tests [used. Cholin is derived from the cleavage of the myelin substances, protagons and lecithins, and also from the lecithin found in cells throughout the body. The disease in which its occurrence has been most studied—general paralysis—is associated with visible degenerative changes, and we naturally consider nerve tissue the origin of the cholin found. In epilepsy we would naturally assume a similar origin.

This possible poison and its source are interesting in the light of some investigations which go to show that there is to be found, after death at least, an enzyme which has the power of splitting the myelin substances and yielding cholin. Here a most interesting possibility suggests itself; Might not this cleavage productive of cholin become active during life, under the influence of suitable changes in the tissue fluids?

The toxicity of epileptic brain substance has been tested but once and was found to be inert except for slight effect on the temperature—an effect, it may be observed, which is common to all albuminous bodies.

**Studies in Metabolism** There are no complete studies of the metabolism of epileptics. The work which has been done has been along narrow lines, involving the study of but one or two substances. Investigations are needed which will be complete, estimating all the most important constituents and reporting the results of the work in an unprejudiced manner. Work of this kind must be paralleled at every step by control observations on normal individuals; the mode of life, work and exercise, and the food eaten must be carefully regulated.

There are numerous reports dealing with the composition of the urine as regards one or two constituents. The volume of the urine is said to be increased in the twenty-four hours of



the attack and by some to be increased after the attack, while others speak of "epileptic polyuria" as a constant condition. The density is said to be increased following the seizure. Of the constituents, uric acid has already been mentioned. Urea is said to be increased. The phosphates are also present in amounts larger than normal and the relation of the alkali and earthy phosphates is changed, the latter being increased. A third group of phosphorized compounds, the so-called organic phosphorous, is also increased. This is interesting when we remember that the myelin bodies yield, along with the cholin mentioned above, phosphorized organic acids. Could we prove these phosphorized organic acids present in the urine in increased amounts at the time of the attack, it might be an interesting confirmation of the cleavage of nervous tissue. Chlorides are decreased, according to some, and increased according to others. I have found no estimations, in epileptic urines, of the amount of potassium present. Indol is said to be related to the attack, and from this is drawn a proof of the importance of intestinal intoxications in this disease.

**Blood Changes**      There are also changes in the density and alkalinity of the blood. Both fall before the attack and rise afterward. The alkalinity is said to be lower, even in the interval, than normal. The oxy-hemoglobin is also said to be reduced. Changes are also reported in the cellular composition of the blood, but the results are variable in the extreme.

The sweat has been investigated in relation to its toxicity at the time of the seizure; some find it hypertoxic while others find no change.

Epilepsy has been regarded as an infection by micrococci which are to be found in the blood only at the time of the attack. Other investigators have failed in attempting to duplicate the work of Bra. The organisms found are thought to be fragments of the morphological elements of the blood, or to be the result of skin infections in the taking of the blood from a vein for examination.

One cannot fail to mention the serum therapy which has been so much in prominence. This is based on the assumption



that in epileptic blood there is a toxin, and for this toxin, an anti-toxin, that these two are preponderant at different times. I do not care to go into a discussion of this matter at the moment, and will confine myself to a bare statement of results. Those who favor this procedure claim very favorable results; their opponents get no results and assert that the theories on which the work is based are entirely wrong. Here again is the need for more complete investigation, especially as regards longer periods of observation and more complete control of hygiene and medication in a large number of cases.

From this review, we find that there are changes in the toxicity of the urine and blood in relation to the attack, and that, also related to the attack, there are considerable changes in the substances excreted in the urine. The study of the biochemistry of epilepsy is only begun. The field is large and the methods of investigation indirect and laborious. Results, therefore, will be slow, but if we are right in connecting in the relation of cause and effect, chemical structure and cellular function, some decisive result must come from this line of work at some time, however far it may be in the future.

**Autopsies** Since my coming to the Colony, there have been seven complete autopsies and one brain examination. The pathological findings in these cases have been most ordinary, and a detailed report of them will not be profitable.

A few details deserve mention. In two of the subjects, youths, the thymus was found enlarged, weighing 42 and 37 grams. With this enlargement, and in a third case besides, there was marked enlargement of the mesenteric lymph glands. In the case of "C. R.," the uterus was found to contain an interstitial and sub-serous fibromyoma. "K. M." was found to have a large cavity in the right lung. Slight evidences of tuberculosis was found in about half the bodies examined.

The autopsy work would be much facilitated by a room properly lighted and otherwise arranged for such work. The present room is dark and damp, and not a fit place in which to work.

While as above indicated, it is not the intention of this



laboratory to devote much time to pathological work, it is the purpose of those in charge to put away all the material obtainable, so that it may be used in the future.

**Laboratory Expenses** The cost of maintaining laboratory supplies is now paid out of the same fund from which surgical materials and books for the library are obtained. While most of the needs of the laboratory can be planned for in advance, there may arise at any time the necessity for new apparatus or material, without which the work of the laboratory might be seriously hampered. I suggest the advisability of setting aside a definite sum from this fund to be used for laboratory needs only.

**Laboratory and Library** The relation of the laboratory to the library must be a close one, for in carrying out any scientific work, constant reference is made to the work of the past. While monographs and text books will in many cases furnish the information desired, nothing is so satisfactory as to read the original article at first hand. This, however, requires an extensive library of periodical literature.

The Colony is too isolated to make the use of any of the great libraries practical, and I should like to present for your consideration the advisability of completing, as far as is desirable, the files of periodicals now in the library, and of obtaining new sets of important publications, bearing more directly on the chemical and physiological work to be undertaken in this laboratory.

**Clinical Work** The usual clinical examinations of blood and excretions have been made from time to time at the request of the several members of the staff. This is a most important feature of the work of the laboratory, and I am glad to say that some of the physicians make very free use of it. All reports of clinical examinations are made in duplicate, one copy being retained at the laboratory. It is the plan that each report shall bear the date of the last attack; in this way, what might be dead material, as far as the study of epilepsy is concerned, may some time become of great value.



**Special Work** While the major portion of my time has been devoted to a review of the literature of the intoxication theory of epilepsy, I have completed a small piece of work begun in Ann Arbor, in collaboration with Dr. Cowie, of the University of Michigan. The major part of the work has been done at the Colony, on epileptics, and has consisted in the study of the effect of olive or cotton-seed oil, given before meals, on the gastric acidity and motility. Without going into details, the work has shown that doses of oil before eating, tend to lower the acidity of the gastric juice and to delay the emptying of the stomach. Clinical work seems to indicate that oil has a very favorable action in ulcer of the stomach and in hyperacidity. The fact that oil is a very concentrated and bland food must not be forgotten, and makes its use advisable in coaxeixias resulting from gastric troubles. In connection with this work, I have made a considerable number of control analyses of gastric juice, as regards the level of the acidity. I was struck by the considerable number of test-meals in which free hydrochloric acid was absent or very low. I have not yet observed any relation of the amount of acidity to the attacks.

**The Laboratory** The present laboratory building is most admirably adapted for the pathological work to which it has been devoted in the past.

**Additional Room Required** The room and equipment required for chemical work is very different from that suitable for pathological work, and the present laboratory cannot be adapted for the new line of work without considerable difficulty. I would, therefore, recommend the enlargement of the laboratory by the addition of a wing on the west side of the present building, 23x40 feet, and having, in addition to a large room fitted up for chemical work, a waiting room for patients, and a small office where reference books and records may be kept. The basement should be especially well lighted, and be used for an autopsy room, for storage, animal and photographic rooms.

The work of the Pathologist will be most materially aided



by a plan of the Superintendent's. The plan contemplates a meeting of men prominent in medical research to confer with the Superintendent and the Pathologist as to the best means of attacking the problem before us. This meeting will probably be held in New York City early in October or November. The advice of such a committee will be most valuable.

In conclusion, I wish to thank the Superintendent and members of the staff for the cordial co-operation which has made my work very pleasant.

Respectfully submitted,

J. F. MUNSON, M. D.,

*Pathologist.*





Gold Medal awarded The Craig Colony by the St. Louis Exposition for models of its 76 buildings, a part of the plant, etc.







# Report on Surgical Work at the Craig Colony Hospital

DURING THE FISCAL YEAR THAT ENDED  
SEPTEMBER 30, 1906.

by

Wm. T. SHANHAN, M. D., and  
G. KIRBY COLLIER, M. D.\*

SONYEA, N. Y., October 1, 1906.

*To the Medical Superintendent of The Craig Colony:*

The many accidents and injuries to which epileptics are especially prone, and the surgical diseases incident to a community of nearly 1300 persons causes the surgical work at the Colony to assume no inconsiderable proportion. The more grave cases are cared for at the Colony Hospital, while minor cases are cared for in the cottages.

The Colony Hospital is a thoroughly equipped building of two and a half stories. The first floor contains the medical offices, record room, medical library, pharmacy, hydrotherapeutic room, electrical room, matron's office, examination rooms and reception room, and quarters for a married member of the staff.

The second floor is devoted entirely to patients, and to a commodious operating room. There are two large wards, well lighted and ventilated,—one for men, one for women—and twelve rooms, some of which accommodate two patients each.

The hospital is usually occupied to its full capacity. The equipment is very complete—the operating room being well supplied with instruments, sterilizers etc.,—and but for the

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\*Dr. Shanhan is the Consulting Surgeon to the Colony Hospital; Dr. Collier, the House Surgeon



badly needed addition of a detached sterilizing and dressing room, would compare favorably with that of any general hospital. The operating room is 14 ft. by 20 ft., well lighted on the north by three large windows and above by a skylight. It is equipped with a glass top operating table, instrument tables, instruments, dressing, and water sterilizers. Connecting with the operating room is a smaller room, used as a wash and instrument room, and for the storage of surgical necessities. The supply of instruments is fairly complete and with additions as necessity demands, is all that could be asked for just now. The one apparatus that is needed now is a surgical engine for brain surgery. The number of patients admitted to the Peterson Hospital during the past year was 157; 4,347 days, treatment in all being given. The number of patients receiving surgical treatment in the hospital was 90, 2,109 days, treatment having been given them.

This is not to be taken as the total number of surgical cases at the Colony, as a large number are cared for in thirty odd cottages as is shown by the accompanying tables. The total number of anaesthetics given for surgical purposes *alone* during the past year, was 172, divided as follows:

Chloroform.....	95	Times
Ether.....	12	"
Cocaine.....	28	"
Cocaine and adrenalin.....	22	"
Sterile water.....	6	"
Ethyl chloride.....	9	"
	172	

**An Ambulance Needed** All acute cases requiring it are transferred to the Hospital in the delivery wagon which is not a satisfactory method. Because of the long distances separating the numerous buildings here an ambulance should be provided if possible for the purpose of taking sick people to the Hospital.

**Dental and Eye Work** There is a great amount of dental work at the Colony which now falls on the medical staff as we



have no visiting dentist. Many teeth which are now extracted could be saved by a good dentist. Many refractive errors exist among the epileptics here and a visiting ophthalmologist would be of positive benefit to the patients. At present it is necessary to send patients with a nurse to Buffalo or Rochester occasionally to consult an eye specialist.

## Surgical Cases Admitted to the Colony Hospital Between October 1, 1905 and October 1, 1906

### DESCRIPTION

No.	Name	
1	I. J.	Appendicitis with general peritonitis. Incision made over McBurney's Point, and cigarette-drain inserted at site of appendix. Secondary laparotomy. Incision median line—six weeks later—for intestinal adhesions. Anaesthetics—chloroform. Recovery.
2	F. C.	Three months earlier, patient had extensive depressed fracture of skull, with laceration of scalp. Wound infected at time of injury. Secondary operation for removal of necrossed bone. Anaesthetic—chloroform. Recovery.
3	A. H.	Right inguinal hernia—scrotal. Bassini's radical operation performed. Right varicocele removed by ligation and excision. Anaesthetic—chloroform. Recovery.
4	H. Mc.	Rectal ulcer. Sphincters dilated and ulcer curetted. Rectum packed with idoform gauze for 24 hours, following which, suppositories of thymol iodine were used. Sterile water anaesthesia. Recovery.
5	C. P.	Two uterine polypi. Under chloroform anaesthesia uterus was curetted and polypi removed. Recovery.
6	M. A.	Four internal and one external hemorrhoid. Under chloroform anaesthesia sphincter ani was dilated and hemorrhoids removed by clamp and cautery method. Recovery.
7	B. S.	Hemorrhoids. One rectal polypus. Under chloroform anaesthesia, sphincter ani was dilated and hemorrhoids removed by clamp and cautery method. Recovery.
8	K. A.	External hemorrhoids removed by incision after dilating sphincter ani. Anaesthetic—chloroform. Recovery.
9	J. L.	Large uterine polypus, size of English walnut. Uterus curetted and polypus removed. Several hemorrhoids removed by clamp and cautery operation. Anaesthetic—chloroform.
10	W. S.	Cervical adenitis-tubercular. Chain of glands removed under chloroform anaesthesia. Recovery.
11	M. V.	During seizure, fell, striking head and causing extensive hematoma of scalp, left temporal region. Symptoms of fracture. Exploratory incision was made under chloroform



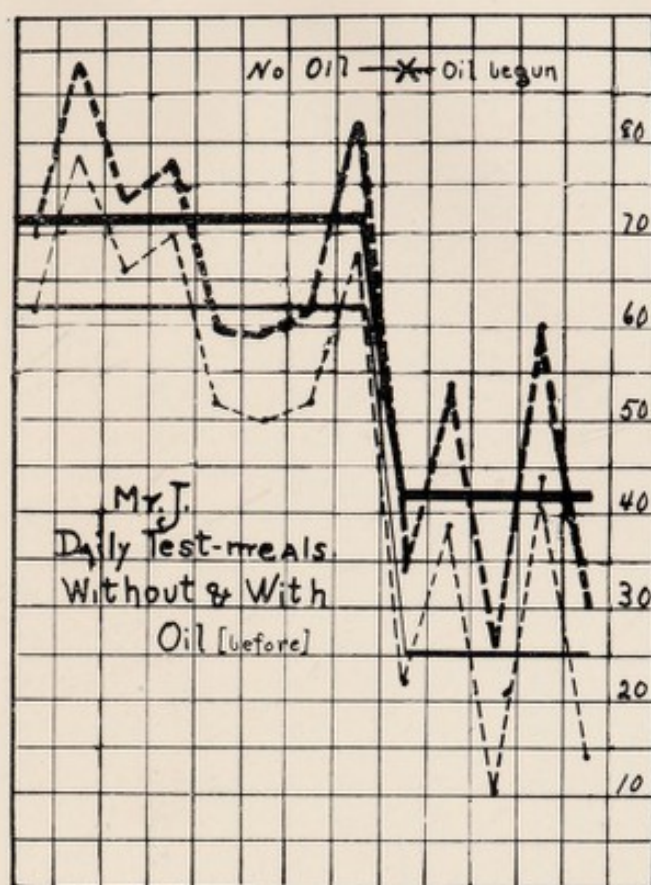


Fig. 1.—Chart showing the effect of oil on the daily acidity one hour after test-breakfast. The dotted lines show the course of the acids, and the heavy horizontal ones show the average levels before and after beginning the oil.

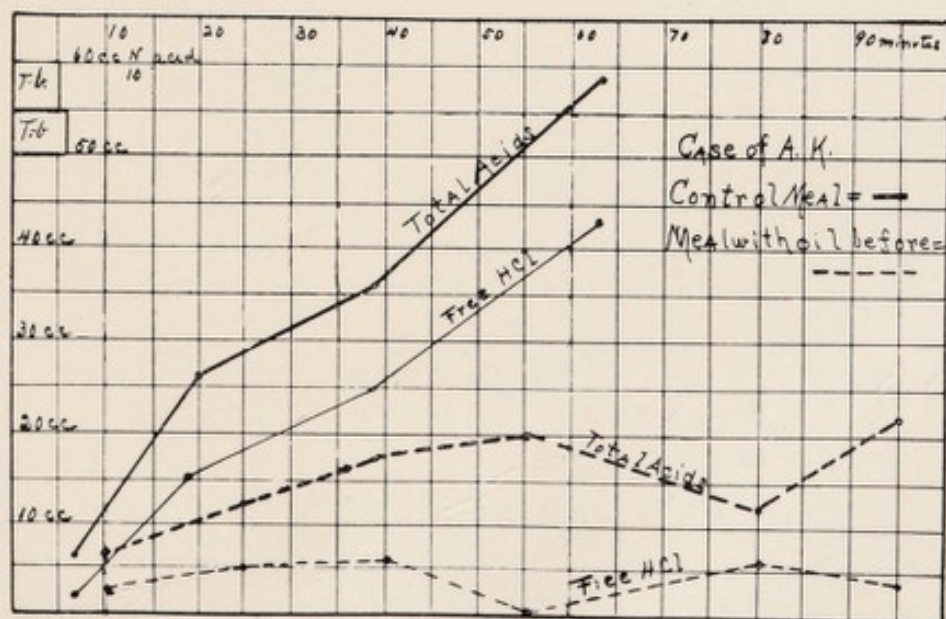


Fig. 2.—Chart showing the effect of oil on the time of appearance and rise of the acidity in the stomach.





- anaesthesia. No fracture found. Wound closed with drainage. Recovery.
- 12 T. McG. Internal and external hemorrhoids. Sphincters dilated and hemorrhoids removed by ligation and excision under sterile anaesthesia.
- 13 M. H. Gangrenous appendicitis. Incision was made over McBurney's Point, muscles being separated and appendix removed. Stump inverted and purse string suture applied. Free drainage, adjacent structures being protected by rubber dam. Good recovery. Anaesthetic—chloroform.
- 14 M. B. Large uterine polypus removed under chloroform anaesthesia. Uterus curetted. Hemorrhoid removed by clamp and captery method. Recovery.
- 15 H. B. External hemorrhoids. Sphincters dilated and hemorrhoids removed by ligation and excision under sterile water anaesthesia. Recovery.
- 16 J. E. Laceration of perineum extending almost to anus. Considerable leucorrhea. Seizures were frequent at menstrual periods. Under chloroform anaesthesia, uterus was curetted and perineum repaired. Excellent recovery from operation and condition markedly improved. Previous to operation she would not yield to bromide medication, but since then has given every evidence of beneficial results from treatment with attention to her general condition. During the six months preceding the operation she had 95 seizures. Following the operation she had 16 seizures during the first month, but has had no seizures during the past five months.
- 17 M. C. Fistulo in ano, blind opening on skin about one inch from anal margin. Under chloroform anaesthesia, sphincter ani was dilated, fistula made complete, opened and packed. Recovery. This patient developed a marked hysterical mental disturbance which continued several weeks subsequent to operation.
- 18 A. K. Laceration of cervix with large erosion. Erosion healed under local treatment. Under chloroform anaesthesia uterus was curetted and cervix repaired. Recovery.
- 19 P. D. Cryptorchism. Testicle in canal. Testicle was removed and Bassini's operation done to form new canal. Anaesthetic—chloroform. Recovery.
- 20 D. S. Dysmenorrhea. Metiorrhagia. Under ether anaesthesia



- uterus was curetted. Later, when convalescent, patient was given Extract of Mammary Gland, grains 5, t. i. d. for a period of two and one-half months. Menstruation is now regular, causing but little discomfort. No metiorrhagia.
- 21 G. S. Incomplete laceration of perineum. Under ether anaesthesia perineum was repaired. Recovery.
  - 22 E. F. Laceration of perineum extending well up into sulci. Under ether anaesthetic perineum was repaired. Recovery. During convalescence patient developed a marked mental disturbance.
  - 23 S. DeG. Hemorrhoids and urethral caruncle which later caused marked dysuria. Under ether anaesthesia hemorrhoids and caruncles were excised. Uneventful convalescence for thirty-six hours, after which patient developed a marked mental disturbance, which continued for several weeks. Ascertained later that this had also followed two previous operations.
  - 24 V. P. Had left ovary removed several years ago. Right ovary enlarged and causing considerable pain. Under chloroform and ether anaesthesia a right oophorectomy was done. Ovary was markedly cystic. Convalescence uneventful. Cessation of menstruation. No pain since operation.
  - 25 M. M. Under chloroform ether anaesthesia syhincter ani was dilated and three hemorrhoids removed by clamp and cautery operation. Recovery.
  - 26 D. N. Enlarged left ovary which caused considerable pain. Under chloroform ether anaesthesia a left oophorectomy was done. Ovary cystic and twice normal size. Marked improvement in general health.
  - 27 F. M. Multiple sebaceous cysts, varying in size from a pea to a small egg, underlying scalp. Enucleated under cocaine-adrenalin anaesthesia. Recovery.
  - 28 J. C. Abscess of thorax. About one month previous, patient was kicked in left side by a fellow-patient, who was automatic. Marked bulging at lower border of ribs at mammary line. Incision made over this area under chloroform anaesthesia, with exit of large quantity of pus. No evidence of carious bone. Wound cleaned and drainage used. Tubercular. Later it was necessary to enlarge opening to promote freer drainage. Improved.



- 29 C. G. Under chloroform-ether anaesthesia hemorrhoids were removed by clamp and cautery method, after sphincter ani had been dilated. Recovery.
- 30 A. M. External and internal hemorrhoids. Sphincters dilated and hemorrhoids removed by clamp and cautery method, under ether anaesthesia. Recovery.
- 31 F. G. Right inguinal hernia-scotal. Bassini's radical operation performed under ether anaesthesia. Recovery.
- 32 E. B. Under ether anaesthesia a left oophorectomy was done for removal of enlarged ovary. Because of patient's poor physical condition considerable shock followed, but later convalescence was uneventful.
- 33 H. V. Retro-version of uterus. Ventro-suspension done under chloroform-ether anaesthesia. Recovery. Patient improved, but because of marked hysterical tendencies, complains of pains in iliac regions. Ovaries appeared normal.
- 34 J. N. Abscess and cellulitis of thigh. Free incisions made with drainage. Recovery. Anaesthetic—chloroform.
- 35 A. L. Accidental wound of right hand, by falling on broken bottle, severing superficial and deep palmar fascia, and flexor tendons of little finger. Fascia and tendons sutured under chloroform anaesthesia.
- 36 M. O. Lacerated perineum and cervix. Under chloroform-ether anaesthesia trachelorrhaphy and perineorrhaphy were done. Excellent result despite fact that patient walked about within a few hours after operation. Nurse was not able to keep her in bed because of her marked mental excitation.
- 37 L. H. Stenosis of vagina. Cause unknown. Under chloroform-ether anaesthesia cicatricial bands were torn and wounds separated by gauze packing. A more radical operation was not feasible because of depth of vagina and small calibre thereof. Good result.
- 38 C. S. Incomplete laceration of perineum. Under chloroform anaesthesia perineum was repaired. Recovery.
- 39 M. P. Abscess of vulvo-vaginal gland was marked. Cellulitis. Freely incised and drained. Prompt recovery.
- 40 W. T. Appendicitis with general peritonitis. Leucocyte count at time of operation—21,000. Incision was made over McBurney's Point and cigarette-drain inserted at site of appen-



- dix. Anaesthetic—ether. Recovery. A secondary operation for the removal of the appendix will be performed.
- 41 S. L. External hemorrhoids removed by legation and excision after dilation of sphincter and under sterile-water anaesthesia. Recovery.
- 42 W. S. Tumor in left ischio-rectal fossa about size of base-ball. History of abcess formation at this point 20 years ago following which tumor developed, increasing in size slowly. Caused no discomfort until two weeks prior to operation, when small abcess developed on skin surface. At this time tumor mass was incised under cocaine anaesthesia, and large amount of detritus, containing much scale-like connective tissue, was removed. Had appearance of old abcess. Four days later, under chloroform anaesthesia, tumor was removed, fibrous bands connecting it with the surrounding structures. Recovery. No evidence of any return up to this date. Wall of tumor was about 10 mm. in thickness, being exceedingly dense, apparently mostly of fibrous tissue. Lining of cavity of dense non-fibrous connective tissue, varying from  $\frac{1}{2}$  to 3 mm. in thickness. Surface of cavity irregularly corrugated, and desquamates in large flakes. In places this lining extends into fibrous wall as small papillae. Operation wound was closed with through and through silk worm gut sutures, small drain being left. Tumor probably dermoid. Examination of specimen now in progress.
- 43 F. D. Patient has frequent mild seizures, always falling and striking over occiput or frontal bones. Wounds became infected necessitating free incisions of scalp under chloroform anaesthesia. Drainage. Slow recovery. A padded cap was made for him, since when he has had but one injury to scalp.
- 44 W. H. Patient frequently has a subcoracoid dislocation of humerus, occurring during seizures and in altercations with fellow patients. At times it is necessary to use anaesthetic to reduce it.
- 45 J. O. During seizure received fracture of inferior maxilla, right ramus, and to right of mental process. Teeth wired and maxillary splint applied. Recovery.
- 46 I. V. During seizure fell, striking arm and causing backward dislocation of elbow. Reduced under chloroform anaesthesia.
- 47 S. B. In an altercation with a fellow patient, he received a frac-



MARK SEVERE SEIZURES WITH X. PUT D AFTER DAY SEIZURES.

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MARK MILD SEIZURES WITH O. PUT N AFTER NIGHT SEIZURES.

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Record Card for Epileptic Seizures. Designed by  
Dr. W. P. Spratling.





- ture of the inferior maxilla, at median line and at junction of horizontal portion and left ramus. Incisor teeth wired and maxillary splint applied. Good recovery.
- 48 J. H. Patient fell on ward, causing inter-capsular fracture of right femur. Mental condition—dementia. Fracture reduced under chloroform anaesthesia but much difficulty was met with in keeping fragments in position, owing to patient's mental condition. Became mentally disturbed and removed dressings frequently. Result poor.
- 49 F. B. Right inguinal herniotomy was performed in 1901. Left inguinal herniotomy in December 1905. On admission to the Colony in April 1906, patient had a right inguinal bubonocoele, which he first noticed about two years ago. Bubonocoele about size of a large egg, and could be easily reduced, internal opening admitting two fingers. Bassini's radical operation was performed. Owing to previous operation, some difficulty was met with in locating muscular layers of abdominal wall. Anaesthetic—ether. Recovery.
- 50 E. N. Old sinus of arm which developed after a periostitis of lower end of humerus. Given chloroform at three different periods, at intervals of several weeks. Sinus dilated, curetted and packed.
- 51 P. G. Under chloroform anaesthesia a broken down cervical gland was removed by curettment. Cavity packed. Recovery.
- 52 M. W. Extensive cellulitis of hand and wrist following infection from pencil point. Free incisions and drainage. Recovery with but slight impairment of function. Anaesthetic—chloroform.
- 53 E. F. Severe cellulitis of leg. Free incisions and drainage. Recovery. Chloroform anaesthesia.
- 54 A. F. Under chloroform anaesthesia a large leg ulcer was thoroughly curetted. Recovery.
- 55 A. H. Hemorrhoid excised under cocaine anaesthesia.
- 56 A. F. Severe cellulitis of elbow. Under chloroform anaesthesia free incisions were made and drainage inserted.
- 57 N. H. Hemorrhoid excised under sterile-water anaesthesia.
- 58 M. V. Fracture of tibia. Reduced under anaesthesia and plaster cast applied. Excellent recovery.
- 59 E. S. Extensive hematoma of scalp received during seizure by



- fall on head. Exploratory incisions of scalp made under chloroform anaesthesia. No fractures found. Recovery.
- 60 F. M. Abscess and cellulitis of thigh. Free incisions made over inguinal glands under cocaine anaesthesia, and free drainage applied. Moist dressings used. Recovery.
- 61 F. A. Axillary adenitis. Free incisions made under cocaine anaesthesia and glands dissected out. Drainage. Recovery.
- 62 T. M. Cellulitis of thigh. Incisions made under chloroform anaesthesia and free drainage with moist dressings applied. Recovery.
- 63 ——— During the past year there were 44 circumcisions performed. With some, chloroform was used as an anaesthetic, others cocaine and others cocaine and adrenalin.
- 64 F. W. Fell during seizure striking face and causing fracture of inferior maxilla, also lacerated wounds of the face. Wounds sutured and maxillary splint applied. This patient has had two fractures of the inferior maxilla previous to this one.

### Surgical Cases Throughout the Colony Including Operations During the Year.

Adenitis, cervical.....	5
“ axillary.....	1
“ inguinal .....	2
Abscess of thorax, opened and drained.....	2
Abscess and cellulitis of thigh, opened and drained .....	6
“ “ “ “ leg “ “ “ .....	1
“ “ “ “ foot “ “ “ .....	8
“ “ “ “ arm “ “ “ .....	1
“ “ “ “ elbow “ “ “ .....	2
“ “ “ “ hand “ “ “ .....	2
“ “ “ “ thumb “ “ “ .....	5
“ “ “ “ finger “ “ “ .....	3
Accidental wound of hand, suturing fascia.....	1
Aspiration of thorax.....	5
Appendicitis, acute.....	2
“ “ with general peritonitis.....	2
“ catarrhal.....	3
Abscess of tonsil, open and drained.....	6
Arthritis, traumatic.....	1
Brain, concussion .....	1
Curettage of uterus .....	5



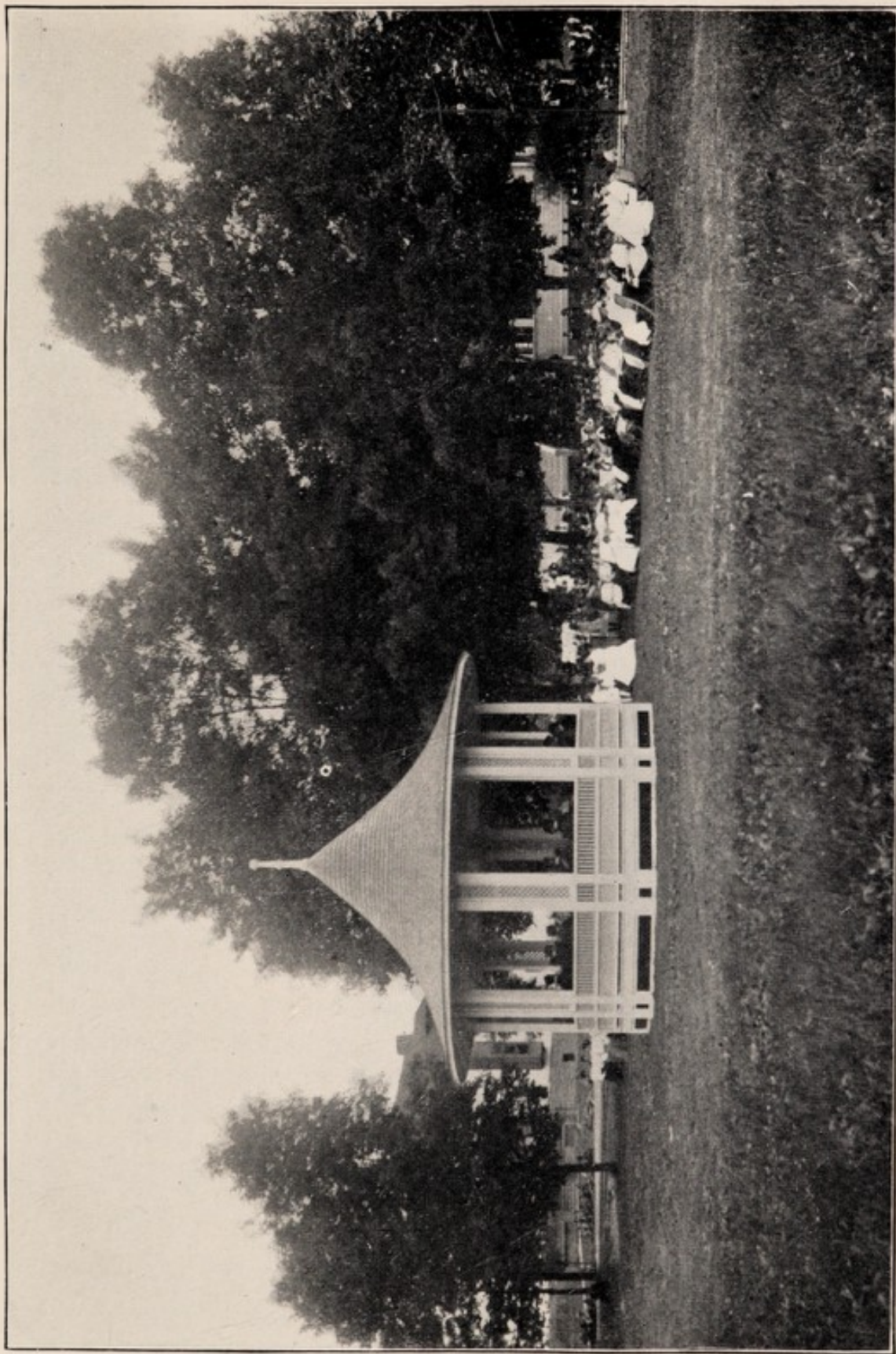
Cholecystitis .....	3
Carbuncles .....	6
Cervix uteri, laceration of .....	2
Dacrocystitis .....	3
Erysipelas .....	6
Exploratory incision of scalp .....	3
Enucleation of sebaceous cysts .....	3
Fecal fistula .....	1
Frost bite on hand and feet. ....	2
Herniotomy, inguinal .....	4
Hemorrhoids... ..	12
Ischio-rectal abcess .....	2
Ingrowing toenail .....	22
Infected fingernail .....	13
Laparotomy-appendicitis .....	3
"    secondary appendectomy .....	1
"    intestinal adhesions .....	1
Lipoma of gluteal region .....	1
Lumbar puncture .....	2
Multiple warts. ....	4
Ovariectomy .....	3
Paraphimosis .....	1
Phimosis, circumcision .....	44
Perineorrhaphy .....	5
Patellar bursitis .....	1
Prolapse of rectum .....	3
Periostitis .....	5
Potts Disease .....	2
Rectal fistula .....	1
Rectal ulcer .....	3
Removal of necrosed bone, skull .....	1
Tonsillectomy .....	3
Trachelorrhaphy .....	2
Testicle, undescended, removed .....	1
Tubercular sinus, pelvis .....	1
Uterine polypus, removal of .....	3
Urethral caruncle .....	1
Ulcer of leg, curetted .....	16
Urethral stricture .....	5
Uterus, ventro-fixation .....	1
Varicocele .....	4
Vaginal stenosis .....	1
Vulvo-vaginal abcess .....	1
Skin grafting .....	2

Acute otitis media.....	2
Blyharthis.....	5

### Accidents and Injuries.

Scalp wounds, sutured.....	150
Contusions and abrasions of face and scalp not requiring suturing.....	251
Wounds of face, ears, etc., sutured.....	100
Wounds and contusions of extremities.....	73
Contusions and abrasions of trunk.....	36
Severe lacerations of tongue.....	25
Self-inflicted wounds..	2
Extensive hematoma of scalp.....	6
Mayhem.....	6
Burns of scalp.....	3
"    " face.....	11
"    " shoulder.....	1
"    " arms.....	17
"    " hands.....	23
"    " buttocks.....	1
"    " thighs and scrotum.....	1
"    " knees.....	1
"    " feet.....	24
"    " legs.....	3
Fracture of nasal bones.....	5
"    " inferior maxilla.....	7
"    " clavicle.....	4
"    " radius.....	6
"    " femur.....	1
"    " tibia.....	2
"    " finger.....	3
"    " surgical neck of humerus.....	2
Dislocation, humerus, subcoracoid.....	9
"    elbow, backward.....	2
"    finger.....	3
"    infra maxillary.....	20





The new Band Stand for the Craig Colony musicians. It is eighteen feet in diameter, holds twenty-five persons; and eighteen concerts for men and women patients were given in it during the past summer: six in the afternoons and twelve in the evenings. They were very much enjoyed.







## Medical Notes and Comments.

SONYEA, N. Y., *October 1, 1906.*

*To the Medical Superintendent:*

The foregoing list does not include many of the numerous minor diseases and conditions, such as constipation, rhinitis, catarrhal stomatitis, etc. A large number of patients require local and general treatment for acne and other bromide rashes. This is particularly true of the newly admitted patients.

**Intestinal Autointoxication** We have had only forty-five cases of intestinal autointoxication severe enough to confine the patient to bed. This speaks well for the wholesome food served on the Colony. Many patients are inclined to eat too much, and fully seventy-five per cent suffer from chronic constipation. It is practically impossible to treat chronic constipation in a scientific manner, in patients who exhibit marked mental impairment.

Inasmuch as our patients come from all parts of the State, and from homes of all kinds, we have been very free from communicable diseases, excepting tuberculosis. Since the first of October, 1905, we have had one case of diphtheria, one of measles, one of pertussis, three of scarlatina, and eight of parotitis. One case of scarlatina occurred in an attendant. All of the communicable cases recovered. The more dangerous communicable diseases are cared for in the quarantine hospital. The others are placed in isolation.

We have in the course of construction two pavilions for tubercular patients, to contain from ten to twelve beds each, one for men and one for women. At the present time the tubercular infirmary class are cared for in the solariums, and the better class are put out of doors as much as possible and



given some light occupation suitable to their condition. We are now caring for eleven incipient, forty-two chronic, and eighteen active cases of this disease. In addition to these we have about twenty "suspects."

It is impossible to give an accurate statement of the number of cases of serial attacks. Among a population of over one thousand epileptics there are necessarily a great number. The two great dangers from this condition, exhaustion and pulmonary oedema, require prompt and vigorous treatment to prevent death.

Of the forty-five cases of "status epilepticus" during the year many were of short duration. The six deaths from this cause were immediately due to "pulmonary oedema" or to "exhaustion". Our usual method of treating "status epilepticus" is by giving a solution containing chloral hydrate and one of the bromide salts per rectum, together with chloroform inhalations. A hypodermic injection of morphine given at the onset frequently proves of value. As soon as the condition improves a high cleansing enema (usually of soap suds and glycerine) is given, and as soon as the patient can swallow, a brisk purgative is administered by mouth. The remainder of the treatment is mainly symptomatic. Normal saline solution given by transfusions or high rectal irrigations is frequently required. Oxygen inhalations are of decided value in asphyxia. Exhaustion, oedema of the lungs, and pneumonia are the more frequent and important *sequelae*.

**The Newer Remedies** Of the newer remedies used in status only a few are of enough importance to warrant mentioning. Our results with venesection have been, on the whole, rather disappointing. In two cases only was it decidedly beneficial. In several cases it was not performed until the patient was *in extremis*. We have performed lumbar puncture for status in only one case, and as the patient was practically moribund at the time we cannot draw any conclusions at this time as to its value. We expect to give both lumbar puncture and venesection a more extended trial during the coming year. Amylene hydrate has been given hypodermatically (one-half to one



fluid dram) in three cases. In two cases the status condition was quickly controlled, while in the third it produced no appreciable effect. We think it deserves a further trial.

In the treatment of mentally disturbed patients we try to avoid mechanical restraint of any kind as much as possible. Many cases require nothing beyond being kept under observation. The more violent patients can generally be controlled by baths, hot packs, hyoscin, duboisin, and other sedatives. Melancholia and prolonged periods of mental confusion sometimes require forced feeding.

Since the first of October, 1905, 1,902 prescriptions have been filled. A medicine case containing many of the more commonly used drugs and the ordinary remedies for emergencies is kept convenient to each household under lock and key.

	RECOV- ERED	IM- PROVED	UNIM- PROVED	DIED	TOTAL
Anemia, secondary.....	4	8	3	0	15
Appendicitis, acute .....	2	0	0	0	2
Asphyxiation.....	0	0	0	9	9
Asthma.....	0	1	6	0	7
Bromidrosis.....	1	6	7	0	14
Bronchitis, acute .....	48	0	0	0	48
Bronchitis, chronic.....	1	4	2	0	7
Cholecystitis.....	1	1	0	0	2
Colic, biliary.....	2	0	0	0	2
Conjunctivitis, acute catarrhal .....	28	0	0	0	28
Conjunctivitis, chronic catarrhal .....	1	4	3	0	8
Conjunctivitis, acute purulent .....	19	0	0	0	19
Dilatation, gastric .....	0	3	0	0	3
Diphtheria, pharyngeal.....	1	0	0	0	1
Dysentery, acute catarrhal .....	9	0	0	0	9
Eczema(various forms)acute and chronic	10	6	3	0	19
Emphysema, chronic .....	0	0	3	0	3
Endocarditis, chronic .....	0	0	36	1	37
Enteritis, acute .....	102	0	0	0	102
Enteritis, chronic .....	1	3	1	1	6
Entero-colitis .....	8	0	0	1	9
Erythema iris.....	1	0	0	0	1
Erythema multiforme.....	3	0	0	0	3
Erythema nodosum .....	3	0	0	0	3
Exhaustion following a series of at- tacks .....	0	0	0	4	4



Gastritis, acute.....	39	0	0	0	39
Gastritis, chronic.....	0	16	6	0	22
Gastro-enteritis, acute.....	19	0	0	1	20
Goitre, simple.....	0	1	1	0	2
Hay fever.....	0	1	1	0	2
Herpes facialis.....	7	0	0	0	7
Herpes genitalis.....	3	0	0	0	3
Herpes zoster.....	1	0	0	0	1
Inanition.....	0	0	0	2	2
Intestinal autointoxication.....	45	0	0	0	45
Iritis, acute.....	1	0	0	0	1
Jaundice, catarrhal.....	7	0	0	0	7
Jaundice, gall stone.....	2	0	0	0	2
Keratitis, acute and chronic.....	7	3	2	0	12
Laryngitis, acute.....	10	0	0	0	10
Measles.....	1	0	0	0	1
Meningitis following an acute otitis media.....	0	0	0	1	1
Meningitis following pulmonary tuberculosis and gangrene of the lung.....	0	0	0	1	1
Myoclonus.....	0	0	3	0	3
Nephritis, acute.....	6	2	1	0	9
Nephritis, chronic.....	0	3	4	0	7
Neuralgia, trigeminal.....	0	0	1	0	1
Neuralgia, intercostal.....	3	0	0	0	3
Neuritis, simple.....	2	1	0	0	3
Oedema, pulmonary.....	18	0	0	9	27
Otitis media, acute purulent.....	11	0	1	0	12
Otitis media, chronic purulent.....	0	0	2	0	2
Oxyuris vermicularis.....	1	0	0	0	1
Parotitis.....	8	0	0	0	8
Pertussis.....	1	0	0	0	1
Pleurisy, dry.....	20	0	0	0	20
Pleurisy with effusion.....	3	0	0	0	3
Pharyngitis, acute catarrhal.....	62	0	0	0	62
Pharyngitis, chronic catarrhal.....	2	19	10	0	31
Pneumonia, lobar.....	11	0	0	10	21
Pneumonia, lobular.....	4	0	0	0	4
Poisoning, acute alcoholic.....	1	0	0	0	1
Poisoning, acute cinchona.....	1	0	0	0	1
Poisoning, ink (nitro-benzol).....	0	0	0	1	1
Poisoning, ivy.....	1	1	0	0	2
Psoriasis.....	0	2	3	0	5
Purpura.....	5	0	0	0	5
Rachitis.....	0	12	4	0	16





The Craig Colony Base Ball Team made a fine record during the past season. Enthusiasm for the sport never flags. All colonists save one.





## BOARD OF MANAGERS OF CRAIG COLONY

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Rheumatism, acute articular .....	22	1	0	0	23
Rheumatism, chronic articular .....	0	0	3	0	3
Rheumatism, subacute articular .....	0	2	0	0	2
Scarlatina.....	3	0	0	0	3
Sclerosis multiple.....	0	0	3	0	3
Sciatica .....	0	1	0	0	1
Scorbutus .....	3	0	0	0	3
Spermatorrhoea.....	3	1	2	0	6
Status epilepticus .....	39	0	0	6	45
Status equivalent .....	0	0	0	2	2
Stomatitis, ulcerative .....	21	0	0	0	21
Sycosis.....	1	0	0	0	1
Syphilis.....	1	16	9	1	27
Tape worm.....	3	0	0	0	3
Tinea capitis .....	2	0	0	0	2
Tinea versicolor.....	2	0	0	0	2
Tonsilitis, acute catarrhal .....	61	0	0	0	61
Tonsilitis, follicular.....	43	0	0	0	43
Tonsilitis, ulcerative .....	3	0	0	0	3
Tuberculosis, pulmonary.....	0	25	60	5	90
Urticaria.....	5	0	0	0	5
	759	143	180	55	1,137

Respectfully submitted

S. H. PARKER,

*Medical Interne,**in charge of West Group.*

# Report on Outdoor Department in the Hospital at the Craig Colony

SONYEA, N. Y., October 1, 1906.

*To the Medical Superintendent:*

The many minor complaints, accidents and injuries suffered by epileptics in an institution like this, call for much time and attention on the part of a large medical staff. All buildings occupied by patients are visited daily by a physician; while the acute sick are visited oftener if necessary, as the regulations call for.

Owing to the large number of patients employed at outside labor of some kind all over the place, which numbers 1,895 acres, some of them working three miles a part, when visits to the houses are made by physicians, many patients are necessarily not seen. So two afternoons in each week—Wednesdays and Saturdays, from one o'clock until five o'clock—are set apart for any male patient to visit physicians at the consultation rooms in the hospital. Similar visits are made by the women in rooms for like purposes in the Villa Flora Group for women.

The epileptic is *particularly prone to complain*; this is a part and an indication of his disease—a disease which so disastrously affects the brain. Unless their idiosyncrasies are reckoned with, some patients become discontented and desire to quit colony life without adequate reason.

During consultation hours at the hospital, many small difficulties are amicably adjusted and we endeavor to make each patient feel that he can always bring his complaint to the attention of a physician. Of the minor medical complaints which come to the attention of the physicians at such times, the fol-



lowing may be mentioned: coryza, rheumatism, migrain, ingrowing toe and finger nails, laryngitis, pharyngitis, tonsillitis, impacted cerumen, constipation, diarrhoea, sprains, bruises, lacerated and other wounds received during seizures and the like. There is also much dental work to be done—carious teeth and old roots to be extracted, cavities to be cleaned, and local applications made to relieve pain. Many dressings to injuries of a delicate nature which cannot be intrusted to the nurses, no matter how well they are trained, are cared for by the physicians during consultation hours. Many patients also come for the regular physical examination at such times. Since there is no visiting ophthalmologist to the Colony, our refractive work must be done by members of the staff.

The scientific work of the Colony would be greatly increased and the patients made far more comfortable if the Colony had a visiting dentist and a visiting ophthalmologist; each to spend one or more days a month on the premises, as they do in other medical charitable institutions.

Respectfully submitted,

WM. N. TRADER, *Medical Interne,*  
*Office at the Hospital.*

# Report of the Gynecological Work

September, 30, 1906.

*To the Medical Superintendent:*

The gynecological examinations were commenced in September, 1905, when the census of the Women's Group was four hundred and seventy. Eighty-five of the patients were children under fifteen years of age and of the remainder, many were either too feeble-minded, while others presented no gynecological symptoms of any kind whatever.

The examinations made were not with the idea that there existed any especial relationship between their epilepsy and pelvic disorders, but to relieve the patients of annoying symptoms. Too much reliance could not be placed on patients' statements in such work, as many exaggerated their symptoms, while others who made little or no complaint were in need of medical attention.

Of the two hundred and fifteen examinations made, eighty-four claimed that they had their seizures more frequent or that they occurred *only at the menstrual period*, but this fact was not fully verified by closer observation.

Of the number examined, fifteen had had abdominal operations such as ovariectomy, hysterectomy, etc., before admission to The Craig Colony, twenty-two had been operated upon at The Craig Colony Hospital by some members of our own staff; and of thirty-seven so treated, only one patient has been greatly benefited as far as her epilepsy is concerned. This patient, "J. E"., had been having, on an average, six grand mal and eleven petit mal attacks a month. She was taking small doses of bromide to control the seizures, but apparently without effect. After the operation, which consisted of curettage and a perineorrhaphy, her seizures diminished in number for two months,



after which she did not have any seizures in five months (when this was written). She has continued to take small doses of bromide night and morning, but the attacks are entirely controlled, whereas the bromide apparently had no effect before the operation.

Seventy patients were given local treatment twice a week extending over a period of from three to four months. Tampons of boroglyceride, ichthyol or tannic acid were used as the case indicated. Hot saline douches or douches containing borax were used freely. Cases such as dysmenorrhoea, vaginitis and eroded cervix were much benefited by this treatment.

Below is the table of the results of the examinations.

Pelvis examinations .....	215
Received local treatment.....	78
Lacerated perineums.....	42
Abcess vulvo-vaginal gland.....	1
Stenosis vagina.....	1
Vaginitis .....	5
Eroded cervix .....	64
Lacerated cervix.....	42
Uterine polypi.....	2
Uterine tumors (fibroid) .....	2
Abdominal tumor.....	1
Tubo-ovarian disease. . . . .	16
Urethral disease.....	4
Hemorrhoids (internal and external) .....	25
Fistulo-in-ano .....	1
Umbilical hernia.....	1
Floating kidney.....	1
Tumors of breast .....	7

Respectfully submitted,

NANCY B. CRAIGHEAD, *Medical Interne.*

*Villa Flora Group.*

# The Medical Librarian's Report.

October 1, 1906.

*To the Medical Superintendent:*

The Medical Library of The Craig Colony for Epileptics, occupies a room 25x32 feet, with a fire-proof vault for records, on the first floor of the Hospital. The Library is becoming more and more an invaluable aid to the work of the increasing medical staff, which now numbers nine. At present the Library contains 1,145 volumes, 30 new works having recently been added.

Within the past few months all the books in the Library have been classified and rearranged in the following manner: The shelving, enclosed in glass, is divided in sections; the sections lettered and each contains the books relating to that particular branch of medical science to which the section is assigned. Also the particular branch of medicine given to a section is printed on the shelves, so that in conjunction with the special arrangement of the card catalogue, any book can instantly be found by one not familiar with the library. This is accomplished by referring to a letter and number placed on each card of the catalogue, the *letter* referring to the section and the *number* to the shelf of that section. Furthermore, the letter of the section and number of the shelf are inserted in each volume, so that no misplacement may occur when the volume is returned.

In connection with the card catalogue is arranged a complete bibliography of Allbutt's System of Medicine, and also a bibliography of the literature on epilepsy.



### Medical Journals the Graig Colony Receives.

The periodicals at present subscribed for by The Craig Colony are as follows :

#### Weekly.

The Boston Medical and Surgical Journal.  
 The St. Louis Medical Review.  
 The New York and Philadelphia Medical Journal.  
 The London Lancet.  
 The Medical Record.  
 The Journal of The American Medical Association.  
 Charities and The Commons.  
 Neurologisches Centralblatt.

#### Bi-Weekly.

Review Neurologique.

#### Monthly.

The Therapeutic Gazette.  
 The Dietetic and Hygienic Gazette.  
 The Kansas City Medical Index Lancet.  
 The Journal of Nervous and Mental Diseases.  
 The Annals of Surgery.  
 The American Journal of Medical Sciences.  
 Brain : A Journal of Neurology.  
 The American Journal of Obstetrics.  
 American Medicine.  
 The New York State Journal of Medicine.  
 Making a total of nineteen weekly, semi-weekly and monthly periodicals subscribed for by the Colony.

#### Summary.

Standard medical works on hand October 1, 1906 . . . .	785
Bound periodicals on hand October 1, 1906 . . . . .	260
Miscellaneous, including dictionaries, mathematics, natural histories, and biographies . . . . .	30
Reports bound . . . . .	46
Reprints on various subjects . . . . .	29
Total . . . . .	1,145

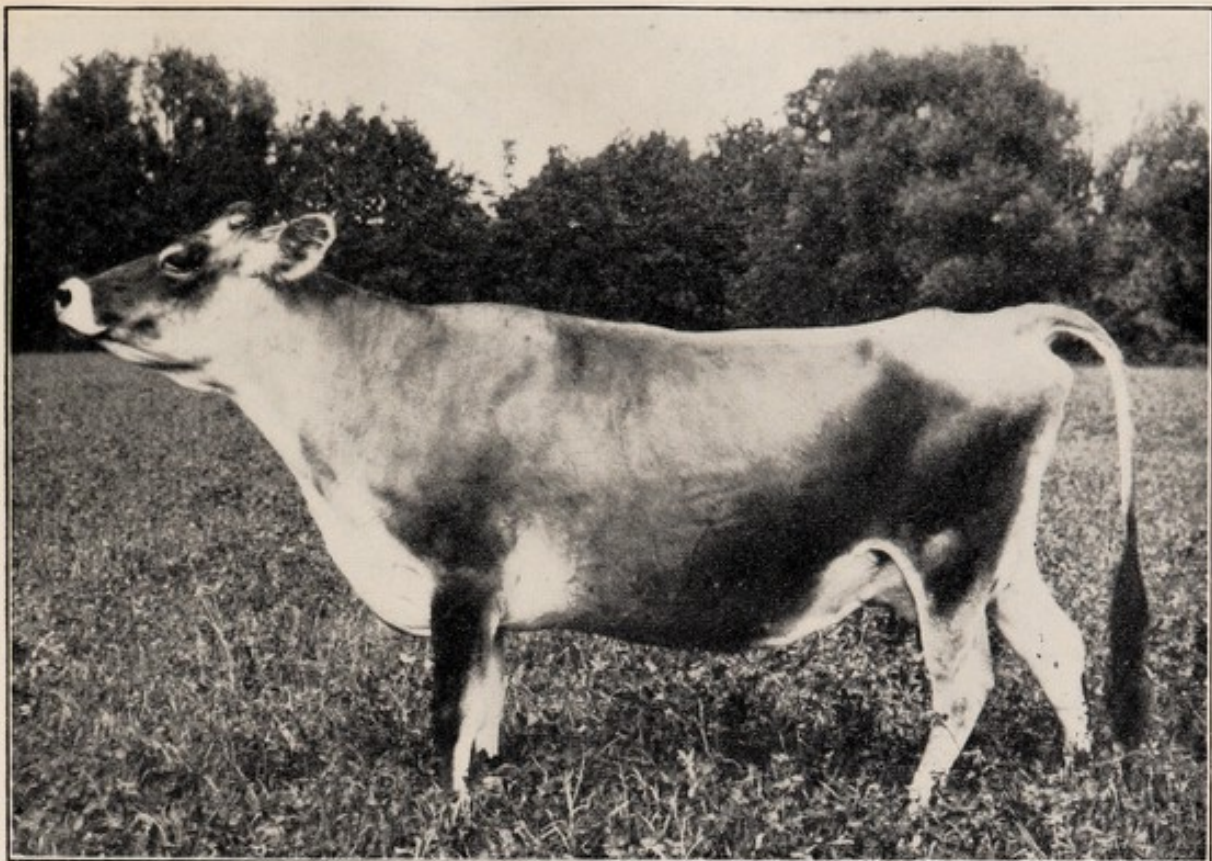
There has recently been added a few missing numbers to the files of periodicals, but some files are still incomplete, and I desire to emphasize the need of securing the missing numbers to complete the sets. Situated as the Colony is, distantly removed from access to any large medical library, there is great need for a thorough equipment of medical literature, classic and current, for reference. More especially is this true of the study of epilepsy of which so much remains unknown.

Respectfully submitted,

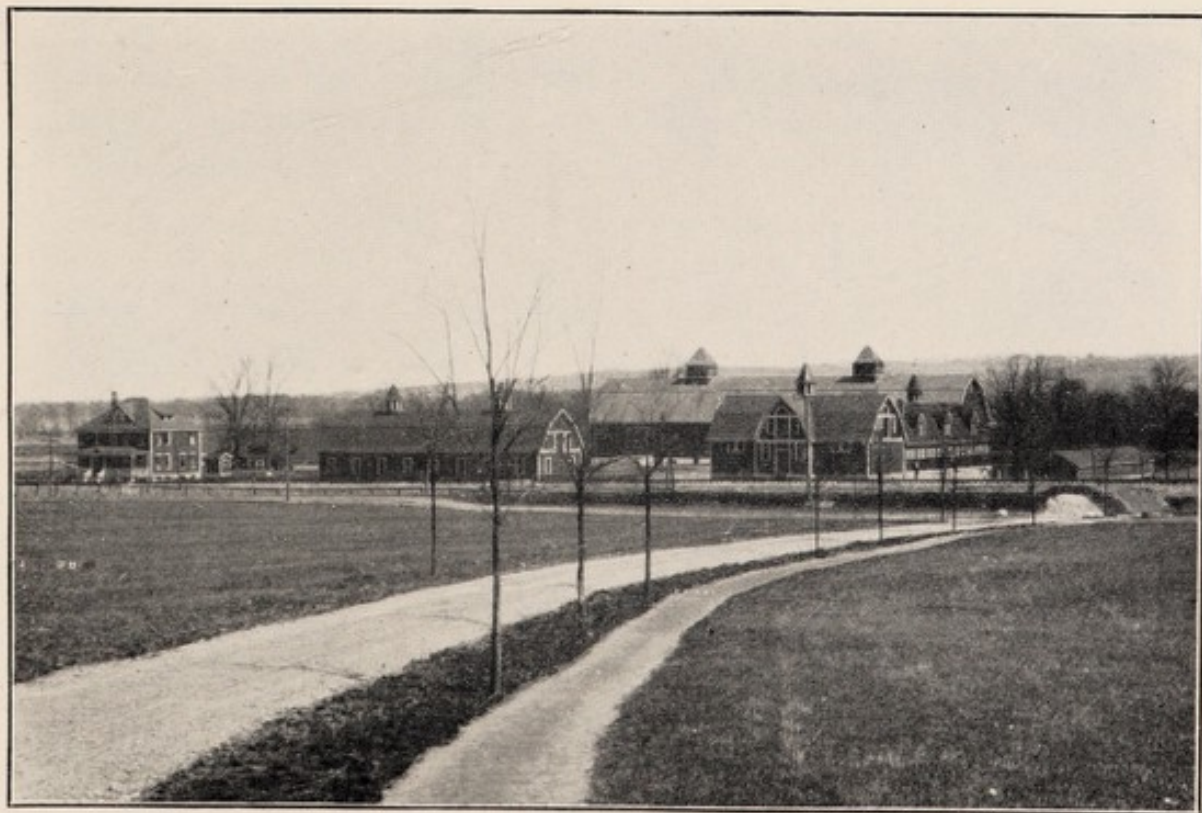
B. F. ANDREWS, M.D.,

*Medical Interne and Librarian in  
Charge of the Medical Library.*





A specimen of the grade of Jersey cows owned by the Colony. Each cow is worth to the Colony about \$35 a year.



A glimpse of the Farmstead showing Cow barn, Horse barn, Granary, Sheds, Root Cellar, Farmer's House, etc.







## Steward's Report.

SONYEA, N. Y., October 1, 1906.

*To the Medical Superintendent :*

I respectfully submit the following annual report for the fiscal year ending September 30, 1906, together with an inventory of all the property on the Colony belonging to the State.

I wish to congratulate you and the tax-payers of the State on the reduction of \$6.16 in the per capita for maintenance. The reduction has been made without lowering the standard of care to patients or neglect of ordinary repairs and equipment.

On September 20th, an expert accountant from the Fiscal Supervisor's office inspected the books and accounts of the Colony, and expressed himself well pleased with the systematic way in which our books and accounts are kept and the neat appearance of the books.

### **The Farm and Garden**

All farm crops have been good with the exception of hay, which was about three-fourths as large a crop as last year, but of excellent quality. We will not have any hay to sell. The total value of farm and garden products is over \$2,500 more than last year. This is partly due to the season, but largely due to the extra care and cultivation given the crops by the farmer and his assistants.

### **Live Stock**

We have seventy cows, fifty-six of them are giving milk. Some of them will be fattened for beef the coming year; one bull, eighteen yearlings and twenty calves, twenty-two store hogs, twenty-four breeding hogs, and three hundred pigs less than six months old, and thirty-two horses. Some of the horses are old and have the heaves and



will have to be disposed of and young horses purchased before spring work begins.

The season has been a good one for the dairy, pastures were good and we had a splendid crop of alfalfa, the greater part of which was fed to the milch cows green. There was an increase of 44,595 pounds of milk over the amount produced last year. Twelve of the eighteen yearlings will become cows during the next year.

The pigs have done well the past season. We sold one car load of live hogs besides furnishing all of the pork and hams used on the Colony. We should have a larger range for hogs. By extending the fence around the walnut grove east of the D. & M. tracks five or six acres could be added to the hog range and by building two or three small houses like the one in the east pasture a greater number of hogs could be kept without materially adding to the expense.

On account of our flock of sheep being diseased and the pastures being infected with the germ of the disease, we sold all of the sheep last year. I think another flock could be started sometime during the next year without much fear of the disease again manifesting itself.

#### **Dairy.**

**Facts and Results** The number of cows in the dairy October 1, 1905, was sixty-eight. Sixteen cows were purchased during the year, and eleven heifers became milch cows, making a total of ninety-five different cows that were on the farm during the year. Of this number twenty-five were killed, leaving seventy cows on the farm October 1, 1906.

Eight of the ninety-five cows on the farm gave no milk during the year. Forty-four gave milk less than seven months during the year, and forty-three gave milk nearly the whole year. The forty-four cows that gave milk part of the year were milked a total of 8,505 days, which is equal to  $23\frac{1}{2}$  cows during the entire year. The record of the dairy shows that there were

42 cows milked in October, 1905 gave.....	23,812 lbs.
46 " " " November, 1905 " .....	23,402 "



50 cows milked in December, 1905 gave.....	26,353 lbs.
52 " " " January, 1906 " .....	27,982 "
51 " " " February, 1906 " .....	27,743 "
54 " " " March, 1906 " .....	32,959 "
59 " " " April, 1906 " .....	33,662 "
61 " " " May, 1906 " .....	38,448 "
63 " " " June, 1906 " .....	35,271 "
61 " " " July, 1906 " .....	29,971 "
60 " " " August, 1906 " .....	28,579 "
56 " " " September, 1906 " .....	27,512 "
<hr/> 655	<hr/> 355,694

This table shows a monthly average of  $54\frac{1}{2}$  cows milked for 12 months from October 1, 1905 to October 1, 1906, that they produced 355,694 pounds of milk or an average of 6,545 pounds per cow.

The cows were all tested during the year with the Babcock test. The average tested in June was 4.50 per cent., butter fat and in September 5.03 per cent., butter fat. One cow tested several times 6.9 and 6.8 per cent., butter fat. Four cows gave over 7,000 pounds of milk each during the fiscal year. One of these cows gave no milk during October, 1905, but freshened November 20, 1905 and is giving milk at the present time. Two were giving milk October 1, 1905, and are still giving milk. One was giving milk October 1, 1905 and was dried off March 10, 1906 and freshened again April 28, 1906, she will continue to give milk until about March 1, 1907. We mention these cows to show that the only fair way to test a cow is to give her credit for the amount of milk she gives the year following the date on which she freshened and not for the fiscal year, as she may have given milk seven or eight months prior to October 1, 1905 and two or three months after the beginning of the new fiscal year and be dry two or three months before she freshens again. If the entire dairy freshened at the beginning of the fiscal year the amount of milk given by each cow during the year would be a fair test, but there would be several months in the year that the milk supply would not be sufficient for the use of the Colony.



We have some of our cows freshen every month in the year. The real test of the dairy is the actual cost of production and the quality of the milk.

We fed no home product grain or ground feed during the year to our cows but purchased 68,000 pounds of ground feed at the cost of.....	\$720.20
The home product fodder and roots fed as shown by our reports to the department during the year amounted to...	967.00
Making a total cost of.....	<u>\$1,687.20</u>

The actual cost of ground feed purchased to produce 1 pound of milk was.....	.002 mills
The value of home product for one pound of milk was.....	<u>.0027 "</u>
The total cost of feed for each pound of milk was.....	<u>.0047 "</u>

We think that some of the institutions in the State use a daily ration of about  $7\frac{1}{2}$  pounds ground feed per cow while the daily ration per cow of ground feed at the Colony has been about  $2\frac{1}{2}$  pounds.

There are undoubtedly dairies in the State that have produced a greater number of pounds of milk per cow than ours, but we believe that there are very few that have produced the same amount of milk for *the same cost per pound or quart*. We may be pardoned for calling particular attention to the high grade of milk produced by the Colony dairy.

#### Dairy Receipts

The milk produced was 355,694 pounds (or 177,847 quarts) at $1\frac{1}{2}$ cents per pound (3 cents per quart.)	\$ 5,335 38
Beef killed, 10,434 pounds.....	635 26
Veal calf killed, 1,136 pounds.....	115 12
Beef and veal hides sold.....	103 66
	<u>\$ 6,189 42</u>



## Cost of Production

Grain bought .....	\$ 805 40
Hay, ensilage, rough fodder and pasture.....	1,374 00
Salary of dairyman.....	540 00
Wages and labor, 1 man.....	300 00
Total .....	\$ 4,019 40
Leaving net proceeds to the value of.....	2,170 02
	<u>\$ 6,189 42</u>

## Hogs

There has been killed and used for provisions during the year, 19,022 lbs. of pork valued at....	\$ 1,530 14
1,682 pounds of lard .....	148 09
13,802 pounds live hogs sold .....	741 85
	<u>\$ 2,420 08</u>
The cost of feed purchased was.....	330 60
Net profit .....	<u>\$ 2,090 48</u>

## Brick Yard

We commenced making brick May 10th, and made 444,000 during the summer. Eleven kilns have or will be burned this season; only nine kilns were burned last season and eight the year before. The brick machine was run fifty-one days during the summer. There was an average of twenty patients employed daily in the brick yard. The cost of a thousand brick was \$2.32½.

The log cabin that was erected at the yard last spring and used as a patient's rest and dining room, has not only been satisfactory in being a temporary home for the patients during the day while at work in the brick yard, but has saved enough time so that two extra kilns have been made during the season.

There should be a shed built for the storage of brick so that the brick machine might be run to its full capacity up to the close of the season and then the dry bricks that are stored might be burned during the fall and winter. We have accumulated this season one kiln of brick with a temporary shed over them which will be burned after the yard closes for the season.



The two down draft kilns that we have at the yard are not adequate to handle the output of brick. We need a square down draft kiln 50 ft. long and 15 ft. wide with a capacity of 225,000 brick; this kiln can be built for about \$1,000, provided we furnish the brick and labor. We also need more pellets and one or two more brick racks.

### Summary

The number of brick made 446,060, at \$7.50 ..... \$ 3,345 38

### Cost of Production

70 tons of coal at \$2.55 a ton.....	\$	178	50	
Labor .....		845	00	
Total .....	\$	1,023	50	
Net proceeds of the yard.....		2,321	88	\$ 3,345 38

### Soap Plant

After years of effort we have at last procured a suitable place and necessary utensils, kettles and tanks to make chip soap for laundry purposes.

We started the plant in March, 1906, and have made from our home product grease 18,172 pounds of neutral chip soap, and 570 pounds of scouring soap, or sapolio.

By adding to this plant more machinery and apparatus we could manufacture all the hard soap that would be required for use in this institution. We should at least have a crutcher and and chipping machine for the manufacture of chip soap.

The soap manufactured since March has a market value as shown by our home product report and inventory of \$652 29.

### Summary of Industries

As shown by our Home Products Report to the Department

Blacksmith Shop—work done by patients with one paid foreman .....	\$	1,048	78
Brick Yard—work done by patients and two hired employees .....		3,345	38
Broom Shop—work done by patient.....		108	33



Carpenter Shop—work done by patients with one paid foreman .....	3,600 45
Dessmaking Department—work done by patients with one paid seamstress .....	4,121 04
Mason—repair work done by patients with one paid foreman .....	1,338 70
Mattress Shop—repair work done by patients with one paid foreman .... .	285 00
Paint Shop—work done by patients with one paid foreman ... .	1,292 15
Printing office—work done by patient.... .	482 25
Plumbing Shop—repair work done by patients with one paid foreman .....	1,769 75
Shoe Shop—cobbling work done by patient..... .	158 20
Sloyd School—work done by patients.....	164 05
Tailor Shop—work done by patients with one paid foreman .....	2,006 29
Laundry, Soap Plant—work done by patients with assistance of laundryman.....	567 29
Total .....	\$20,287 66

### Maintenance

The daily average number of patients cared for during the year was 1,046.232.....	
The total cost of maintenance, including home product, was.....	\$ 191,798 28
The per capita cost was .....	\$ 182 32
The total amount drawn from the General Fund in the State Treasury was.....	\$ 169,819 32
The per capita cost was .....	\$162 31
The total amount of money refunded from all sources was .....	\$ 21,898 60
The net cost to the State was.....	\$ 147,920 72
This amount of \$147,920.72 is the amount actually drawn from the State Treasury and used for maintenance after refunds had been made.	
The net per capita cost of maintenance was	\$141 38



The Per Capita Cost of Divisions of Maintenance Without  
Home Product, but Including Actual Cash Expenditures  
as Shown by Paid Vouchers

Estimate No.		
1 and 2	Wages and Labor.....	\$ 65.622
3	Expenses of Managers and Officers.....	1.078
4	Provisions .....	40.465
5	Household Stores.....	7.784
6	Clothing.....	10.676
7	Fuel and Light.....	21.595
8	Hospital and Medical Supplies.....	2.808
9	Shop, Farm and Garden.....	6.773
10	Ordinary Repairs .....	1.232
11	Transportation of Inmates.....	.052
12	Miscellaneous.....	4 225
Total average gross per capita cost.....		\$ 162.31
Total average net per capita cost.....		141.38

Miscellaneous Sales.

Blacksmith, miscellaneous work.....	\$ 18.80
Board of employee.....	30.00
Brick, 495 thousand....	3,632.50
Buck, 1 .....	6.50
Carboys, barrels, etc.....	23.70
Corn, canned, 56 dozen .....	44.00
Corn, seed, 12 bushels .....	11.00
Cows, killed and paid for by the State Agricultural Department .....	107.40
Hay, 85 tons, 1,665 pounds.....	747.95
Hogs, live, 13,802 pounds .....	741.85
Hotel rent, 3 months.....	30.00
Loading hay .....	10.50
Peas, canned, 104 dozen.....	109.40
Pelts, hides, etc.....	189.16
Potatoes, 808 bushels.....	574.75
Rags, scrap iron, etc.....	95.01
Repairs to highway.....	6.00





Bronze Medal awarded The Craig Colony by the  
St. Louis Exposition for a general  
agricultural display





Refund, Sibley, Lindsey & Curr.....	1.50
Sheep, 127 .....	635.00
Tomatoes, 7 bushels.....	3.00
Total.....	\$7,018.02

### Products of Farm, Garden and Dairy.

#### Credit.

Apples, 225 bushels, (estimated).....	\$ 343.75
Apples, 159 bushels.....	71.60
Asparagus, 505 bundles.....	35.75
Beans, 300 bushels (estimated).....	525.00
Beans, lima, 51 bushels .....	51.00
Beans, string, 126 bushels.....	75.60
Beef, 10,434 pounds.....	635.26
Beet greens, 115 bushels .....	22.75
Beets, 403 bushels (estimated) .....	198.10
Cabbage, 182 heads.....	5.39
Cabbage, 7½ tons (estimated) .....	45.00
Carrots, 503 bushels (estimated).....	251.50
Cauliflower, 126 heads .....	20.28
Celery, 20 bundles.....	1.00
Celery, 100 dozen bundles (estimated).....	45.00
Chicken, 99 pounds.....	14 85
Corn, green, 1,070 dozen.....	107.00
Corn, 1,600 bushels .....	880.00
Corn, canned, 1,025 dozen.....	615.00
Corn stalks, 90 tons (estimated) .....	225.00
Cucumbers, 134 dozen.....	23.10
Cucumbers, 31 bushels .....	7 05
Eggs, 3 dozen.....	.65
Ensilage, 300 tons (estimated) .....	900.00
Hay, 300 tons .....	3,000.00
Lamb, 1,267 pounds.....	139.94
Lard, 1,682 pounds .....	148.09
Lettuce, 6,560 bundles .....	276.00



Lumber, 36,472 feet .....	1,093.16
Milk, 355,694 pounds.....	5,335.38
Muskmelons, 74 dozen .....	75.50
Mutton, 660 pounds.....	66.00
Oats, 2,500 bushels (estimated).....	1,000.00
Onions, 4,583 bunches.....	184.15
Onions, 180 bushels (estimated).....	108.00
Parsley, 82 bunches .....	2.46
Parsnips, 500 bushels (estimated).....	150.00
Pears, 5 bushels.....	3.00
Peas, green, 76 bushels.....	57.00
Peas, canned, 394 dozen.....	417.60
Peppers, 6 dozen .....	1.20
Poles, telephone, 70 .....	175.00
Pork, 20,069 pounds .....	1,618.94
Posts, fence, 850 .....	127.50
Potatoes, 7,000 bushels (estimated).....	3,500.00
Potatoes, early, 772 bushels .....	578.50
Pumpkins, 200 .....	10.00
Radishes, 5,393 bunches.....	265.60
Raspberries, black, 283 quarts.....	22.64
Raspberries, red, 470 quarts .....	47.00
Rhubarb, 1,875 bunches.....	79.95
Salsify, 150 bushels (estimated).....	60.00
Spinach, 140 bushels.....	21.00
Straw, 100 tons (estimated).....	500.00
Strawberries, 516 quarts.....	61.92
Squash, 447 dozen .....	56.34
Squash, Hubbard, 6½ tons (estimated).....	120.00
Tomatoes, 292 bushels.....	105.70
Tomatoes, canned, 54½ dozen.....	42.51
Turnips, 72 bushels.....	50.20
Turnips, 550 bushels (estimated).....	220.00
Veal, 1,136 pounds.....	115.12
Wheat, 1,300 bushels (estimated) .....	1,040.00
Miscellaneous sales .....	7,018.02
Total.....	\$32,993.05



## Debit.

Bran, 58 tons.....	\$1,225.40
Corn fodder, 75 tons.....	147.50
Corn feed, 1,294 bushels.....	778.00
Corn meal, 12 tons.....	294.60
Corn seed, 20 bushels.....	12.00
Ensilage, 155 tons.....	387.50
Farm and garden implements .	261.77
Fertilizer, 18 tons .....	378.00
Grinding corn .....	11.52
Hay, 208 tons .....	1,958.00
Middlings, 25,200 pounds .....	281.38
Miscellaneous farm and garden seed.....	268.32
Oats, 1,746 bushels .....	691.16
Oats, seed, 180 bushels .....	72.00
Oil meal, 2,200 pounds.....	37.10
Paris green, etc.....	61.60
Potatoes, seed, 710 bushels.....	532.50
Potatoes, small, for feed, 183 bushels...	39.50
Repairs to tools and harness.....	115.78
Salt, 25 barrels.....	28.75
Sawing lumber.....	121.65
Straw, 82½ tons.....	412.50
Threshing.....	87.28
Veterinary services and medicines.....	13.96
Wages .....	6,140.39
Wheat, seed, 134 bushels .....	108.70
Total .....	\$14,466.86

## Recapitulation.

Value of products raised and miscellaneous sales .....	\$32,993.05
Cost of production.....	14,466.86
	<u>\$18,526.19</u>
Increase over last year.....	2,972.90

### Summary of Gross Earnings of the Colony.

Total value of products raised on the farm, in the garden, and in the dairy.....	\$32,993.05
Value of brick made.....	3,345.38
Value of soap made.....	652.29
Other industries, shops, etc.....	16,235.37
	<hr/>
	\$53,226.09
Reimbursement from counties for clothing furnished patients.....	\$10,472.94
Money received from individuals for care and treatment of patients.....	4,407.64
	<hr/>
	\$68,106.67

### Inventory.

The annual inventory made September 30, 1906, shows the value of personal estate to be.....	\$114,975.67
Real estate.....	738,764.03
	<hr/>
Total value of real and personal property September 30, 1906.....	\$853,739.70
Total value of real and personal property September 30, 1905.....	844,777.07
	<hr/>
Increase in value of real and personal property during the year.....	\$ 8,962.63

All of which is respectfully submitted,

TRUMAN L. STONE,  
*Steward*



# Matron's Report.

SONYEA HALL, SONYEA, N. Y., *October 1, 1906.*

To DR. WM. P. SPRATLING, *Medical Superintendent:*

It is with pleasure I submit the Matron's Report for the year ending September 30, 1906.

As I entered upon my duties September 1, 1906, it will be impossible for me to give the work in detail for the year carried on by my predecessor. I can only briefly give certain matter and explain the supervision given by the Matron in her very responsible work at the Colony.

## **Supervision of Buildings**

The number of buildings occupied by patients is twenty-nine, with two more cottages under construction for men on the Village Green, and three more for women in the Villa Flora Group, making thirty-four in all. The six new buildings will probably be ready for use in the spring of 1907. They will accommodate 200 additional patients, making 1,250 in all. The Villa Flora, in Women's Group, Sonyea Hall, the Executive Building occupied by officers, the Kindergarten, the Elms, the House of the Elders, the old store and new store, all of which are occupied by assistants and employees, make a total of more than forty buildings at present under the supervision of the Matron. All these buildings are visited several times a week; they are thoroughly inspected as regard to cleanliness, condition of beds and bed making; while articles of wearing apparel and household goods that are worn out are condemned. All supplies must be estimated for six weeks in advance.

## **Sewing Room**

There are three sewing rooms in Aster Cottage in the Women's Group. All are supervised by a very capable and painstaking seamstress, who has, through her



thoroughness and watchfulness, trained many epileptic women to work in the sewing rooms. We would be glad to see her given an assistant, as the schedule provides, as soon as one can be procured. The small pay allowed the seamstress has made it impossible to fill the position. The great demand for clothing, and the continued increase in population, imposes no inconsiderable burden on the sewing rooms, both in new and repair work.

**Articles Mended** On account of the *great destructiveness of clothing* by epileptics, especially by the 350 low grade cases confined in the Infirmaries—all of whom are wholly irresponsible and constantly unclean several times a day—we are obliged to have in Saxifrage Cottage in the Women's Group, under the instruction of a nurse, a room for mending. Blankets must be frequently rehemmed. Patients who constantly soil their bedding make the washing of blankets frequent and necessary.

#### List of all Articles Mended.

Aprons.....	374
Dresses .....	533
Bed spreads .....	113
Drawers (pairs) .....	526
Night dresses.....	495
Skirts .....	373
Waists .....	205
Underskirts .....	295
Under vests .....	455
Stockings (pairs) .....	1098
Table cloths .....	125
Blankets .....	160
Bandages, made .....	1167
Pillow cases .....	178
Men's aprons.....	112
Men's socks (pairs) .....	1481
Men's shirts .....	94
Men's night shirts.....	86
	<hr/> 7870



**Mattresses Mended  
and Renovated**

There have been 26 new mattresses made during the year, while 444 have been repaired and renovated within the same time; the ticks and hair being washed, and when necessary, the hair sterilized by steam. Five or six male patients are constantly engaged in picking by hand old hair for the renovated mattresses. We are allowed to renovate 50 mattresses a month and we are able to keep up the cleanliness of the beds and the appearance of the buildings from a domestic point of view to a considerable extent, although in many cases of seizures, patients are liable to throw themselves on the bed; in such instances it is not an easy matter to keep the house in an orderly condition.

**Cooks and Cookery** There are twenty-nine kitchens, thirty-four cooks and assistant cooks, and three waitresses employed at the Colony. In the male division, seven cottages are cared for by man and wife, the wife being the cook and the husband the nurse. The frequent changing of cooks has been a difficult problem for the Matron. With the small salary allowed, and with isolation from the outside world, one is obliged in many instances to take inexperienced cooks, many of whom have little or no idea how to prepare food on a large scale, or how to prepare it properly *for a people for whom good cooking is as valuable as proper drugs*. I would advocate that the people at the Colony receive the same pay that cooks in other institutions get. It would encourage them to produce a higher grade of work.

**Instruction in Cookery** As soon as possible, classes in cookery on a scientific basis will be formed, instruction being given by the Matron. The work cannot be wholly satisfactory until the Service Building is completed in the Women's Group. In this connection, we cannot refrain from giving the definition of cookery by Ruskin.

"Cookery means the knowledge of Medea and Circe, and of Helen and the Queen of Sheba. It means the knowledge of all herbs and fruits, and balms and spices, and all that is healing and sweet in the fields



and groves, and savory in meats.

"It means carefulness, and inventiveness and willingness and readiness of appliances. It means the economy of your Grandmother and the science of the modern chemist. It means much testing and no wasting. It means English thoroughness, and French art, and Arabian hospitality, and in fine it means that you are to be perfectly and always ladies—loaf givers".

#### **Food and Diets**

"Food is the only source of human power on which to work or to think". Great stress of eminent physicians has been laid on the importance of diet from infancy to old age. The classification, composition, nutritive value and digestibility of foods has been carefully considered with the constant purpose of being a help to Physicians and trained nurses who arrange dietaries. At the Colony the importance of the diet coincides with the unfortunate in State hospitals. The health of the individual must suffer if the elements found in the body are not supplied by the oxidation and utilization of the food stuffs. It is necessary that many meals should not include more carbohydrates than another, but with the amount of vegetables produced at The Craig Colony annually, it is not difficult to have a well-balanced variety. Proteids being a more expensive food stuff, we often find in State institutions an insufficient quantity in the dietary. We are blessed at The Craig Colony by having milk in plenty for patients; therefore with the large supply of starch found in vegetables we are given enough animal proteids in meat, fish, eggs and cheese to counterbalance the continuous cry of one kind of food.

#### **Carbohydrates**

If in excess causes indigestion, every physician in the outside world knows well it causes obesity of the patient, which is simply flabbiness of flesh. The evil of it is idleness, a trouble many are called upon to solve; it is more, it is a positive menace to health.

#### **Suitable Industries**

The day is not far distant when we hope to have sufficient material and facilities to organize classes in some hand industries, to educate the fingers, such





Some of the people who milk the herd of seventy to eighty cows. All but one are Colonists.



A glimpse of the herd of Jersey cows at the Colony.





as braiding and making palmetto hats for the patients, Indian basketry, weaving rugs to utilize all scraps from the sewing room in this way. Such work will at least help many people, now idle, to concentrate their minds on a useful object, and from such work the epileptic may derive great benefit.

Respectfully submitted,

MARY C. VAN DUZER,  
*Matron.*

# Report of the Resident Catholic Chaplain

THE RECTORY, SONYEA, N. Y., *October 1, 1906.*

To DR. WM. P. SPRATLING, *Medical Superintendent:*

Herewith I submit my Third Annual Report as Resident Catholic Chaplain of Craig Colony.

At the present date we have four hundred and three Catholic patients. During the year seventy-two Catholic patients were admitted and eighteen have died. The remains of seven were buried in the Colony cemetery, the priest officiating and conducting the regular burial service at the church and grave.

The care of the sick has been the object of special solicitude. With the exception of two who died suddenly, each of the departed was attended according to his spiritual needs.

No changes have been made in our public services on Sundays. The attendance, as in the past, is all that can be desired. Many appreciate the advantage enjoyed by being permitted to attend religious worship, where occasional seizures to which they are subject do not upset the whole assembly, where sentiment does not designate them as people to be avoided and to be excluded from public gatherings in the future.

On July 25, the Right Reverend Bishop McQuaid, of the diocese of Rochester, administered the sacrament of confirmation to nineteen patients in the Chapel of the Divine Compassion. Fortunately none of those confirmed had a seizure during the service. On that occasion his Lordship spoke, in his own inimitable way, words of encouragement to these afflicted children of the fold. It was a day long to be remembered by all who participated in the solemn ceremony. With few ex-



ceptions, the recipients were illiterate subjects, ranging in age from eleven to twenty years. Most of them came to the Colony within the last two years. Few can realize the patience and perseverance required to instill into their minds the essentials of faith and morality. Were their mental condition normal, even then it would demand great and continued effort, but with these whose mental faculties—especially the memory—have been weakened by disease, it is a stupendous task.

Occasionally we receive letters from relatives telling us that patients have written home stating that they are ill treated here. These relatives seem to forget that letters of this nature are mostly written during a period of mental disturbance subsequent to an epileptic attack. It is difficult to impress upon the minds of some the fact that an epileptic is not always morally responsible. For the same reason the statements of the best and most intelligent patients are not always to be relied upon.

Frequent visits to the patients in their cottages and at their places of employment afford ample opportunity to know their wants, to elevate the downcast in spirit, to teach them to forget their imaginary wants, and to be more contented with community life. Were it not for their religion, many would be given to despair; their greatest hope is the hope of a better life.

The well-filled Chapel on Sundays makes it more evident that its seating capacity will soon have to be enlarged. This the Right Reverend Bishop McQuaid has willingly consented to do as soon as it will be deemed necessary. When the new cottages now under construction are occupied, we shall be compelled to have a double service each Sunday morning to accommodate all. Without much inconvenience to the patients and without interference with the established order, we can easily arrange to have one service for the men and another for the women.

With sentiments of gratitude we acknowledge many favors and courtesies from both officers and employees.

Respectfully submitted,

HUGH A. CROWLEY,  
*Resident Catholic Chaplain.*



# Report of the Resident Protestant Chaplain

SONYEA, N. Y., October 1, 1906

To WM. P. SPRATLING, *Medical Superintendent*:

I beg to submit my first annual report for the year ending September 30, 1906, as Protestant Chaplain.

Having been here but two months, it is impossible for me to give an accurate record of the work for the year, therefore I will limit my report to the work done since I came.

Two services are held each Sunday at 10.30 A. M. and 7 P. M. Sunday School is conducted at the close of the morning service. The average attendance at the Sunday School is 175. We hold a mid-week prayer meeting on Wednesday evening at seven. All the meetings are well attended, in fact, The House of the Elders, which serves as our chapel, is not always large enough to accommodate the audience. Especially is this true on Sunday evenings when quite a large number are obliged to stand, and at times there has been as many as twenty, who were turned away on account of lack of room.

**A New Chapel a Great Necessity** What we need is a Protestant Chapel that will accommodate 800 to 1,000, for the Colony is rapidly growing in population. The House of the Elders is not a suitable place to hold religious services. An auditorium that is used for entertainments, plays and dancing is not a fit place to congregate to worship God. A chapel which shall be wholly given up to religious services is a necessity. The patients feel the need keenly, and frequently allude to the impropriety of a place of amusement being used as a church. It seems unnecessary to mention their rights in the matter.



They are indeed in a sore plight, their condition is extremely pitiful, they suffer in their own way intensely, and it seems to me only right that every reasonable thing should be done for their comfort. They are, as a class, very religious, and religious instruction is a source of much help and peace to them. Twenty thousand dollars would build such a chapel as the Colony needs, and money so spent would be a good investment for the State, and would add greatly to the moral welfare of the Colony.

The work of the Chaplain is not confined merely to the services held on Sundays and Wednesdays. Much time is devoted to the study of the spiritual needs of the colonists. Frequent visits are made to the several cottages. Especial care is given to the sick. Wednesday and Friday afternoons are given to the patients so that any who may desire may consult the Chaplain. Many have availed themselves of this opportunity and much good has been done in this way. During the past two months forty Bibles, as well as other religious literature, have been distributed.

Many thanks are due the Superintendent and teachers of the Sunday School, the pianist, the choir and janitor, and the ushers for their efficient service and hearty co-operation in making our chapel exercises a success. To all others who have aided me in my work I am sincerely thankful.

Very respectfully submitted,

J. D. MACNAIR,

*Resident Protestant Chaplain.*



## Donations.

The houses for the colonists are poorly furnished as *homes*. The State provides the actual necessities only; beds, bedding, chairs, tables, kitchen and dining room utensils and crockery. Many of the colonists are here for life. A bit of color, a little comfort, is needed in every home, in every room, by every colonist. We need rugs, bric-a-brac, pictures, books and easy chairs—things the State does not buy.

We thank friends of the Colony for the following gifts received during the year.

Mr. Chas. Adrian.....	\$75.00	Mrs. J. A. Walter, Magazines and Games.
Mr. Wm. H. Lorch.....	5.00	K. Zanger, Magazines.
Olive B. Jackson.....	25.00	Mrs. Ira Patchin, Reading Matter.
Mrs. Robert Ross.....	5.00	Cathedral Guild of Garden City, Box Books and Pictures.
Mrs. Leo Frohe.....	15.00	Mrs. Mary A. Overpeck, Reading Matter.
Mr. John Rappuzzee.....	10.00	Mrs. Geo. A. Bragdon, Reading Matter.
Mrs. Brosman.....	2.00	Dr. W. S. Keegan, Books.
Miss Frances Vernet.....	5.00	Mrs. M. E. Brion, Magazines.
Mrs. Barbrey Hauser.....	10.00	Mount Morris W. C. T. U., Magazines
Mr. James Lynch.....	5.00	Mrs. Frances Bennett Callow Estate, Pictures.
Mr. C. C. Valentine.....	50.00	Chas. F. Swan, Magazines.
Mr. William Sherwood.....	10.00	Dr. W. C. Warsaw, Book.
Mr. A. L. Witherspoon.....	1.00	
"W".....	15.00	
Mr. Chas. Adrian.....	75.00	
Rev. G. F. Humphries.....	1.00	
Mr. Charles Buehl.....	10.00	
Jean Weil.....	10.00	
Mrs. Ellen Longbine.....	8.00	
Dr. Pearce Bailey, 10 Unframed Pictures.		

We are greatly indebted to Mr. R. Bell, Superintendent of the Pennsylvania Railroad Company, for a coach for the free transportation of sixty patients to Portage Falls on a picnic during the summer.



## GERMANY.

## BOARD OF MANAGERS OF CRAIG COLONY

Years.	Number of patients January 1.	New patients.	Total.	Cured.	per cent.	Bettered.	per cent.	Not Cured.	per cent.	Deaths.	per cent.	Total.	Number of patients on December 31.
1867	10	10	10	2	8.	..	..	1	4.	1	4.	4	10
1868	15	15	25	..	..	..	..	5	15.62	..	12.50	9	21
1869	11	11	32	..	..	..	..	5	16.67	..	..	5	23
1870	23	7	30	..	..	..	..	2	6.66	3	9.10	8	25
1871	25	8	33	3	9.10	..	..	2	5.71	3	8.57	6	29
1872	25	10	35	..	..	1	2.86	2	1.25	5	6.25	8	29
1873	29	51	80	1	1.25	1	8.39	1	1.25	5	4.89	29	72
1874	72	71	143	2	1.40	12	8.39	8	5.60	7	4.89	41	114
1875	114	70	184	10	5.43	13	7.07	14	7.61	4	2.17	65	143
1876	143	79	222	10	4.50	29	13.06	18	8.11	8	3.60	41	157
1877	167	91	258	5	2.01	23	9.27	14	5.65	14	5.65	56	192
1878	192	111	303	7	2.31	27	7.05	17	2.37	9	2.97	52	251
1879	251	132	383	10	2.61	35	7.73	10	4.44	13	3.39	67	316
1880	316	137	453	7	1.55	35	7.73	12	2.21	26	1.56	59	394
1881	394	180	574	9	1.57	34	5.92	27	2.09	33	4.53	81	493
1882	493	201	694	14	2.88	30	4.32	21	3.89	29	4.76	110	584
1883	584	238	822	14	1.92	32	8.87	41	4.38	46	4.90	146	676
1884	676	260	936	18	1.70	82	8.87	71	7.19	32	3.78	187	749
1885	749	239	988	19	1.92	87	8.87	71	7.19	32	3.78	209	779
1886	779	252	1031	11	1.07	77	7.47	39	3.78	46	4.64	185	855
1887	855	235	1100	12	1.08	76	6.91	44	4.18	51	4.64	185	915
1888	915	243	1158	26	2.24	51	4.40	44	3.80	50	4.34	187	989
1889	989	250	1239	21	1.70	38	3.07	78	6.30	59	4.04	208	1052
1890	1052	229	1281	16	1.25	67	5.23	66	5.15	70	4.61	214	1176
1891	1073	317	1390	15	1.08	58	4.17	71	5.11	71	4.39	193	1265
1892	1176	282	1458	25	1.71	47	3.22	57	3.91	64	4.61	221	1318
1893	1265	274	1539	34	2.21	53	3.44	63	4.56	60	3.70	229	1384
1894	1318	305	1623	21	1.29	74	4.56	74	5.57	69	4.22	251	1382
1895	1382	239	1623	31	1.90	60	3.67	91	5.57	82	4.21	173	1442
1896	1382	233	1615	23	1.42	31	2.01	52	3.07	98	5.86	200	1492
1897	1442	250	1692	16	.95	34	1.90	77	4.39	83	4.73	197	1558
1898	1492	263	1755	16	.91	36	1.94	50	2.70	82	4.30	195	1625
1899	1558	295	1853	31	1.67	44	2.37	44	2.37	84	4.57	204	1713
1900	1625	283	1908	25	1.31	32	1.62	43	2.25	110	5.57	242	1771
1901	1713	262	1975	19	.96	45	2.22	57	2.81	93	4.58	235	1788
1902	1771	259	2030	47	2.31	45	1.65	57	2.75	83	..	..	1838
1903	1788	285	2073	61	2.94	34	..	..	..	..	..	..	..
1904	1838	..	..	..	..	..	..	..	..	..	..	..	..
Total.	6677	..	..	587	2.06	1311	4.26	1388	4.32	1553	4.54	4839	..

The table above shows the number of patients in the Bielefeld Colony each year since 1867 to and including 1904; the total number of cures; the number improved, the number of deaths, and number remaining.

NOTE—587 cures.

# Table

Showing Admissions, Discharges and Number of  
Patients Remaining at the Colony by  
Counties to October 1, 1906.

COUNTIES.	Patients in Colony Oct. 1, 1905.	Number admitted during year 1905-1906.	Number discharged during year 1905-1906.	Number remaining September 30, 1906.
Albany.....	23	3	5	21
Alleghany.....	16	2	3	15
Broome.....	7	1	..	8
Cattaraugus.....	9	1	3	7
Cayuga.....	15	..	3	12
Chautauqua.....	7	..	2	5
Chemung.....	10	1	2	9
Chenango.....	2	..	..	2
Clinton.....	3	3	..	6
Columbia.....	7	..	1	6
Cortland.....	6	1	3	4
Delaware.....	2	2	1	3
Dutchess.....	11	1	2	10
Erie.....	70	13	20	63
Essex.....	3	1	..	4
Franklin.....	9	..	1	8
Fulton.....	7	1	1	7
Genesee.....	8	..	1	7
Greene.....	..	1	..	1
Hamilton.....	..	..	..	..
Herkimer.....	3	..	..	3
Jefferson.....	7	2	4	5
Kings.....	129	36	26	139
Lewis.....	3	1	1	3
Livingston.....	6	1	1	6
Madison.....	3	..	..	3
Monroe.....	56	1	8	49
Montgomery.....	7	1	..	8
Nassau.....	5	1	1	5
New York.....	336	56	55	337
Niagara.....	14	..	1	13
Oneida.....	18	1	3	16
Onondaga.....	20	10	4	26
Ontario.....	13	1	1	11
Orange.....	6	1	2	6
Orleans.....	8	1	3	7
Oswego.....	17	1	..	15
Otsego.....	5	1	..	6



Table (Continued.)

COUNTIES.	Patients in Colony Oct. 1, 1905.	Number admitted during year 1905-1906.	Number discharged during year 1905-1906.	Number remaining September 30, 1906.
Putnam .....	1	..	..	1
Queens .....	12	8	3	17
Rensselaer .....	13	..	..	13
Richmond .....	7	12	..	19
Rockland .....	5	1	1	5
St. Lawrence .....	16	2	2	16
Saratoga .....	10	4	5	9
Schenectady .....	3	2	1	4
Schoharie .....	4	1	1	4
Schuyler .....	1	..	..	1
Seneca .....	3	..	..	3
Steuben .....	13	6	2	17
Suffolk .....	12	1	1	12
Sullivan .....	4	1	..	5
Tioga .....	8	0	1	7
Tompkins .....	5	1	2	4
Ulster .....	6	1	2	5
Warren .....	6	..	1	5
Washington .....	4	..	..	4
Wayne .....	5	1	1	5
Westchester .....	28	6	3	31
Wyoming .....	6	..	2	4
Yates .....	7	1	2	6
State at Large .....	..	..	..	..
Totals .....	1050	194	191	1053

## Changes in the Staff During the Year.

Dr. J. F. Munson, graduate of the University of Ann Arbor in both the academic and medical departments, and who acted for two years as assistant to Dr. Victor C. Vaughan, of Ann Arbor, was appointed Pathologist on June 1, 1906. Dr. Munson succeeded Dr. B. Onuf, who resigned on October 30, 1905. Dr. Munson has shown commendable zeal and enthusiasm and a right grasp of the problems of his difficult work at the Colony.

Miss Gertrude A. Squires was appointed Matron on February 15, 1906, when Miss Mary A. Laughlin resigned. Miss Squires retained the position until July 15, 1906.

Miss Mary C. Van Duzer, dietitian and cooking expert, was appointed Matron September 1, 1906. Miss Van Duzer promises to place the Matron's work on a high plane at the Colony.

Dr. N. B. Ross, Medical Interne, who had a difficult service in the West Group that he conducted with much credit and satisfaction to the Colony, resigned to enter private practice August 1, 1906.

Rev. J. Duncan MacNair, was appointed Resident Protestant Chaplain, August 1, 1906. Mr. MacNair brings a sympathetic heart and a willing hand into his work at the Colony.

Dr. William N. Trader and Dr. B. F. Andrews were appointed Medical Internes on the respective dates of May 1 and August 1, 1906. Both were graduates of good schools and both have done excellent work so far at the Colony.



## To See the Colony

Many commissioners from other states and many visitors from abroad came to Sonyea during the year, to see and study the Colony system. Members of the State Board of Charities, the State Architect and the Fiscal Supervisor made their usual yearly visits.

## In Conclusion

My very cordial thanks are due the people at the Colony who worked with me during the year for the best interests of the institution. For the kindly consideration I have received at your hands at all times during the year, I am deeply grateful.

Respectfully submitted,  
WILLIAM P. SPRATLING,  
*Medical Superintendent.*

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