

EIGHTH BIENNIAL REPORT

OF THE

Trustees, Superintendent and Treasurer,

OF THE

IOWA HOSPITAL FOR THE INSANE,

AT

MOUNT PLEASANT,

FOR THE FISCAL YEARS OF 1874 AND 1875.

DES MOINES:
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1875.

OFFICERS OF THE HOSPITAL.

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MARK RANNEY, M. D.....Medical Superintendent.
H. M. BASSETT, M. D.....(Acting) 1st Assistant Physician.
M. H. CLEAVER, M. D.....2d Assistant Physician.
M. RIORDAN, M. D.....3d Assistant Physician.
A. R. WICKERSHAM.....Steward.
Mrs. ELLA M. WICKERSHAM.....Matron.
REV. MILTON SUTTON.....Chaplain.

REPORT.

IOWA HOSPITAL FOR THE INSANE, }
MOUNT PLEASANT, December, 4, 1875. }

*To His Excellency C. C. Carpenter, Governor of the State of
Iowa :*

SIR: I have the honor herewith to transmit to you, on behalf of the Board of Trustees of the Iowa Hospital for the Insane at Mt. Pleasant, their Seventh Biennial Report, together with the report of the Superintendent, and statistical and other exhibits, showing the operations of the period, and the present condition of the Institution; also, the report of Messrs. Piquenard and Finkbine in regard to the foundation of the Hospital building. I have the honor to be,

Very respectfully,

Your obedient servant,

A. W. McCLURE,

Secretary.

THE TRUSTEES' REPORT.

IOWA HOSPITAL FOR THE INSANE,
AT MT. PLEASANT, Dec. 3, 1875.

TO HIS EXCELLENCY, C. C. CARPENTER, *Governor of Iowa:*

Gratefully acknowledging the beneficent care of an overruling Providence, the Trustees of the Iowa Hospital for the Insane at Mt. Pleasant, respectfully submit their Eighth Biennial Report, accompanied by the Biennial Report of the Superintendent and the Exhibits of the Steward and Treasurer, and also the Report of Messrs. Piquenard and Finkbine in regard to the foundation of the Hospital building.

During the period since our last report, regular meetings of the Board have been had as provided by law, also special meetings as occasion seemed to demand. Monthly and special visits to the Hospital have also been made by one or more of the Trustees. At these meetings and visits and in consultation with the officers the Trustees have taken such action and given such advice as seemed to them calculated to promote the best interests of the institution.

The sanitary condition of the Hospital and matters closely connected therewith, are very fully set forth in the able report of the Superintendent, to which we invite special attention.

We concur substantially in what the superintendent says of the character of the improvements made since our last report, in what he says of the improvements needed in the near future, and in what he says of the advisability of making provision for the care of insane convicts elsewhere than in our hospitals for the insane.

We urge special consideration, of the crowded condition of this institution and the urgent necessity of providing further accommodations for our insane at the earliest possible day, and this we do on the score of both humanity and economy.

For a time during the past year, the harmonious and beneficent operations of the institution have been somewhat disturbed and impeded.

Through complaints made to the Trustees, and from circumstances that came to our knowledge, it became evident to us that irregularities existed somehow in the management of the institution that needed correction and demanded our careful scrutiny. Accordingly, at a meeting of the Board called for the purpose and held in March last, a thorough and searching investigation was had. The result showed a state of ill-feeling and a want of harmonious co-operation between some of the officers and attendants, and a lack of that stern discipline indispensable in all institutions of the kind.

Previous to the investigation, and about that time, some of the parties more particularly at fault, or complained of, vacated their places, and the Board took such steps, at the close of their investigation, as they deemed best calculated to correct all evils, and put the institution in the best possible condition.

Pursuant to notice previously given, Dr. Julius A. Crane, First Assistant Physician, tendered his resignation as such officer, to take effect the first day of April. Said resignation was accepted, and his connection with the institution ceased at the date named.

Dr. H. M. Bassett, Superintendent, tendered his resignation as such officer, to take effect the first day of July, or as soon thereafter as his place could be filled, which resignation was accepted.

At the June meeting of the Board, after months of inquiry, through extensive correspondence with superintendents of similar institutions in the different states, and other parties supposed to be best informed, touching the qualifications necessary to fit one for the head of such an institution, and after consultation with members of the Visiting Committee and other prominent citizens of the State, and upon careful consideration of the whole matter, it was decided to invite Dr. Mark Ranney, former superintendent, to again take the position he had held for so many years. This invitation was accepted, and Dr. Ranney entered upon the duties of the office the first day of July last.

At the urgent request of Dr. Ranney, with the hearty concurrence of the Board, Dr. H. M. Bassett has acted as First Assistant Physician since his vacation of the office of Superintendent.

At each quarterly meeting the steward and treasurer have appeared before the board with their accounts and vouchers, and the same have been carefully examined and compared, item by item, and passed upon and settled according to law, in open session.

By order of the board, the duplicate vouchers of the steward, as passed upon and approved, both on account of expenditures for cur-

rent expenses and for improvement purposes, have been regularly forwarded to the auditor of state, as the law directs.

Of the amount of \$10,050, appropriated by the general assembly for various purposes, and at the disposal of the board during the biennial period just closed, the sum of \$8,947.80 has been expended for the purposes named, as shown by the accompanying exhibits giving the expenditures in detail.

By reference to the accompanying exhibit, it will appear that the current expenses of the biennial period amount to the sum of \$230,518.71, and that the daily average of patients for the period have been 505.86. These figures show that the average cost of maintaining such patients in the institution has been within a fraction of \$4.12 each per week.

Pursuant to our direction, the steward has prepared and submitted to the board an inventory of all the personal property belonging to the institution, with an estimate of its value, of which the following is an abstract, to-wit :

Furniture in the front center, including the dining-room and kitchen.....	\$11,396.25
Ditto in the rear center, including ironing-room.....	1,691.00
Ditto in the east wing.....	9,525.87
Ditto in the west wing.....	8,532.12
Ditto in lower kitchen and dining-room.....	1,426.40
Ditto in bake shop and wash house.....	1,588.50
General stores.....	9,758.08
Machinery and supplies in engineer's department.....	11,358.69
Butchers' and dairy stock.....	7,603.00
Farm and garden produce, tools, and stock.....	7,025.50
Carpenter shop supplies.....	3,560.52
Painters' supplies.....	1,061.00
Total.....	\$74,526.93

We respectfully suggest whether it would not be advisable for the General Assembly to provide for the appointment of a board of state officers, whose duty it shall be from time to time to visit and inspect, and consider the wants, actual and relative, of all of the charitable, reformatory, and penal institutions of the state, and report thereon to the Governor, as they may be required, in regard to their management and condition, and any legislative provisions or other action they may deem

advisable, in order most effectually to promote the objects of their creation.

But a few years had elapsed after the hospital building was erected, before it was evident that a large share of the stone used for the basement, including the water-table, was of an inferior quality. Exposure to the weather, and especially to the frosts of winter, has occasioned serious disintegration. For some time past we have been of the opinion that it would soon be necessary to do something to remedy the evil. In so important a matter we deemed it our duty to avail ourselves of the opinion of men best qualified by experience and observation, to judge what should be done in the premises. Accordingly, at our last regular meeting, we determined to obtain for this purpose, if we could, the services of one or more of the commissioners and the supervising architect of the State capitol building. Pursuant to our invitation Mr. Finkbine, commissioner, and Mr. Piquenard, architect, visited the hospital in November last, and carefully inspected the foundation of the building. They have embodied their judgment of its condition and recommendations as to what should be done in regard to it, in a written report herewith submitted. We ask its careful consideration.

Having carefully considered the needs of the institution, as set forth in the report of the Superintendent and otherwise brought to our attention, we respectfully ask the General Assembly to make appropriations in its behalf, as follows :

For airing courts.....	\$1,000
For enlarging well and conduit pipe.....	2,500
For reconstruction of twelve water closets.....	3,600
For enlarging washing and ironing rooms.....	3,400
For an additional boiler.....	1,950
For new heating and ventilating flues.....	900
For new soil pipes.....	600
For new and improved kitchen furniture.....	1,000
For improvement of grounds.....	1,500
For improvements in the center building over the fire-proof vaults, and the dispensary, with fire-proof walls and iron doors in connection.....	4,300
For contingencies.....	3,000

Also, an appropriation for replacing the sub-basement of the hospital building, as recommended by Messrs. Piquenard and Finkbine in their report, to be expended as the General Assembly may direct.

At their annual meeting just held, on the nomination of the superintendent, the following persons were chosen resident officers of the hospital to-wit:

First Assistant Physician, Dr. H. M. Bassett.

Second Assistant Physician, Dr. M. Abby Cleaves.

Third Assistant Physician, Dr. M. Riordan.

Steward, Mr. A. R. Wickersham.

Matron, Mrs. E. M. Wickersham.

Before the adjournment of the Board, Dr. Bassett signified his non-acceptance of the position so offered him.

The Superintendent then stated to the Board that he knew of no other suitable person to nominate for the position, whose services could be obtained.

The Board then ordered, that the Superintendent be authorized to fill the vacant position, in the best manner he can, until the next meeting of the Board.

In closing their report, the Board desire to say, that under the able superintendence of Dr. Ranney, and the ready and cheerful co-operation of the subordinate officers and employes, the affairs of the hospital are being conducted in a very satisfactory manner.

Respectfully submitted,

LUKE PALMER,
A. W. McCLURE,
W. C. EVANS,
L. E. FELLOWS,
E. M. ELLIOTT.

REPORT OF MESSRS. PIQUENARD AND FINKBINE.

To the Trustees of the Mount Pleasant Insane Asylum:

GENTLEMEN:—In compliance with your request, the undersigned have carefully examined the sub-basement of the insane asylum at Mt. Pleasant, Iowa, and beg leave to submit the following as their report of the said examination.

They have found the said basement stone facing composed mainly of three courses of thin ashlar stone, set on edge, and of a coping course, placed on its natural bed, projecting two inches over the lower ashlar, the upper part of the building recessing three inches from the face of the said water-table. It has proved next to impossible to find the real thickness of each course, except for stone at projecting angles, which appear to be about eight inches in thickness, but from the information we have been able to gather from parties who have cut openings in said stone work, we have all reason to suppose that said ashlar varies from four to six inches in thickness, and the water-table from six to eight inches.

The stone used for the facing of said sub-basement is a stratified arenaceous magnesian limestone, a large proportion being ferruginous, if we can judge by the color of said stone, which has turned in many places of a yellowish red by weathering. Its absorption of water is quite considerable, and as it is strongly argillaceous, and appears to be composed of thin layers of calcareous matter, separated by thin layers of clayish substance, partly soluble in water, it is not surprising that such a large quantity has already split and decayed, especially the pieces which are set on edge.

When such a stone is placed on its natural bed the effect is not so dangerous, although it becomes unsightly by the furrows produced in it from the same cause, the pressure of the upper work keeps the whole together; whereas, on the contrary, if the stone is placed on edge it exfoliates rapidly, even in large pieces, as you are able to see in the building. The lower course, absorbing more dampness from the ground than the others, is considerably more affected; and for the same reason the pieces near the down-spouts, which have bursted by frost, are also deeply exfoliated.

The upper part, or wash, of the water table, projecting three inches, is exposed like the stone set on edge, and some is also exfoliated, but the lower part less exposed, has stood better, showing that if such

stone, inferior in quality as it is, had been placed under the said water-table so as to lie on its natural bed, the exfoliation, which is so great and even dangerous for the safety of the building in many places, would only have shown horizontal streaks more or less deep, which although of bad appearance may not have necessitated any change for years to come. As it now stands, it is quite impossible for any one to foresee when such exfoliation will become a danger to the safety of the building. In some places it is already in such a state as to cause easily understood apprehensions, principally if the rubble masonry backing is not made in the best manner, which we were not able to judge without boring into the wall. We have here to say that in many places, especially under the bay windows, it appears composed of very small pieces of stone, rather too small for good rubble masonry.

We believe that in many places, after one or two winters at the utmost, the building will be in an unsafe condition, and although it may be later for the other parts it is only a matter of time for the whole to be in the same critical position, and such time, which will be certainly short, cannot be foreseen, as such exfoliation may increase much quicker in after years than it does now.

We would therefore recommend that the defective stone be removed, and replaced by a better quality, which can readily be obtained from the neighboring quarries. In doing this work, great care must be observed in order to prevent settlement, or cracking of the superstructure. We would advise that the new work be changed from the present style, by placing the stone on its quarry bed, and by giving the first course a projection as shown in the annexed diagram.

We will add that the upper part of the building is faced with a better quality of stone, a fossiliferous lime stone, somewhat similar to the old capitol stone of Iowa City, on which the action of the weather appears to have no effect, as all the arrizes are as sharp and neat as when left by the stone-cutter. We have no doubt that this stone is as good as can be found for its use.

We have made a comparative estimate of the value of changing the sub-basement, and we find 2,165 feet of water-table with wash on top, and drip underneath, and 8,660 square feet of ashlar. The cost of the whole, with the necessary staging, braces, supports, etc., would be about \$16,237.50, counting \$2.50 for water-table, and \$1.50 for ashlar.

All of which is most respectfully submitted.

A. H. PIQUENARD,
R. S. FINKBINE.

REPORT OF THE MEDICAL SUPERINTENDENT.

To the Board of Trustees of the Iowa Hospital for the Insane at Mount Pleasant:

Honored by your invitation to return and take charge of the Hospital again after an absence of a little less than two years, I relinquished with no little reluctance the fulfillment of a long cherished aim, a visit to the old world, and the period of rest from arduous professional labor I might reasonably claim to be due after more than a quarter of a century of service in this department of medical science, and resumed my work on the first of July last. I found the hospital, as I had left it, crowded much beyond its capacity, although then and since receiving patients from but little more than one-half the area of the State. Crowded as it then was with five hundred and thirty patients, a number greater by thirty-five than at the beginning of the biennial period, the number has increased in a pretty steady ratio, and the period closed with five hundred and fifty-one patients in the house—about two hundred and fifty more than the hospital can well accommodate. This is only thirteen less than the highest number reached in the spring of 1873, just before the hospital at Independence was opened for the reception of a few patients. The outlook for the future, for the next three or four years, is not a very cheering one, unless some pretty ready relief can be devised for the present hospitals. All reasonable limits of accommodation were long ago overpassed, with results that have been set forth in the previous reports. The reports of all hospitals for the insane throughout the country have been teeming with the sad consequences of the tendency during the last decade to overcrowd these institutions. It is unanimously the opinion of the Association of Superintendents of American institutions for the insane, that this overcrowding of hospitals and asylums does not lighten the burden of taxation. On the contrary those best acquainted with the whole matter believe it would be far cheaper to provide ample room for all who need

hospital or asylum care, in order that those susceptible of cure may as soon as possible after the first symptoms of mental disorder appear, be placed under the most favorable circumstances and receive the care and treatment most conducive to recovery.

But little space is required to show that it is far better for any state or community to provide amply for the cure of its insane at a cost of two or three hundred dollars, than to support them during their surviving years if uncured, at the cost of one thousand dollars and upwards. There are a few patients here for whom there has been paid into the State Treasury nearly three thousand dollars, and who are likely to live several years, and must be supported at a considerable additional cost.

Aside from the fact of first importance, that a crowded hospital affords less facilities for the successful treatment of insanity, and therefore tends to increase the number of incurable persons in the State, and the cost of maintenance of this class, it does not seem right to overcrowd hospitals in this manner. It is simply impossible to make patients as comfortable as they should be, and care for them as they should be cared for, where five hundred and fifty are crowded into room designed for three hundred, and none too capacious for that number.

The best ventilated hospital building in the world will be found to have inadequate provisions for supplying pure air for breathing under such circumstances, and patients have headaches and feel more irritable and quarrelsome than in less crowded wards; and perhaps employes, for the same reason, manifest less equilibrium of temper and discretion than they should do in the proper performance of their duties.

This huddling of large numbers of patients into a few wards renders the most careful classification attainable under such conditions exceedingly imperfect. The quiet and the boisterous, the mild and the irritable, the well disposed and the discontented and faultfinding, the good and the vicious are necessarily brought into too near relations, and cannot fail to be too often injuriously affected thereby.

So fully has all this and more been realized by a majority of superintendents of hospitals for the insane in the country, that the association of superintendents, at their meeting in 1872, unanimously adopted the following resolutions:

Resolved, That this Association regards the custom of admitting a greater number of patients than the buildings can properly accommodate, which is now becoming so common in hospitals for the insane in

nearly every section of the country, as an evil of great magnitude, productive of extraordinary dangers, subversive of the good order, perfect discipline, and greatest usefulness of these institutions, and of the best interests of the insane.

"*Resolved*, That this Association, having repeatedly affirmed its well matured convictions of the humanity, expediency, and economy of every state making ample provision for all its insane, regards it as an important means of effecting this object that these institutions should be kept in the highest state of efficiency, and the difference in condition of patients treated in them, and those kept in alms-houses, jails, or even private houses, be thus most clearly demonstrated.

"*Resolved*, That while fully recognizing the great suffering and serious loss that must result to individuals by their exclusion from hospitals when laboring under an attack of insanity, this Association fully believes that the greatest good will result to the largest number, and at the earliest day, by the adoption of the course now indicated.

"*Resolved*, That the boards of management of the different hospitals on this continent be urged, most earnestly, to adopt such measures as will effectually prevent more patients being admitted into their respective institutions than, in the opinion of their superintendents, can be treated with the greatest efficiency, and without impairing the welfare of their fellow-sufferers.

Resolved, That the secretary be instructed to furnish a copy of these resolutions to the boards of management of the different hospitals for the insane in the United States and the British Provinces."

The most speedy relief for this institution—relief urgently called for by every principle of philanthropy—can be obtained by enlarging the six small wards for four patients each, into wards for twenty-five patients each, which is an increase of one hundred and twenty-six beds. We will then have better air to breathe, better classification, quieter wards, and such increased facilities for the treatment of insanity that a larger per cent. of cures may be confidently expected. It is estimated that such an enlargement can be made for about one hundred thousand dollars, and completed before it is possible to provide more room elsewhere. And then, as soon as the hospital at Independence can be completed, the full accommodations of both hospitals will be inadequate to provide for all the insane for whom admission will be sought. This hospital had its full quota under its roof ten years ago; in the mean time, while the population of the State has increased nearly one hundred per cent., accommodations for only about two hundred more have been provided. With the increase of population, the facilities for reaching the hospitals have increased also, and a much larger proportion of the insane are committed to them than was formerly the case; and there is no reason to expect the practice of sending to hospitals for care as well as for treatment will diminish unless restricted by legislation. Believing as I do that hospitals or asylums

are most proper places for the custody as well as treatment of a large proportion of the insane, I can but recommend legislation for their proper accommodation in hospitals, instead of legislation to keep them out of these institutions. Perhaps then, when the work that has been done is fairly considered,—three thousand insane persons cared for, and about fifteen hundred restored or greatly benefitted,—the proposed enlargement will not be deemed too much to ask for, or too much to be granted.

From early ages institutions for the insane and their inmates have been invested in the popular mind with a sort of superstitious dread, and regarded with something like suspicious curiosity. The insane are supposed to glare and gesticulate and generally conduct themselves in a demonstrative manner, and some disappointment appears to be sometimes felt that so large a proportion of the patients who come under the scrutiny of the visitor behave in a manner characterized by general propriety. In these cases the curiosity is far from being satisfied and there is a longing to see something more, as if it were not improper to make a public exhibition of the saddest affliction to which humanity is subject. Others, again see, or fancy they see in the expression of those who are the least obviously deranged and whose expression to the eye of the physician has suffered the least deviation, "dreadful insane faces," "fit subjects to be kept in those rows of cells," and have been so affected by a visit to the wards as to have "just strength enough left to get out." This is no fancy sketch; and perhaps these and similar feelings have haunted the individual sometime afterward.

To some it may seem unnecessary, though proper, to say that "rows of cells" are nothing more or worse than rows of comfortable and decently though plainly furnished bed rooms on each side of a spacious corridor, that faces I have heard spoken of as "insane faces," with a "wild expression of the eye," belong to persons with whom it would be safe to leave a child of tender years; or, that, aside from the impropriety of exhibiting the extravagancies of the insane condition, and the pain it might cause friends, or the patient afterwards if he recovered and remembered his condition, the insane need, perhaps absolutely require in many instances, a good deal isolation from friends, visitors, and the world at large. It is the quiet thus secured with freedom from injurious external excitation that affords the restorative powers of the vital or organic forces, conditions favorable for the promotion of those results they, even if otherwise unaided, are sometimes capable of bring-

ing about. Hence the hospital director, solely for the welfare of his patients, restricts visiting, ever of questionable propriety when the result of idle curiosity, as is generally the case—to a few wards and to certain hours of certain days in the week. A very different construction, however, is not unfrequently put on the motives and regulations which govern those institutions and have stood the test of a considerable period of time. By some, perhaps by many, it is believed there is something to be covered up, something that will not bear light and scrutiny, and they would have everything open to the public gaze, regardless of the feelings or sensitiveness of any one. Others go so far as to assume that even the members of boards of trustees are unable to penetrate within the veil and see the practical working of things, and are very liable to be grossly deceived by external appearances or some shallow devices. And so we see it sometimes charged in the reports of investigating committees, and often in newspaper articles, and asserted by disaffected persons sane and insane, that just before the stated meetings of the trustees or managers there is a general cleaning up, the inference being that trustees visit at no other times, or make no visits unknown beforehand to the resident officers, and that in the meantime neglect and disorder are everywhere apparent.

It may be as well to correct this impression regarding the visits of trustees by saying that the four stated meetings of your board each year are necessary for the transaction of business, and the times when they take place is known to the resident officers because they are fixed by law; but the time for monthly visits of inspection by committees of the board, always fully as thorough if not more so, as those of the full board, are not often known till the committee have made their appearance, and we are then seen in our every day attire.—To the charge of cleaning up before, not in anticipation of, the stated meeting we must plead partially guilty.

As in most well regulated families that I know about in addition to the daily cleaning under the rule that no part of the house is clean enough if it can be made cleaner, spring and fall "house cleaning" prevails here,—the female portion of the household might not be as happy were it otherwise,—and one of your meetings takes place early in June, and another early in December, and I leave for you to say whether at these meetings you have observed that we look any better than at the time of the September and March meetings, or even at the time of the monthly visits which I believe you have not failed to make since the hospital was opened.

It is no doubt true that faithful attendants and employes generally desire the favorable opinion and commendation of trustees as well as of the resident officers, and they doubtless make some—only commendable—effort to secure it; and it appears just as proper for them as for persons in their private capacity to do a little extra work when about to receive a visit or entertain company.

Without dwelling longer on this matter, I will introduce the disinterested testimony of a well known eminent physician in the central portion of the State, who wrote an account of a visit made with a member of the board which has already appeared in the newspapers. After alluding to the fact that the board had arranged that monthly visits should be made from time to time by the members living at a distance, as well as by those living in the city of Mount Pleasant, he says: "It was not expected by the trustees that by adopting this plan they would be enabled to discover anything wrong in the affairs or the management of the institution, but to satisfy all that the hospital was not duly and truly prepared for the reception of committees at stated periods known to the [resident] officers. Hon. ——— of this city, was selected to make the examination, and he very kindly invited me to accompany him as an assistant. I visited the hospital in ——— by an invitation given * * * * the Grand Commandery and Grand Chapter of Iowa, then in session in Mt. Pleasant, and it is presumable that if the appearance and condition of the hospital was not such as it should be at all times, it would at such a time when delegates were there from all portions of the State, be arranged in due form. I then observed every thing as closely as I could under the circumstances, and could see nothing of which to complain. My visit on the 18th inst. being semi official, of course I had the privilege of examining into every nook and corner of the building.

From all the circumstances I am satisfied our visit was entirely unexpected, and in less than five minutes after our arrival we were at work. We commenced our visit after the usual hour of admitting visitors and had ample opportunity to catch them "*en deshabille*," if such were possible. I am confident we made a minute and thorough examination of every thing connected with the institution, and I have no hesitation in saying that I can conceive of no possible way by which a hospital of that kind could be kept any better. All the wards, rooms and closets were peculiarly clean; the beds and clothing as nice as could be desired; food excellent and abundant; in fact, every thing as neat and nice as possible. * * * In no case

did I hear of any complaint of bad treatment. * * * This communication is written merely to bear testimony to the fact that the unfortunate insane of our noble Iowa * * * are cared for in a manner unsurpassed by none, and our people may rest assured that — — — all discharge their duties faithfully and honestly, withholding or neglecting nothing which in any way tends to the happiness, comfort and restoration to health of their unfortunate patients."

Probably I never would have written or inserted anything in a report like this that has so much the appearance of self justification or egotism, did I not know that these unfounded and ungenerous criticisms, so far as this institution is concerned, needlessly and injuriously tend to weaken public confidence in the management, and sometimes keeps patients at home till disorder in the brain has become fixed and incurable, whereby many worthy persons have sunk into hopeless insanity who otherwise might have been happy and useful members of society. Those who feel called upon to make insinuations, criticisms or charges ought to be careful to know whereof they affirm; and the sincere seeker after information respecting this institution can always have it for the asking.

A popular notion has long prevailed wherever the modern hospital for the insane is found, that they are sometimes used for the "incarceration" of entirely sane persons by wicked and designing relations, the Superintendent being in some way interested in aiding and furthering such wicked designs. That persons not obviously insane, tried by the popular judgment and standard, have been admitted to these hospitals and treated with benefit is not to be denied; but that a sane person has been committed or admitted to and detained in a hospital through any base or censurable motive is very doubtful, and certainly has not occurred in my experience. Mistakes may have been made, and the error committed of confounding the delirium of fever or phrenitis, or the protean manifestations and vagaries of what is called hysteria with insanity,—and in truth they are not very wide apart,—for scientific researches are seldom perfect and infallible till through long, patient, exhaustive inquiry. But I doubt if medical science is much less certain in the results of its inquiries than is the administration of law, or improper commitment of persons to hospitals than to jails or penitentiaries.

It appears not to be well or widely understood that there is such a condition as disorder of the emotional faculties of the mind while the

intellectual faculties are unaffected or but slightly affected,—in fact the mere mention of it is likely to excite a sneer, or a tirade of abuse,—and yet this emotional disorder—a change in the person's disposition and sentiment—perversions of his natural feelings—new and unaccustomed displays of aversion, hate, or love,—subjective in character, and arising and existing without obvious objective external cause—is the primary condition in all, or almost all cases of insanity not traumatic and sudden in their origin. This condition may pass away in a few weeks or a few months at farthest, without appearing to be complicated with intellectual derangement; or it may run on for many months and then for the first time display associated intellectual disorder, to finally disappear or be completely overshadowed by the latter. In either case there is true, unequivocal mental disorder—insanity—though scarcely recognized as such by the unscientific, or inexperienced. Nevertheless, both of these classes are ready with an opinion, based upon the purest assumption alone, even where the experienced alienist physician would pause and carefully consider, and seldom grow any wiser through others' experience. It has been the victims of this form of disease—emotional, or affective, or moral insanity,—chiefly, who have clamorously insisted that they have never been insane, that they have been falsely "incarcerated," who are more likely than any or all other classes of the insane to attribute false motives to everybody who have unfortunately had much to do with them, who are often cunning and malicious, and not unfrequently irascible in the last degree, and who seem to never tire of discoursing upon this one theme, themselves and their personal relations and experience. They talk well, at least pretty coherently, though volubly, and perhaps a little cerebral excitement lends force and piquancy to their utterances, and they go about readily deceiving the unwary and credulous, creating a strong sentiment in their favor and an equally strong prejudice against any institution in which they may have been an unwilling resident, and friends who have felt it a duty to take such steps as in any way interfered with their feeling of enlarged scope and freedom of action. Most fortunately, I feel, we have had but little to do with the most troublesome of this class, in comparison with the experience in some hospitals, but we have felt their power and influence very decidedly.

The instances of doubtful insanity other than cases of chronic, gross intemperance, who have been discharged usually as soon as they have become sober, unless they voluntarily remained for the possible benefit of prolonged abstinence, that have come under the

observation of the superintendents of this hospital it may be worth while to pass in review. The first case, a young woman, was admitted under Dr. Patterson. The case was probably hysteria or a mild form of mania some time before admission, there being indications of a some what marked change of mental characteristics within a pretty well defined period. The propriety of her detention not long after admission seeming questionable, arrangements were made for her removal. It was afterwards learned that it was thought her short residence in the hospital was beneficial in its results.

The first case under my administration was that of a young man who had been arrested and kept in jail several weeks for a minor offence. After some weeks he rather suddenly changed in his appearance in such a way and degree as to lead to the belief that he was insane, and he was sent from the jail to the hospital for observation. He was impenetrably silent like some cases of deep melancholia, or acute dementia. He kept his eyes mainly closed; stood or sat hour after hour seemingly as it happened; was led to the dining room, but once seated at the table would eat his meals. He was neat in his habits, though careless and negligent in dress, and he resorted to the water closet when occasion demanded. It was noticed at the first interview that he did not wear the expression of anxiety, sadness or distress, characteristic of melancholia, nor that of vacuity and insensibility to external surroundings of acute dementia, and first impressions that he was not insane but might be feigning insanity, daily gaining strength, were subsequently confirmed. Soon, occasion was found to surprise him into a mental activity that could not have been produced in any case of real disease approximating to the form assumed, and from that time forward he appeared as sane as anybody.

Another—man in middle life—was sent to the hospital while under arrest for forgery, after having been declared insane by verdict of jury. No history of his case was furnished, nor any testimony produced at the trial tending to establish insanity. Through friends some time subsequent to his admission it was learned that his father committed suicide in his old age, the cause assigned being domestic infelicity, he having married a second wife much younger than himself. A brother had been intemperate and in consequence of this habit, a patient at one time in a hospital in Ohio. He had led a roving life, having been on whaling voyages, and an enlisted man in the navy, and a miner in California; had drunk a good deal and sometimes had been drunk; and he was poor.

Upon admission his manner was frank, quiet, unassuming and he conversed intelligently and without any certain confusion of ideas upon topics that were within his sphere of knowledge and personal experience. During the succeeding two months there was no apparent change of importance. He had a clear sense of distinction between right and wrong; and the result of placing some test temptations in his way appeared to show that he had ordinary power to pursue the right and avoid the wrong.

There appeared to be in his case something of mental degeneracy, and perhaps moral degeneracy also; for it seems as if he did not view his offence in its true aspect, partly for the reason, perhaps, as he always claimed, and as his friends affirmed, he was intoxicated at the time, and was, in committing the crime, the instrument of others. There also appeared to be a weakened power of the will, its freedom impaired and embarrassed, but while he was free from the influence of drink it was not of a nature to be much evidence in favor of his insanity. From observation during a period of two months, and such information as could be obtained from his friends, I was led to conclude that, when wholly free from the influence of liquors, he was scarcely to be regarded as insane. Afterwards an order was made for his discharge, and he was set free.

The career of this man for a few months after his discharge was such as to justify the above views.

The next case was that of a deaf mute boy, eighteen years of age. Although so troublesome and difficult to control at home as to lead to the belief that he was insane, and adjudged to be by the commissioners of insanity, he was perfectly tractable, well behaved, and kind in his feelings as soon as he came under hospital influences. After a few weeks residence the ordinary symptoms of insanity not being witnessed in him, the conclusion was reached that most, if not all, of what had been regarded as evidence of insanity, might be the result of only very limited intellectual training, and that the proper school instead of the hospital is the place for him. He is to be sent to the school at Council Bluffs. Whether the conclusions reached in this case will be found to be correct I feel somewhat uncertain. He did not appear to display insanity in his manner; there was not witnessed any evidence of sensorial disorder; he showed a very good sense of the propriety and fitness of many things; he was quick to discern anything new which came under his observation, and regarded it with more or less intelligent interest. Unable to communicate with him except to a very lim-

ited extent by means of uncertain pantomime, observation of manner alone was the basis for forming conclusions. I think he is more likely to show mental defect in some degree of imbecility than in insanity.

A man under arrest, is still in the hospital for observation and it seems doubtful at this writing if the conclusion will be reached that he is insane. It would sometimes, doubtless, assist very much in the work of determining the mental condition of those sent to the hospital by courts, if the symptoms or evidence of insanity were also placed in the hands of the superintendent. This would apply as well to those cases sent from the penitentiary. In neither instance has this been done heretofore, and for a time we are left to grope our way in the dark in these cases when the disorder is of some undemonstrative form, or the symptoms involved in obscurity.

In the previous reports of the hospital mention has been made of the practice of sending insane criminals to it from the Penitentiary. All the evils heretofore spoken of as attending the practice have been more than repeated during this period. One of these convicts has been peculiarly vicious and dangerous, and two or three others cause us much watchful anxiety. They have displayed not only dangerous propensities, but they have been mischievous, and prone to excite others to bad conduct, efforts to escape, etc. With architectural arrangements not at all suited to the care of such persons, whereby they must daily and hourly come in contact with those to whom they can do much harm, it seems most improper to continue to send them here. The importance of providing for their care elsewhere—in the Penitentiary has been suggested—was felt to be urgent before the hospital had become much crowded, while now the necessity appears imperative. I earnestly hope early steps will be taken to remove the sending of them in the future.

Some remarks of the undersigned upon the effects of the "Act to Protect the Insane," now sections 1435-41, Code of Iowa, in the last biennial report, I have been informed, were taken to be unwarrantably severe criticism. I wish to say that at the time of writing I had no expectation they would be so construed—no intention of writing anything that could be so construed. At that time about to leave the state, I felt I could hardly do less than to put on record for consideration—with no other view, motive, or feeling, than the welfare of the insane—the result of experience of more than a year under the law. That the expression of my views and experience, or the terms in which they were expressed, should have given offence, I feel much regret.

It is with much pleasure that I can now say that the last amendment to the law whereby supervision of the letters patients write and receive [except to and from the Committee] is left where it formerly was, in the hands of the Superintendent, and has worked an obvious change for the better.

The restoration of that to the inexperienced, apparently unimportant prerogative of the Superintendent, has again given him one important controlling influence over his patients, of which for a time he had been bereft, to their cost. The opinion of the Attorney General that the visiting Committee can move to procure the discharge of patients only through and in accordance with previously existing statutory provisions,—substantially those recommended by the Association of Superintendents of American Institutions for the Insane,—has reversed an important interpretation of the act by the first committee, that I believe was having a very injurious effect upon the household of patients. By this I would by no means be understood as impugning or questioning the sincerity of the committee. All are liable to misinterpretations, errors or mistakes.

The attention of the above named association has been drawn to new legislation in several states affecting the management of hospitals and the relations of insane persons, and much careful consideration given to the subject. The result of their deliberation was the adoption unanimously of a preamble and resolutions at their meeting in Auburn, in May last. I beg leave to insert them here, and respectfully ask that they receive a careful reading:

"The Association of Medical Superintendents of American Institutions for the Insane, having been formed for the purpose of promoting the welfare of the Insane, regard it as one of their duties to enquire into and pass judgment upon any scheme, project or change, offered professedly with this end in view. They would be faithless to the trust they have assumed, were they to remain in silence, while changes in the management of our hospitals are forced upon us, calculated to impair their usefulness and inflict a positive harm upon their inmates. The duty to speak at the present time is all the greater, in view of the fact that the objects sought for by these new measures, are sufficiently secured in the existing arrangements and the pretended demand for them proceeds from no actual, tangible grievance, but solely from that prevalent spirit of discontent which is ever ready to discover a fancied wrong, and clamor for a change in whatever has stood the test of a little time.

Were this dissatisfaction confined to the ordinary methods of discussing evils real or fancied, it would furnish no ground of complaint, and we would cheerfully meet it in the same way. But without reference to us, without inquiry of any kind, in fact, it has been thrust upon us in the shape of legislation unexceptionably mischievous in its effect on the true purposes of hospitals for the insane, and thus it is that institutions, which should be managed on well matured, intelligent principles, their course guided by one animating spirit taking in all the circumstances of the situation, are disturbed by an intrusive element having with them no kind of affiliation, and calculated, in the nature of things, to destroy that harmony of action which is indispensable to the highest measure of success.

Believing that whatever of progress has been accomplished by our hospitals may be fairly attributed in a great measure to the free and independent action allowed to their officers, whereby they have been enabled, without apprehension of popular fear or favor, to manage their charge in the way commended to them, either by the general voice of the profession or their own deliberate convictions; we should, for that reason alone, deplore any legislation calculated to substitute for such liberty the suggestions of an outside party, entirely ignorant, it may be, of the working of a hospital, as well as of the movement of the insane mind. If the time shall ever come when the legislature, in its zeal for the public good, shall establish a board of officers to supervise the medical practice of the state, with power to enter every sick man's chamber, to inquire respecting the medicine and diet prescribed, and any other matter connected with his welfare, and report the results of their examination to the constituted authorities, then it may be proper to consider the propriety of extending the same kind of paternal visitation to the hospitals for the insane. Without arrogating to ourselves any extraordinary wisdom, we believe that the accomplished work of this association, as well as the character and reputation of its present members, fairly entitle it to respectful hearing in any matter of legislation affecting the interests of the insane in the establishments devoted to their custody and treatment. We, therefore, offer the following resolutions, in the hope that they will receive from the public all the attention to which the importance of the subject, and the authority of the source from which they come, entitle them.

Resolved, That the government of our hospitals, as at present constituted, whereby a physician supposed to be eminently qualified by his professional training and his traits of character, both moral and intel-

lectual, is invested with the immediate control of the whole establishment, while a Board of Directors, Trustees or Managers, as they are differently called in different places—men of acknowledged integrity and intelligence has the general supervision of its affairs has been found by ample experience to furnish the best security against abuses, and the strongest incentives to constant effort and improvement.

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

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

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

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

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

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

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

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

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

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

The expenditure of the sum appropriated by the Fifteenth General Assembly has been made by my immediate predecessor, Dr. Bassett, for the several objects named in the act, excepting that on account of a fire proof vault, which has been made under my own supervision. The sums expended for the different purposes will be found in the Steward's accounts. The appropriation for the improvement of the grounds was not all expended for the reason that certain work it was most desirable to do next in order could not be completed with the balance unexpended. The sum available for the construction of a new bath room for women, the estimates for which were made by myself, was not all used owing to a change of the plan by Dr. Bassett, reducing the cost of construction, and the use of the iron tank for hot water formerly used for storing gasoline, it being no longer required for the latter purpose.

The fire proof vault has been constructed in connection with the room opposite the medical office, heretofore used for a sleeping room, by taking twelve feet of the rotunda adjoining this room,—a change that will enable us to have the steward's office conveniently near that of the superintendent. On each side of the vault we obtain desirable closet rooms for public and private uses. On the opposite side of the rotunda adjoining the medical office the same space is taken for a dispensary, and a stairway to a convenient dispensary supply room below. The walls of this new work are connected with new walls in place of the lath and plaster partitions between the center building and the wings, in which are set iron doors for protection against a spread of fire. The change when finished will not mar the appearance of the

rotunda, I think, and may be even regarded as giving it an improved appearance, and will scarcely appear to be other than the original design.

The ordinary repairs to the building and fixtures, for which a considerable annual outlay is necessary, have been made as required, except in some portions where reconstruction is deemed necessary, and there only such work has been done as seemed indispensable. Besides a multitude of little jobs included in repairs, a large number of chairs, settees, and bedsteads have been made to replace worn-out or broken furniture of the same kind; the roof of the entire building has received two coats of paint; the filter at the branch put in order; several glazed doors hung at the entrances to the steam coil chambers in the basement to admit light; between two and three hundred yards of flagging and concrete laid in the basement; the old oven rebuilt, and a new one built to meet the increasing demands, and several wards and rooms have been painted, papered, or whitewashed, chiefly under Dr. Bassett's direction.

Airing courts, of a few acres area, planted with trees, shrubbery, and flowers, enclosed by a high wall or wooden fence, are regarded as a necessary adjunct to hospitals for the insane, to give the patients more of the out-door air, increased freedom of movement, and opportunities for exercise, with less opportunities for escape. With well inclosed airing courts a larger number of patients can be taken care of out of doors for a longer period of time by a smaller number of attendants than in any other way, with less interruption to the ordinary work of the day.

The attempt was made a few years ago to inclose an airing court for each sex with an Osage hedge. It was not successful. Wherever much shaded by trees or the building, it is not hardy, and is killed by severe frosts; and, moreover, now and then a single shrub will die, leaving a place that affords no security against the roving propensities, or the desire to escape of a large proportion of insane persons. A large airing court for each sex is more than ever needed since the hospital became so overcrowded, and I feel very desirous that this valuable means for promoting the health and general welfare of patients may be afforded during the coming year. I recommend that the inclosure, or that part of it which will be seen from the approach to the hospital, in order to correspond in appearance, be built of stone in broken range work, while the remainder may be wood. The inclosure should be about eight feet high; the stone work should start from three and a half

feet below the surface, and be surmounted with a coping. To inclose two airing courts of sufficient size in this substantial manner will cost, it is estimated, about four thousand dollars.

The supply of well water for drinking and cooking is inadequate for the present size of the household; the water obtained from the branch which receives the drainage from farm yards and road-ways and a slaughter house, is not relished for these purposes,—is really not fit, though answering well enough for washing and general cleaning purposes and for generating steam.

There being a strong well, not very deep, usually containing fifteen or eighteen feet of water, situated about thirteen hundred and twenty-five feet from the pump-room, I would recommend that this well be enlarged to twenty-five feet in diameter and substantially walled up, and then connected with the main pump, by means of which the water from this well can be delivered into a tank in the attic, from which it may be drawn as wanted in each ward and in the kitchen. The need of this improvement is very urgent. The cost it is estimated will not exceed twenty-five hundred dollars.

Twelve of the water closets in the wings used by patients have become defective, leaky, odorous, and probably unhealthy and liable to give rise to erysipelas or fevers. It is important that they should be reconstructed without delay. Nine of these closets are partly inclosed with lath and plaster partition walls which harbor rats and mice, and should be torn away and brick walls put in their places. The wooden floors of all should be removed and marble or slate, or limestone flags put in their place.

The estimated cost based upon previous work of the kind, including new soil pipes and double soil branches, is thirty-six hundred dollars.

The facilities for washing and drying clothes and all articles that weekly go through the wash house, nearly seven thousand articles each week, were sufficient for three hundred patients, the number designed to be cared for here, but are quite insufficient now that the number has risen to five hundred and fifty. The wash house can be enlarged by extending it about fifteen feet to the west, which seems to be the most feasible plan. The additional room thus obtained in the second story will probably afford sufficient and needed drying facilities with the aid of a hot air blast. For this purpose a Sturtevant blower should be provided, with which the exhaust steam from the engine and pumps can all be utilized. This improvement will cost about thirty-four hundred dollars.

The increase of patients has necessarily increased the consumption of steam for all purposes, and the four boilers which were adequate when they were procured are of insufficient capacity for present and prospective needs, and an additional one which is needed now, should be procured before another winter. A new boiler like or similar to those now in use, which continue to give satisfaction, will cost when set up about nineteen hundred and fifty dollars.

For the same reason, the crowded condition of the wards, which renders additional facilities and fixtures necessary, those first supplied and heretofore used never being intended to answer present demands, there is needed new flues for heating and ventilating some wards and rooms; soil pipes and hoppers in some crowded dormitories to enable us to dispense with the common chamber utensil which is a dangerous weapon in the hands of an excited insane person; larger and improved tea and coffee urns; new and improved steam kettles and steamers for cooking, which I estimate will cost about twenty-five hundred dollars.

As so little that is strictly landscape gardening has been done for the improvement of that portion of the grounds in front of the hospital, extending to the entrance gate, and the portions more particularly set apart for pleasure grounds for patients, and as we are now prepared to systematically work out Mr. Cleveland's plan prepared for and adopted by the board several years ago; I hope the sum of fifteen hundred dollars will be granted for the purpose. A good beginning has been made which I expect will in a few years add a good deal to the attraction of the place.

And lastly I would recommend that the walls which have been carried up through the first story of the center building in constructing the fire proof vault and enlargement of the dispensary be carried up through the successive stories, in order to make a fire proof wall with iron fire doors between the center buildings and the wings, and to provide some additional sleeping rooms, and an elevator which are much needed. This, I estimate, including six iron doors and frames, will cost forty-two hundred dollars.

But little space is required for the acknowledgment of gifts received during the period; but we are grateful for all favors. Miss D. L. Dix, whose deep interest in the welfare of the insane throughout the country has extended over the period of a generation, and to whom they probably owe more than to any other person their present comforts, has presented to the hospital a kaleidoscope, which daily engages the attention of different patients and whiles away many weary moments;

and "a friend," as modest as he is generous, gave twenty-five dollars toward purchasing a musical instrument for the women's ward.

The following newspapers have been gratuitously sent for the use of the patients, for which in their behalf, I return grateful thanks:

Messenger of Peace, New Vienna, O.
 Sioux City Weekly Journal.
 Christian Leader, New York.
 Hearth and Home, New York.
 Massachusetts Ploughman, Boston.
 Anamosa Eureka.
 Muscatine Weekly Journal.
 New Covenant, Chicago.
 The Standard, Chicago.
 Dubuque National Democrat, (German.)
 Friends' Review, Philadelphia.
 Vinton Eagle.
 Ottumwa Democrat.
 De Witt Observer.
 Fairfield Ledger.
 Glenwood Opinion.
 Buchanan County Bulletin.
 Keokuk Gate City.
 Chariton Patriot.
 Albia Union.
 Weekly Pella Blade.
 Fort Madison Plain Dealer.
 Daily Hawk-Eye.
 Iowa Tribune, (German.)
 Iowa City Republican.
 Iowa State Press.
 Henry County Press.
 Mount Pleasant Journal.
 Marysville Union.
 Davenport Democrat, (German.)

I deem myself fortunate that my former coadjuter, Dr. Bassett, has consented to act as first assistant physician till this time, and I hope, he may consent to remain for an indefinite time to come. No one, I feel, knows or can appreciate his worth better than myself, and the valuable service he has rendered the hospital and its patients during the past ten years. The statistical tables appended to this report have

been prepared by him with much patient effort to attain scientific accuracy. The other officers remain as at the date of last report, except that Dr. Riordan has been added to the medical staff as third assistant physician, and I take the occasion to thank them for valuable assistance. To the supervisors, and attendants, some of whom have been here many years and have qualities and experience that merit a high degree of confidence, and to the other employes, some of whom have been connected with the hospital longer than any others, I return thanks for generally faithful service.

With feelings of devout gratitude to an overruling Providence for the general prosperity that has attended the hospital during the more than fifteen years it has been doing its appointed work, and believing that I may rely upon your watchful, faithful care of its highest interests and your support of my best endeavors to promote the welfare of those entrusted to my care, I bespeak the confidence and fostering care of the community at large.

MARK RANNEY.

Iowa Hospital for the Insane, at Mt. Pleasant, Iowa, Nov. 1, 1875.

STATISTICAL TABLES.

TABLE I.

Movement of the Population.

	Males.	Females.	Total.
Number at the beginning of the period.....	273	222	495
Admitted in the period.....	300	221	521
Total present in the period.....	573	443	1,016
Discharged—Recovered.....	82	62	144
Improved.....	53	35	88
Stationary.....	76	53	129
Died.....	68	36	104
Remaining at the end of the period.....	291	257	551
Average present during the period.....	269.53	236.36	505.89

TABLE II.

Admission and Discharges from the Beginning of the Hospital.

	Males.	Females.	Total.
Admitted.....	1,662	1,366	3,028
Discharged—Recovered.....	538	418	956
Improved.....	234	205	439
Stationary.....	230	213	443
Died.....	364	245	609

TABLE III.

Number at each Age when admitted in the Period.

AGE.	WHEN ADMITTED.			WHEN ATTACKED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 15.....	3	0	3	10	7	17
15 to 20.....	26	20	46	35	28	63
20 to 30.....	97	71	168	89	77	166
30 to 40.....	62	63	125	45	52	97
40 to 50.....	46	39	85	36	21	57
50 to 60.....	36	18	54	25	8	33
60 to 70.....	18	5	23	8	3	11
70 to 80.....	6	3	9	1	1	2
80 and over.....	0	0	0	0	0	0
Unknown.....	6	2	8	51	24	75
All ages.....	300	221	521	300	221	521

TABLE IV.

Number at each Age from the beginning of the Hospital.

AGE.	WHEN ADMITTED.			WHEN ATTACKED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 15.....			38			
15 to 20.....			227			
20 to 30.....			969			
30 to 40.....			793			
40 to 50.....			515			
50 to 60.....			289			
60 to 70.....			116			
70 to 80.....			31			
80 and over.....			5			
Unknown.....			75			
All ages.....			3028			

TABLE V.

Nativity of the Patients Admitted.

NATIVITY.	WITHIN THE PERIOD.			FROM THE BEGINNING.			NATIVITY.	WITHIN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.		Males.	Females.	Total.	Males.	Females.	Total.
Maine.....	4	0	4				Tennessee.....	7	2	9			33
New Hampshire.....	1	2	3				Missouri.....	6	3	9			39
Vermont.....	5	1	6				Kansas.....	0	1	1			1
Massachusetts.....	9	0	9				Michigan.....	2	0	2			12
Rhode Island.....	0	2	2				Wisconsin.....	2	2	4			12
Connecticut.....	4	0	4				Iowa.....	41	27	68			232
New York.....	25	17	42				Minnesota.....	236					1
New Jersey.....	1	1	2				Canada.....	2	1	3			38
Pennsylvania.....	28	19	47				Great Britain.....	31	20	51			364
Delaware.....							Germany.....	19	25	44			308
Maryland.....							Austria.....	1	0	1			18
Virginia.....	5	2	7				Holland.....	2	0	2			11
North Carolina.....	3	1	4				Denmark.....	3	1	4			6
South Carolina.....	0	1	1				Norway.....	1	2	3			35
Georgia.....	0	1	1				Sweden.....	8	7	15			46
Alabama.....	1	0	1				France.....	2	1	3			16
Louisiana.....							Portugal.....						1
Ohio.....	41	48	89				Belgium.....						2
Indiana.....	18	15	33				Switzerland.....	3	2	5			27
Illinois.....	11	13	24				Unknown.....	7	0	7			100
Kentucky.....	5	4	9				Total.....	300	221	521			3028

TABLE VI.

Residence of Patients Admitted.

RESIDENCE.	IN THE PERIOD.			FROM THE BEGINNING.			RESIDENCE.	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.		Males.	Females.	Total.	Males.	Females.	Total.
State at large.....	33	18	53	127	46	173	Jones.....	1	3	4	13	24	37
Adair county.....	1	2	3	3	4	7	Keokuk.....	5	7	12	40	26	66
Adams.....	2	2	4	4	4	8	Kossuth.....	1	1	2	1	1	2
Allamakee.....	1	1	2	13	20	33	Lee.....	13	13	26	84	81	165
Appanoose.....	3	2	5	21	13	34	Linn.....	2	5	7	30	28	58
Audubon.....	1	1	2	1	2	3	Louisa.....	1	1	2	23	22	45
Benton.....	2	1	3	17	19	36	Lucas.....	1	1	2	13	9	22
Black Hawk.....	1	1	2	14	13	27	Madison.....	5	2	7	23	13	35
Boone.....	2	6	8	7	9	16	Mahaska.....	3	2	5	31	26	58
Bremer.....	1	1	2	10	11	21	Marion.....	3	4	7	54	28	82
Buchanan.....	1	1	2	7	5	12	Marshall.....	5	2	7	19	15	34
Buena Vista.....	1	1	2	1	1	2	Mills.....	9	1	10	23	7	25
Butler.....	1	1	2	5	5	10	Mitchell.....	1	1	2	1	1	2
Calhoun.....	1	1	2	1	1	2	Monona.....	3	3	6	6	6	10
Carroll.....	2	2	4	6	1	7	Monroe.....	5	3	8	29	12	41
Cass.....	3	2	5	3	4	7	Montgomery.....	6	1	7	12	5	17
Cedar.....	4	5	9	20	28	48	Muscatine.....	7	6	13	31	22	53
Cerro Gordo.....	1	1	2	5	5	10	O'Brien.....	1	1	2	1	1	2
Cherokee.....	1	1	2	1	1	2	Page.....	4	2	6	16	6	22
Chickasaw.....	1	1	2	8	7	15	Palo Alto.....	1	1	2	2	2	4
Clarke.....	1	2	3	8	4	12	Pocahontas.....	2	2	4	3	3	5
Clay.....	1	1	2	3	1	4	Polk.....	10	9	19	39	45	84
Clayton.....	1	1	2	17	17	34	Pottawattamie.....	5	6	11	23	17	40
Clinton.....	8	10	18	42	34	76	Poweshiek.....	3	4	7	10	17	27
Crawford.....	5	1	6	8	1	9	Ringgold.....	1	1	2	4	3	7
Dallas.....	2	1	3	13	4	17	Scott.....	10	6	16	37	55	92
Davis.....	4	2	6	31	20	51	Shelby.....	2	2	4	5	1	7
Decatur.....	3	4	7	17	14	31	Story.....	1	1	2	6	6	11
Delaware.....	1	1	2	13	7	20	Tama.....	1	1	2	11	6	17
Des Moines.....	15	9	24	58	61	119	Taylor.....	1	1	2	8	7	15
Dickinson.....	1	1	2	2	1	3	Union.....	1	1	2	4	4	8
Dubuque.....	1	1	2	47	53	100	Van Buren.....	6	7	13	38	41	79
Emmett.....	1	1	2	2	1	3	Wapello.....	10	4	14	41	35	76
Fayette.....	1	1	2	16	14	30	Warren.....	3	3	6	18	12	30
Floyd.....	1	1	2	6	5	11	Washington.....	3	4	7	46	31	77
Franklin.....	1	1	2	2	4	6	Wayne.....	1	1	2	7	9	16
Fremont.....	2	2	4	6	5	11	Webster.....	2	2	4	5	5	10
Greene.....	4	4	8	6	9	15	Winnebago.....	1	1	2	1	1	2
Grundy.....	1	1	2	2	2	4	Winnebiek.....	1	1	2	20	12	32
Guthrie.....	3	3	6	7	6	13	Woodbury.....	1	1	2	5	4	9
Hamilton.....	1	1	2	1	1	2	Worth.....	1	1	2	5	5	10
Hardin.....	3	1	4	7	9	16	Wright.....	1	1	2	2	2	4
Harrison.....	3	6	9	7	14	21	From Minnesota.....	30	25	55	30	25	55
Henry.....	12	9	21	51	43	94	From Nebraska.....	31	19	50	31	19	50
Howard.....	1	1	2	1	6	7	From Illinois.....	5	3	8	5	3	8
Humboldt.....	1	1	2	2	2	4	From Missouri.....	5	2	7	5	2	7
Iowa.....	5	4	9	17	22	39	From Wisconsin.....	1	1	2	1	1	2
Jackson.....	1	1	2	21	19	40	From Indiana.....	1	1	2	1	1	2
Jasper.....	13	6	19	31	36	67	From Louisiana.....	1	1	2	1	1	2
Jefferson.....	7	8	15	41	40	81	Fr'm Mont'na Tr.....	1	1	2	1	1	2
Johnson.....	9	5	14	39	17	56	Fr'm Col'rdo Ter.....	1	1	2	1	1	2
Total.....	300	221	521	1662	1367	3028							

TABLE VII.

Occupation of those Admitted.

	IN THE PERIOD.			FROM THE BEGINNING.				IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.		Males.	Females.	Total.	Males.	Females.	Total.
Accountants.....	1	1	2	1	1	2	Merchants.....	5	5	10	25	25	50
Actress.....	1	1	2	1	1	2	Millers.....	1	1	2	4	4	8
Agents.....	3	1	4	13	3	16	Milliners.....	1	3	4	1	1	2
Apothecaries.....	1	1	2	1	1	2	Millwrights.....	1	1	2	10	10	20
Artists.....	1	1	2	1	1	2	Miners.....	1	1	2	3	3	6
Attorneys.....	1	1	2	2	2	4	Musicians.....	1	1	2	3	3	6
Auctioneers.....	1	1	2	1	1	2	Music teachers.....	1	1	2	1	1	2
Bakers.....	1	1	2	1	1	2	Newsboy.....	1	1	2	193	193	386
Bankers.....	1	1	2	1	1	2	No employment.....	19	11	30	68	68	136
Barbers.....	1	1	2	3	3	6	Not ascertained.....	4	4	8	1	1	2
Basketmakers.....	1	1	2	21	21	42	Nurse.....	1	1	2	1	1	2
Blacksmiths.....	4	4	8	1	1	2	Nurserymen.....	1	1	2	6	6	12
Brewers.....	1	1	2	1	1	2	Painters.....	1	1	2	2	2	4
Brickmakers.....	1	1	2	1	1	2	Pastry cooks.....	1	1	2	2	2	4
Broommakers.....	1	1	2	4	4	8	Peddlers.....	3	3	6	5	5	10
Butchers.....	1	1	2	4	4	8	Photographers.....	1	1	2	2	2	4
Cabinet makers.....	1	1	2	5	5	10	Physicians.....	2	2	4	8	8	16
Carpenters.....	8	8	16	26	26	52	Physicians.....	2	2	4	8	8	16
Chairmakers.....	1	1	2	1	1	2	Porkpacker.....	1	1	2	1	1	2
Cigar makers.....	1	1	2	1	1	2	Potters.....	2	2	4	9	9	18
Civil officers.....	1	1	2	1	1	2	Preachers.....	1	1	2	3	3	6
Clerks.....	6	6	12	25	25	50	Printers.....	1	1	2	2	2	4
Colliers.....	1	1	2	4	4	8	Saddlers.....	1	1	2	2	2	4
Confectioners.....	1	1	2	2	2	4	Sailors.....	1	1	2	3	3	6
Coopers.....	1	1	2	4	4	8	Salesmen.....	1	1	2	3	3	6
Domestic duties.....	188	188	376	1218	1218	2436	Saloon-keepers.....	1	1	2	10	10	20
Druggists.....	1	1	2	2	2	4	Seamstresses.....	1	1	2	4	4	8
Editors.....	1	1	2	1	1	2	Servants.....	8	8	16	10	10	20
Engineers.....	1	1	2	1	1	2	Ship steward.....	1	1	2	1	1	2
Engravers.....	1	1	2	1	1	2	Shoemakers.....	2	2	4	15	15	30
Farmers.....	146	146	292	836	836	1672	Soldiers.....	1	1	2	6	6	12
Gardeners.....	1	1	2	3	3	6	Speculators.....	1	1	2	2	2	4
Grocers.....	1	1	2	4	4	8	Stage drivers.....	1	1	2	1	1	2
Gunsmiths.....	1	1	2	1	1	2	Stock dealers.....	1	1	2	11	11	22
Hair braiders.....	1	1	2	1	1	2	Students.....	2	2	4	11	11	22
Harness makers.....	1	1	2	5	5	10	Surveyors.....	1	1	2	14	14	28
Hatters.....	1	1	2	1	1	2	Tailors.....	3	3	6	7	7	14
Hotel-keepers.....	3	3	6	6	6	12	Teachers.....	3	4	7	4	4	8
Hunters.....	1	1	2	1	1	2	Teamsters.....	2	2	4	4	4	8
Iron moulders.....	1	1	2	2	2	4	Tanners.....	1	1	2	6	6	12
Jewelers.....	1	1	2	2	2	4	Watchmakers.....	1	1	2	1	1	2
Laborers.....	60	60	120	304	304	608	Weavers.....	1	1	2	3	3	6
Laundress.....	1	1	2	1	1	2	Wheelwrights.....	1	1	2	1	1	2
Lawyers.....	1	1	2	5	5	10							
Machinists.....	1	1	2	14	14	28	Total.....	300	221	521	1662	1367	3028
Masons.....	2	2	4	1	1	2							
Mechanics.....	1	1	2	1	1	2							

TABLE VIII.

Civil Condition of those Admitted.

	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Single.....	164	61	225	879	381	1260
Married.....	121	136	257	694	845	1539
Widowed.....	8	21	29	57	124	181
Divorced.....	6	3	9	8	9	17
Unknown.....	1	1	2	7	7	14
Total	300	221	521	1662	1866	3528

TABLE IX.

How Committed.

	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
By Commissioners of Insanity.....	201	221	512	.....	.....	.....
By Judges of the Circuit Court.....	.....	.....	.....	.....	.....	.....
By Clerks of the Circuit Court.....	.....	.....	.....	.....	.....	.....
By Judges of the County Court.....	.....	.....	.....	.....	.....	.....
By Judges of the District Court.....	.....	.....	.....	.....	.....	.....
By friends.....	6	.....	6	.....	.....	.....
By Governor's order.....	.....	.....	.....	.....	.....	.....
Total	300	221	521	.....	.....	.....

TABLE X.

How Supported.—Of those Admitted.

	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
By the State alone.....	35	18	53	.....	.....	.....
By counties.....	205	203	408	.....	.....	.....
By friends.....	.....	.....	.....	.....	.....	.....
By other States.....	.....	.....	.....	.....	.....	.....
Total	300	221	521	.....	.....	.....

TABLE XI.

Supposed or Assumed Causes of Insanity.

CAUSES.	IN THE YEAR.			FROM THE BEGINNING.			CAUSES.	IN THE YEAR.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.		Males.	Females.	Total.	Males.	Females.	Total.
Connected with general ill health.....	12	10	22	.....	.....	.....	Spermatorrhoea.....	.....	.....	.....	.....	.....	1
Puerperal condition.....	.....	.....	.....	.....	.....	.....	Scarlet fever.....	.....	.....	.....	.....	.....	2
Disappointment.....	.....	25	27	.....	.....	.....	Grief, loss of friends, etc.....	.....	5	5	.....	.....	32
Sun stroke.....	.....	1	1	.....	.....	.....	Constitutional.....	8	10	18	.....	.....	32
Epilepsy.....	29	12	41	.....	.....	.....	Nostalgia.....	.....	.....	.....	.....	.....	2
Injuries of the head.....	6	.....	6	.....	.....	.....	Lactation too long continued.....	.....	1	1	.....	.....	4
Excessive study.....	.....	.....	.....	.....	.....	.....	Syphilis.....	4	.....	4	.....	.....	8
Hereditarily.....	13	16	29	.....	.....	.....	Typhoid fever.....	1	.....	1	.....	.....	19
Vaccination.....	.....	.....	.....	.....	.....	.....	Disordered menstruation.....	.....	14	14	.....	.....	59
Concussion.....	.....	.....	.....	.....	.....	.....	Change of life.....	.....	2	2	.....	.....	23
Spiritualism.....	1	.....	1	.....	.....	.....	Pecuniary anxiety.....	.....	.....	.....	.....	.....	2
Bodily injuries.....	1	.....	1	.....	.....	.....	Jealousy.....	.....	2	2	.....	.....	33
Business anxieties.....	5	.....	5	.....	.....	.....	Intemperance.....	.....	19	19	.....	.....	153
Exposure to cold.....	.....	.....	.....	.....	.....	.....	Disease of the brain.....	.....	.....	.....	.....	.....	2
Fright.....	.....	.....	.....	.....	.....	.....	Paralysis.....	1	.....	1	.....	.....	10
Masturbation.....	19	.....	19	.....	.....	.....	Hemiplegia.....	.....	1	1	.....	.....	8
Political excitement.....	.....	.....	.....	.....	.....	.....	Apoplexy.....	1	2	3	.....	.....	3
Meningeal inflammation.....	.....	.....	.....	.....	.....	.....	Hysteria.....	.....	.....	.....	.....	.....	8
Domestic troubles.....	.....	.....	.....	.....	.....	.....	Measles.....	.....	.....	.....	.....	.....	2
Religious excitement.....	.....	.....	.....	.....	.....	.....	Senile dementia.....	.....	.....	.....	.....	.....	2
Ill treatment.....	5	2	7	.....	.....	.....	Original defect.....	5	.....	5	.....	.....	24
Blindness.....	.....	.....	.....	.....	.....	.....	Disappointed affections.....	.....	1	1	.....	.....	18
Use of Tobacco.....	.....	.....	.....	.....	.....	.....	Loss of health in military service.....	.....	.....	.....	.....	.....	27
Uterine disease.....	.....	11	11	.....	.....	.....	No satisfactory cause assigned.....	145	93	238	.....	.....	1074
Novel-reading.....	.....	.....	.....	.....	.....	.....	Abortion.....	.....	.....	.....	.....	.....	2
War excitement.....	.....	.....	.....	.....	.....	.....	Total	300	221	521	.....	.....	3028
Over-exertion.....	6	1	7	.....	.....	.....				

TABLE XII.

Form of Disease in those Admitted.

	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Mania, Acute	140	85	225	.....	.....	.....
Mania, Chronic	89	94	183	.....	.....	.....
Mania, Epileptic	16	11	27	.....	.....	.....
Mania, Puerperal .....	.....	21	21	.....	.....	.....
Mania, Homieidal .....	.....	.....	.....	.....	.....	.....
Monomania .....	.....	.....	.....	.....	.....	.....
Melancholia, Acute	25	18	43	.....	.....	.....
Melancholia, Chronic	8	6	14	.....	.....	.....
Melancholia, Suicidal .....	.....	.....	.....	.....	.....	.....
Dementia, Acute	1	1	2	.....	.....	.....
Dementia, Chronic	24	5	29	.....	.....	.....
Dementia, Senile .....	.....	.....	.....	.....	.....	.....
Imbecility .....	.....	.....	.....	.....	.....	.....
Total	300	221	521	.....	.....	.....

TABLE XIII.

Complications in those Admitted.

	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Epileptic	30	13	43	.....	.....	.....
Apoplectic	1	2	3	.....	.....	.....
Paralytic	12	.....	12	.....	.....	.....
Idiotic .....	.....	5	5	.....	.....	.....
Suicidal	11	.....	11	.....	.....	.....
Homieidal .....	.....	1	1	.....	.....	.....
Periodical .....	.....	.....	.....	.....	.....	.....
Hereditary	19	24	43	.....	.....	.....
Without complications	236	177	413	.....	.....	.....
Total	300	221	521	.....	.....	.....

TABLE XIV.

Number of the Attack in those Admitted.

NUMBER.	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
First	172	137	309	.....	.....	.....
Second	36	24	60	.....	.....	.....
Third	7	13	20	.....	.....	.....
Fourth	2	2	4	.....	.....	.....
Fifth	1	3	4	.....	.....	.....
Sixth .....	.....	.....	.....	.....	.....	.....
Seventh .....	.....	.....	.....	.....	.....	.....
Eighth .....	.....	.....	.....	.....	.....	.....
"Several"	21	14	35	.....	.....	.....
Unknown	61	26	87	.....	.....	.....
Total	300	221	521	.....	.....	.....

TABLE XV.

Duration of Insanity before Entrance of those Admitted.

	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Less than 1 month	58	40	98	.....	.....	.....
1 to 3 months	43	23	66	.....	.....	.....
3 to 6 months	23	25	47	.....	.....	.....
6 to 9 months	15	16	31	.....	.....	.....
9 to 12 months	5	9	14	.....	.....	.....
12 to 18 months	9	6	15	.....	.....	.....
18 months to 2 years	4	5	9	.....	.....	.....
2 to 3 years	12	11	23	.....	.....	.....
3 to 4 years	10	7	17	.....	.....	.....
4 to 5 years	3	3	6	.....	.....	.....
5 to 10 years	11	15	26	.....	.....	.....
10 to 15 years	4	4	8	.....	.....	.....
15 to 20 years	4	4	8	.....	.....	.....
20 to 25 years	2	1	3	.....	.....	.....
25 to 30 years .....	.....	.....	.....	.....	.....	.....
Over 30 years .....	.....	.....	.....	.....	.....	.....
Unknown	95	46	141	.....	.....	.....
Total	300	221	521	.....	.....	.....

TABLE XVI.

Recovered of those Attacked at the several Ages within the Period.

AGE WHEN ATTACKED.	NUMBER.			Per cent. recover- ed of those attack- ed at each age.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 15.....	10	8	18	6.94	5.55	12.49
15 to 20.....	19	10	29	13.19	6.94	20.13
20 to 25.....	14	17	31	9.72	11.80	21.52
25 to 30.....	6	9	15	4.16	6.25	10.41
30 to 35.....	7	4	11	4.86	2.77	7.63
35 to 40.....	5	5	10	3.47	3.47	6.94
40 to 45.....	7	2	9	4.86	1.38	6.24
45 to 50.....	8	5	13	5.55	3.47	9.02
50 to 60.....	2	2	4	1.38	1.38	2.77
60 to 70.....	1	1	2	0.69	0.69	1.38
70 to 80.....	1	1	2	0.69	0.69	1.38
Over 80.....	3	1	4	2.08	0.69	2.77
Unknown.....	3	1	4	2.08	0.69	2.77
All ages.....	82	62	144			

TABLE XVII.

Recovered after various durations of the Diseases before Treatment within the Period.

DURATION OF DISEASE BEFORE TREATMENT.	NUMBER.			Per cent. recover- ed after each period of dura- tion.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 month.....	31	27	58	21.52	18.75	40.27
1 to 2 months.....	10	8	18	6.69	5.55	12.24
2 to 3 months.....	7	7	14	4.86	4.86	9.72
3 to 6 months.....	7	6	13	4.86	4.16	9.02
6 to 9 months.....	3	3	6	2.08	2.08	4.16
9 to 12 months.....	1	2	3	0.69	1.38	2.07
12 to 18 months.....	5	5	10	3.47	3.47	6.94
18 to 24 months.....	1	1	2	0.69	0.69	1.38
2 to 3 years.....						
3 to 4 years.....						
4 to 5 years.....						
5 to 10 years.....						
Over 10 years.....						
Unknown.....	18	8	26	12.50	5.55	18.05
All ages.....	82	62	144			

TABLE XVIII.

Duration of Treatment of those Recovered within the Period.

DURATION.	NUMBER RECOVERED.		
	Males.	Females.	Total.
Under 1 month.....	6	1	7
1 to 2 months.....	7	4	11
2 to 3 months.....	6	6	12
3 to 6 months.....	33	17	50
6 to 9 months.....	9	13	22
9 to 12 months.....	11	7	18
12 to 18 months.....	7	5	12
18 to 24 months.....		4	4
2 to 3 years.....	3	2	5
3 to 4 years.....			
4 to 5 years.....			
Over 5 years.....			
Unknown.....			
Total.....	82	62	144
Average duration of treatment of all.....	mos.	m os.	74-30mos.

TABLE XIX.

Whole Duration of Disease of those Recovered within the Period.

DURATION.	NUMBER RECOVER'D.		
	Males.	Females.	Total.
Under 1 month.....			
1 to 2 months.....	4		4
2 to 3 months.....	3	3	6
3 to 6 months.....	16	11	27
6 to 9 months.....	18	15	33
9 to 12 months.....	10	11	21
12 to 18 months.....	10	12	22
18 to 24 months.....	2	3	5
2 to 3 years.....	4	3	7
3 to 5 years.....			
4 to 5 years.....			
Over 5 years.....			
Unknown.....	15	4	19
Total.....	82	62	144

TABLE XX.

Form of Disease of those Recovered within the period.

Form of Disease	NO. RECOVERED.			PER CENT. RECOVERED OF EACH FORM ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Mania, Acute	63	44	107	43.75	30.55	74.30
Mania, Chronic	8	2	10	5.55	1.38	6.94
Mania, Puerperal	7	7	14	4.86	4.86	9.72
Melancholia, Acute	7	8	15	4.86	5.55	10.41
Melancholia, Chronic	12	1	13	1.38	1.38	2.76
Dementia, Acute	12	1	13	1.38	.69	2.08
Total	82	62	144			

TABLE XXI.

Causes of Diseases of those Recovered within the period.

CAUSES OR CLASSES OF CAUSES.	NO. RECOVERED.			PER CENT RECOVERED OF EACH CLASS ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Constitutional	6	5	11			
Heredity	4	4	8			
Intemperance	8	8	16			
Masturbation	6	6	12			
Syphilis	1	1	2			
Sunstroke	2	2	4			
Injuries of the head	5	5	10			
Over exertion	2	2	4			
Connected with general ill health	4	1	5			
Disordered menstruation	7	7	14			
Uterine disease	4	4	8			
Change of life	1	1	2			
Puerperal condition	10	10	20			
Business anxieties	1	1	2			
Pecuniary anxiety	1	1	2			
Loss of property	1	1	2			
Domestic trouble	3	2	5			
Ill treatment	1	1	2			
Religious excitement	1	3	4			
Disappointed affections	1	1	2			
Grief, loss of friends, etc	1	1	2			
No satisfactory cause assigned	38	20	58			
Total	82	62	144			

TABLE XXII.

Nativity, &c., of those Recovered within the period.

COUNTRY.	NO. RECOVERED.			PER CENT. RECOVERED OF EACH CLASS ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
United States	64	50	114			
British Provinces	6	4	10			
Great Britain	8	7	15			
Germany, Holland, Belgium	3	3	6			
Denmark	1	1	2			
Sweden and Norway	1	1	2			
Russia	1	1	2			
France	1	1	2			
Italy	1	1	2			
Spain	1	1	2			
Portugal	1	1	2			
Unknown	1	1	2			
Total	82	62	144			

TABLE XXIII.

Deaths and the Causes.

CAUSES.	IN THE YEAR.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Chronic insanity	20	2	28			
Exhaustion from acute mania	4	4	8			
Acute delirious mania	2	2	4			
Melancholia, with abstinence from food	2	1	3			
Congestion of the brain	1	1	2			
General paralysis	4	4	8			
Apoplexy	6	4	10			
Epilepsy	12	3	15			
Puerperal mania	2	2	4			
Suicide	7	7	14			
Consumption	1	2	3			
Dysentery and diarrhoea	1	1	2			
Disease of the heart	1	1	2			
Old age	1	1	2			
Obscure brain disease	1	1	2			
Senility	1	1	2			
Paralysis	1	1	2			
Total	68	36	104			

TABLE XXIV.

Age at Death.

AGE.	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under fifteen.....						
Fifteen to twenty.....	5	2	7			
Twenty to twenty-five.....	5	3	8			
Twenty-five to thirty.....	7	3	10			
Thirty to thirty-five.....	5	4	9			
Thirty-five to forty.....	9	5	14			
Forty to forty-five.....	9	3	12			
Forty-five to fifty.....	5	2	7			
Fifty to sixty.....	6	13	19			
Sixty to sixty.....	9	1	10			
Seventy to eighty.....	4		4			
Eighty to ninety.....	1		1			
Over ninety.....						
Unknown.....	2		2			
Total.....	68	36	104			

TABLE XXVI.

Duration of Disease of those who Died within the Period.

	FR' MADM'S- SION INTO HOSPITAL.			FROM THE ATTACK.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under one month.....	16	9	25	3	3	6
One to two months.....	23	4	27	1	1	2
Two to three months.....	22	5	27	1	1	2
Three to six months.....	22	13	35	1	1	2
Six to nine months.....	7	1	8	1	1	2
Nine to twelve months.....	4	2	6	1	1	2
Twelve to eighteen months.....	5	5	10	1	1	2
Eighteen to twenty-four months.....	3	3	6	1	1	2
Two to three years.....	3	3	6	1	1	2
Three to four years.....	4	7	11	4	4	8
Four to five years.....	2	2	4	1	1	2
Five to ten years.....	1	3	4	1	1	2
Ten to fifteen years.....	7	12	19	1	1	2
Over fifteen years.....	3	1	4	1	1	2
Unknown.....				12	15	27
Total.....	68	36	104	68	36	104

TABLE XXVII.

Remaining in the Hospital at the end of the Period.

AGE.	Males.	Females.	Total.
	Under 15.....	4	1	5
15 to 20.....	17	11	28
20 to 25.....	31	24	55
25 to 30.....	33	30	63
30 to 35.....	47	35	82
35 to 40.....	33	33	66
40 to 45.....	24	32	56
45 to 50.....	24	26	50
50 to 60.....	22	27	49
60 to 70.....	9	5	14
70 to 80.....	5	3	8
80 to 90.....			
Unknown.....	15	25	50
Total.....	294	257	551

TABLE XXIX.

Remaining at the end of the Period.—Prospect.

	Males.	Females.	Total.
Curable.....	42	33	75
Incurable.....	252	244	496
Total.....	294	257	551

Daily Average of Patients.

DAILY AVERAGE—1873 AND 1874.		DAILY AVERAGE—1874 AND 1875.	
November, 1873.....	467.99	November, 1874.....	497.93
December, 1873.....	479.31	December, 1874.....	503.86
January, 1874.....	485.51	January, 1875.....	499.53
February, 1874.....	494.17	February, 1875.....	484.10
March, 1874.....	507.89	March, 1875.....	491.09
April, 1874.....	520.03	April, 1875.....	499.89
May, 1874.....	521.47	May, 1875.....	504.54
June, 1874.....	524.19	June, 1875.....	517.59
July, 1874.....	497.35	July, 1875.....	533.96
August, 1874.....	485.87	August, 1875.....	542.64
September, 1874.....	497.89	September, 1875.....	540.40
October, 1874.....	497.87	October, 1875.....	546.31

Daily average for the period, 505.89.

IMPROVEMENT FUND.

Steward's Exhibit from November 1, 1873, to November 1, 1875.

DR.

To balance on hand November 1, 1873.....	\$ 352.94
To auditor of State.....	8,594.66—\$8,947.60

CR.

By painting.....	\$ 342.75
By improvement of grounds.....	536.94
By carpenter shop.....	2,479.34
By bath room.....	1,136.54
By steam pipe.....	171.80
By iron doors.....	783.65
By fire-proof vault and contingencies.....	3,495.59—\$8,947.60

CURRENT EXPENSE FUND.

Exhibit of Steward for year ending October 31, 1874.

RECEIPTS.

From balance on hand, November 1, 1873.....	\$ 6,304.08
From auditor of State.....	\$ 104,000.00
From articles sold.....	3,905.86
From private patients.....	4,635.98
From return of freight.....	52.55—112,594.39
	\$118,898.47

EXPENDITURES.

For meats.....	\$ 11,636.00
For fish.....	654.45
For breadstuffs.....	5,577.98
For fruit.....	1,555.58
For tea.....	735.56
For coffee.....	1,758.51
For sugar.....	3,078.16
For groceries.....	2,819.52
For butter and cheese.....	4,684.45
For eggs.....	439.22
For potatoes.....	883.08
For medicinal supplies.....	2,075.19
For postage and stationery.....	742.38
For dry goods and clothing.....	8,446.41
For library and diversions.....	1,035.77
For furniture and furnishing.....	2,327.21
For repairs.....	3,913.08
For hardware and queensware.....	1,138.80
For contingencies.....	2,424.39
For painters' supplies.....	74.95
For visiting committee.....	388.80
For farm.....	3,212.68
For feed.....	5,410.09
For fuel and lights.....	11,870.11
For salaries and wages.....	35,224.10—\$112,066.47
Balance on hand, November 1, 1874.....	\$ 6,832.00

CURRENT EXPENSE FUND.

Exhibit of Steward for Year ending Oct. 31st, 1875.

RECEIPTS.

From balance on hand Nov. 1st, 1874.....	\$ 6,832.00
From auditor of State.....	\$102,404.25
From articles sold.....	3,723.18
From private patients.....	2,370.17—\$108,497.60
	\$115,329.60

EXPENDITURES.

For meats and fish.....	\$ 8,847.13
For lights.....	3,719.40
For breadstuffs.....	4,511.13
For fruit.....	1,099.75
For tea and coffee.....	2,952.77
For sugar and syrup.....	2,564.78
For groceries.....	2,334.55
For butter, cheese and eggs.....	5,277.81
For mortuary expenses.....	351.00
For medicinal supplies.....	2,456.75
For postage and stationery.....	796.08
For dry goods and clothing.....	9,096.02
For library and diversions.....	917.02
For furniture and furnishing.....	4,434.14
For repairs.....	3,820.14
For hardware and queensware.....	2,465.92
For contingencies.....	1,697.43
For visiting committee.....	316.00
For painters' supplies.....	584.90
For farm.....	3,473.41
For feed.....	5,643.82
For fuel.....	7,096.73
For salaries and wages.....	33,995.56—\$108,452.24
Balance on hand, Nov. 1st, 1875.....	\$ 6,877.36

TREASURER'S EXHIBIT.

Current Expense Fund from November 1, 1873 to November 1, 1874.

Balance on hand November 1, 1873.....	\$ 6,304.00
Receipts to November 1, 1874.....	112,594.39—\$118,898.47
Payments to November 1, 1874.....	112,066.47

Balance on hand November 1, 1874.....	\$ 6,832.00
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Current Expense Fund from November 1, 1874 to November 1, 1875.

Balance on hand November 1, 1874.....	\$ 6,832.00
Receipts to November 1, 1875.....	108,497.60—\$115,329.60
Payments to November 1, 1875.....	108,452.24

Balance on hand November 1, 1875.....	\$ 6,877.36
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Improvement Fund from November 1, 1873 to December 1, 1875.

Balance on hand November 1, 1873.....	\$ 352.94
Receipts to December 1, 1875.....	8,594.66—\$ 8,947.60
Payments to December 1, 1875.....	8,947.60

The foregoing is a true exhibit.

M. L. EDWARDS, *Treasurer.*

December 3, 1875.

THE FOLLOWING ARE THE PRODUCTS OF THE FARM AND GARDEN FOR 1874.

Asparagus, 226 dozens, at 10c.....	\$ 22.60
Beans, Lima, 54 gallons, at 50c.....	27.00
Beans, string, 34 bushels, at 75c.....	22.50
Beets, 275½ bushels, at 75c.....	206.62
Cabbages, 5,269 heads, at 6c.....	316.14
Currants, 349 quarts, at 10c.....	34.90
Cauliflower, 13 heads, at 10c.....	1.30
Celery, 2,000 heads, at 10c.....	200.00
Cucumbers, 758 dozens, at 10c.....	75.80
Cucumbers, martinis, 46 dozens, at 10c.....	4.60
Corn, 900 bushels, at 45c.....	405.00
Corn, sweet, 209 dozens, at 10c.....	20.90
Corn stalks, 500 shocks, at 10c.....	50.00
Egg plant, 87, at 5c.....	4.35
Grapes, 2,253 pounds, at 4c.....	90.12
Gooseberries, 18 quarts, at 10c.....	1.80
Hay, 250 tons, at \$8 00.....	2,000.00
Hay, slough, 40 tons, at \$5.00.....	200.00
Horse radish, 40 dozens, at 15c.....	6.00
Lettuce, 2,540 heads, at 1c.....	25.40
Milk, 68,210 quarts, at 5c.....	3,410.50
Oats, 400 bushels, at 40c.....	160.00
Onions, 222½ bushels, at \$1.25.....	287.12
Pork, 30,428 pounds, at 5½c.....	1,673.54
Potatoes, 3,872 bushels, at 50c.....	1,936.00
Potatoes, sweet, 35½ bushels, at \$1.50.....	52.87
Parsnips, 380 bushels, at 75c.....	285.00
Peas, pods, 41 bushels, at \$1 50.....	61.50
Peppers, 428 dozens, at 8c.....	34.24
Parsley, 86 stalks, at 10c.....	8.60
Pasturage for 90 head of cattle and other stock, 6½ months, at \$1.50 per head per month.....	877.50
Radishes, 518 dozens, at 5c.....	25.90
Raspberries, 32 quarts, at 15c.....	4.80
Rhubarb, 46 dozens, at 15c.....	6.90
Rye, 200 bushels, at 65c.....	130.00
Sage, 47 pounds, at 75c.....	35.25
Sweet majorim, 7 pounds, at 75c.....	5.25
Sweet pumpkins, 5,443 pounds, at .605.....	27.22
Squash, 25,825 pounds, at 1c.....	58.25
Straw, 30 tons, at \$3.00.....	90.00
Stock and produce sold during the year.....	832.44
Turnips, 392 bushels, at 35c.....	137.20
Tomatoes, 235 bushels, at 75c.....	176.25
Turkeys, 39 head, at 75c.....	35.25
Wood, 90 cords, at \$2.65.....	238.50

\$14,508.11

THE FOLLOWING ARE THE PRODUCTS OF THE FARM AND GARDEN FOR
1875.

Asparagus, 307 bunches, at 10c	30.70
Beans, Lima, 64 gallons, at 50c.....	32.00
Beans, String, 78 bushels, at \$1.50.....	117.00
Beans, shelled, 5 bushels, at \$1.75.....	8.75
Beets, 473 bushels, at 50c.....	236.50
Cabbages, 6,005 heads, at 5c.....	300.25
Currents, 185 quarts, at 10c.....	18.50
Celery, 2,435 heads, at 5c.....	121.75
Cucumbers, 2,143 dozen, at 8c.....	171.44
Corn, 2,224 bushels, at 30c.....	667.20
Corn, sweet, 274 dozen, at 10c.....	27.40
Corn stalks, 768 shocks, at 15c.....	115.20
Cress, 525, at 5c.....	26.25
Egg plant, 54, at 5c.....	2.70
Grapes, 5,310 pounds, at 5c.....	265.50
Gooseberries, 5 quarts, at 10c.....	.50
Hay, 215 tons, at \$10.00.....	1,150.00
Horse radish, 40 dozen, at 10c.....	4.00
Lettuce, 4,915 heads, at 1c.....	49.15
Milk, 76,164 quarts, at 5 c.....	3,808.20
Oats, 480 bushels, at 25c.....	120.00
Onions, 135 bushels, at \$1.00.....	135.00
Pork, 26,628 pounds, at 7c.....	1,863.96
Potatoes, 3,500 bushels, at 25c.....	875.90
Potatoes, sweet, 29 bushels, at 75c.....	21.75
Parsnips, 300 bushels, at 75c.....	225.00
Peas, pods, 58 bushels, at \$1.25.....	72.50
Parsley, 62 dozen, at 5c.....	3.10
Pumpkins, sweet, 6,525 pounds, at .005.....	32.63
Pasturage for 90 head of cattle and other stock, 6 months, at \$1.50 per head per month	877.50
Radishes, 307 dozen, at 4c.....	12.28
Raspberries, 97 quarts, at 18c.....	17.46
Rhubarb, 304 dozen, at 10c.....	30.40
Rye, 150 bushels, at 50c.....	75.00
Straw, 45 tons, at \$3.00	135.00
Strawberries, 235 quarts, at 25c.....	81.25
Sage, 30 pounds, at 50c.....	15.00
Squash, 21,635 pounds, at 1c.....	246.35
Stock and produce sold during year.....	1,062.44
Turnips, 237 bushels, at 25c.....	59.25
Tomatoes, 255 bushels, at 80c.....	204.00
Turkeys, 7 head, at 75c.....	5.25

\$14,323.11

REPORT OF JOINT COMMITTEE.

To the Members of the Sixteenth General Assembly:

GENTLEMEN:—Your committee appointed to visit the Hospital for the Insane located at Mount Pleasant, would say that they have discharged that duty and respectfully submit the following report:

We found the building situated upon a farm said to contain about three hundred acres. It is built of stone, with good architectural appearance. Is four stories high, and around the different wings as they project from the main building, including the main building itself, is nearly half a mile. In the lower story we found the fire-proof safe unfinished, and the fire-proof walls commenced between the main building and the different wings of said building, to protect from fire in case of conflagration—all of which we think should be completed. As we passed through the different wards in which the patients of the hospital were confined, a difference in the condition of the atmosphere was plainly discernible, in the same sized rooms, containing the same number of persons, and same cleanliness observed. Upon inquiry and observation, we found the difference was in ventilation. The apartments or wards where the atmosphere was the most unpleasant, were those in which the registers to admit heat and air are near the floor, and the apertures to carry off the accumulating poisonous air near the ceiling. We were informed that the rooms were heated and ventilated on the above plan at the first all erection. Where the heating and ventilating registers were the reverse of the above, there was a more perceptible current from above downward—sufficient to retain a common handkerchief spread over the lower ventilators. The difference in the smell of the air in those rooms was so great, that your committee thought they could have detected the difference if their eyes had been closed.

In the water closets the same kind of a current of air existed, to keep them free from noxious impurities.

We estimated the number of patients to be about five hundred and sixty. They are from about seven to seventy years old.

Those that are convalescent are in rooms together. Those of a mild

grade of insanity and disposition, and not evil inclined, are warded together. The noisy and boisterous are classed, and destructive ones have their apartments, and all have their attendants. Your committee are of the opinion that the rooms are too much crowded—the dining-rooms are too small for the number now in attendance. The bathing-rooms need repairs, and the numbers increased, as bathing, in those chronic nervous diseases, is the great auxiliary health-restorer. In the upper rooms are confined the most pitiable objects that it is possible for our minds to conceive. In those wards are the demented, imbecile, melancholia monomaniac and boisterous maniac. Your committee thought if anything would arouse the sympathies and charitable feelings of any people, it would be to visit an institution of this kind. From the upper rooms or wards we descended to the basement through the washing, drying and ironing rooms, where some of the convalescents were at work, and if the superintendent had not informed us who the patients were, we would have passed without knowing.

In the basement we found four large-sized furnaces, by which the whole building was heated—cooking, baking, washing, making soap, and heating all the water that was necessary for the use of the patients and building generally. All the steam that is generated and necessary to run the machinery, is conducted through pipes and condensed and returned again to reservoirs, by which they have distilled water to use for bathing and washing purposes.

Among our observations we saw a large fan, about fifteen feet in diameter, revolving with rapid velocity. We were informed that it was forcing air into a heated air chamber from which there were apertures to admit this condensed air to the pipe-chambers, by which all the rooms are heated and pure air admitted.

On the south side of the building we found a large chimney built of stone and brick, about one hundred and forty feet high. From this chimney, we were told, ran conducting pipes that communicated with all the ventilating flues, water-closets and sewers throughout the entire building, and all the poisonous and noxious gases that are generated and exhaled in all the apartments are carried off through this chimney to a strata of atmosphere above where it will be offensive.

All the effete fluid matter is conducted through pipes to one main channel and discharged into a ravine about a quarter of a mile distant.

We found the sub-basement walls of the building looking rough and scaly, by percussion; in many places we were convinced of its unsoundness.

Every department in the building was clean and neat; the clothing upon the patients, and bedding, were in the same condition. Each employe had his work to do, and all was done with system and order.

The people of the State of Iowa should feel thankful that they have a hospital for the insane that is conducted with the care and wise management as the one at Mount Pleasant seems to your committee to be.

They also examined the report of the medical superintendent and agree that the appropriations asked for under the different specifications, are needed, and, in their opinion, should be granted.

See report.

JOHN CONAWAY,
On part of Senate.
H. T. REED,
G. T. AULD,
On part of House.