

HOSPITAL FOR THE INSANE AT CLARINDA.

THIRD BIENNIAL REPORT

OF THE

BOARD OF TRUSTEES

OF THE

Iowa Hospital for the Insane

AT

CLARINDA,

FOR THE FISCAL YEARS 1892 AND 1893.

PRINTED BY ORDER OF THE GENERAL ASSEMBLY.

DES MOINES:
G. H. RAGSDALE, STATE PRINTER.
1893.

OFFICERS OF THE HOSPITAL.

BOARD OF TRUSTEES.

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CHARLES A. DREW, M. D.....	<i>First Assistant Physician.</i>
HOMER E. MARKHAM, M. D.....	<i>Second Assistant Physician.</i>
E. D. CULLISON.....	<i>Steward.</i>
MARY A. WILSON.....	<i>Matron.</i>

To His Excellency, HORACE BOIES, Governor:

SIR:—I have the honor to submit herewith the Third Biennial Report of the Trustees of the Clarinda Hospital, covering the two years beginning July 1, 1891, and ending June 30, 1893.

With this the reports of Superintendent Hoyt and Construction Superintendent Foster are also enclosed.

All of which we most respectfully submit.

M. N. SPENCER,
Secretary.

TRUSTEES' REPORT.

To His Excellency, HORACE BOIES, Governor:

In October, 1892, this board had to face a serious problem. At that time Dr. P. W. Lewellen, who had been the Superintendent of this Hospital since its organization, tendered us his resignation from this position. As much as we regretted the necessity for making such a change at a time when the population of the Hospital was steadily and rapidly increasing, and the great need of having a superintendent who should be thoroughly familiar with the requirements of a great family of unfortunates like this was plainly apparent, yet the rapidly failing health of Dr. Lewellen left us no alternative but to accept his resignation, which was done.

As soon as the fact of there being such a vacancy became generally known we were favored with a large list of applications. They poured in on us from New York to Dakota. The recent change in administration in the state of Illinois, which so demoralized its state institutions, brought a number of good men to our notice. In fact, we soon found that instead of encountering any great difficulty in finding a good man for the position, we should be forced to exercise very careful judgment in choosing from the list of perhaps twenty right worthy applications in hand.

Wishing to make no mistake, we made all possible inquiries as to the experience, capability, etc., of each applicant, through the medium of quite extensive correspondence from this office and by visitation on the part of a portion of this body. As a result of our labors in this line at a meeting held in December, 1892, we tendered the position to Dr. Frank C. Hoyt, Assistant Physician of the Missouri State Hospital at St. Joseph, who at once accepted the same. He was duly installed in the work on January 1st, 1893. Dr. Hoyt comes to us in the prime of manhood; being but thirty-four years of age; has been in active hos-

pital work some eight years; is an enthusiast in his profession; possesses excellent executive capacity; is pleasing and kind to his patients and to all with whom he is brought in contact. After closely viewing his work for the first six months—a critical test—we are pleased to state that we are confirmed in the belief that a most fortunate selection was made. He is proving to be all that was expected of him.

Dr. T. E. Powers tendered his resignation from the position of first assistant physician at the time of Dr. Hoyt's installation as superintendent, and this position was tendered Dr. C. A. Drew, of the United States Government Hospital at Washington, D. C., who accepted the same, taking up his work early in February, 1893. With his work, as well as that of Dr. H. E. Markham, who was retained as second assistant, we are well pleased. We cannot but express a feeling that this Hospital under its present management has entered upon a season of prosperity and success, such as its best friends sincerely wish for it.

ADDITIONAL LAND.

We renew our request, made two years since, that we be permitted to purchase ninety acres of ground immediately adjoining us on the south. This land is covered with a heavy growth of natural timber and would provide us with one present necessity, viz.: shade. At present we have no place where patients may seek the exercise and recreation they so much need during the hot summer months. While it is our ultimate purpose to provide an artificial grove in front of the Hospital buildings, yet this cannot be done until the grounds are properly graded and improved. With the slight appropriation asked for the purpose of purchasing the ninety acres we will be enabled to comfortably care for the outdoor exercise of our patients until such time as our contemplated ground improvements are completed. We at present have a "forty" somewhat detached from the hospital farm on the west, which we can spare and which will readily sell for a good price, the proceeds of which would go a long ways towards purchasing this ninety acres of wooded land.

COST OF TRANSFERRING PATIENTS.

At the time of completion of our female wards we were confronted with the fact that no provision had been made for the expense of transferring the female patients belonging to this hospital district, from the hospitals at Independence and Mt. Pleasant. We brought this matter to the attention of the executive council, but it was found that they could grant no relief. An emergency



AMUSEMENT HALL -STAGE.

had arisen; the transferring of these patients was a necessity. It was finally agreed between the management of the three hospitals, that to lighten the burden temporarily, the expense should be divided. This was done by us all and the portion paid out by this hospital, \$1,105.97, was taken from our support fund, which was illy able to stand such a draft upon it at the time, relying upon a plain statement to yourself and to the Twenty-fifth General Assembly being all that would be necessary to secure for us a reimbursement.

The following is an itemized statement of the expenditures upon which this claim for \$1,105.97 is based:

April 12, 1892, forty-three patients from Mt. Pleasant and returning forty-one male patients to same	\$ 556.80
June 10th, 52 patients from Independence	765.55
July 29th, one hundred and twenty-one patients from Mt. Pleasant.....	889.60
Total expense.....	\$ 2,211.95
One-half of same paid by this hospital.....	\$ 1,105.97

IMPROVEMENT OF GROUNDS.

As stated in our last report, we have secured a complete set of plans for landscaping the "front door yard" of the Hospital. We have expended as economically as we have been able, the amounts heretofore appropriated for this purpose, and request an appropriation of the modest sum of \$2,500.00 for this purpose for the coming two years. The amounts heretofore expended bear but slight relation to the work that has been accomplished, for the reason that we have offered every opportunity for such able bodied male patients to assist in this work as cared to do so. During pleasant weather it is no uncommon sight to see from seventy to seventy-five of this class of patients trudging their wheelbarrows at their own sweet will. While they do not perform perhaps more than half the work we would require from regularly employed labor, yet a great deal is accomplished in the long run, and very beneficial exercise is at the same time provided them. With the amount asked for, \$2,500.00, we can reasonably expect to complete the grading and set out such trees and shrubs as may be necessary to produce a pleasing and highly useful adjunct to the Hospital proper.

NEW WORK.

The Superintendent's report herewith presents in an able manner our imperative needs in the way of additional buildings and furnishings, to gradually approach the ultimate completion of this Hospital, and in accordance with his recommendations we have asked of our supervising architect a careful estimate of the cost of these

improvements, necessary to complete the Hospital on the plan originally adopted and practically approved by former legislatures. We feel sure that a wise economy will dictate that when such ample provisions can be made at comparatively so small an additional cost, it should be done. The aggregate cost of this institution completed upon this plan, will then be \$961,018.00, for 1,000 patients, or \$961.00 per capita, which is less than the cost per capita of any similar institution in the country

The total cost of this Hospital to date, including cost of grounds, buildings and furnishings complete, is.....	\$ 597,018 00
Adding the amount asked for herewith, of.....	364,000 00
Makes a grand total of.....	\$ 961,018 00

This would provide for a capacity of one thousand patients, making the cost per capita, as above stated, but \$961.00, which is very much below the average of other institutions, they running from \$1,200.00 to \$1,600.00.

With the abundance of evidence before us to the effect that insanity is on the increase in this as well as other states, together with the widely lamented fact that so great a proportion of the insane of this State are at present poorly cared for in the county poor houses, for lack of room in the hospitals, we will not attempt to argue for the great need for increased capacity in the State Hospitals, that is plainly apparent and is undisputed. In the Clarinda Hospital is found the nucleus for a grand institution of its class. We are now caring for some five hundred and sixty patients and are overcrowded. Our administrative buildings, as well as the various adjuncts, such as cold storage, laundry, etc., are built with the idea of caring for one thousand patients. The cost of administration, medical attendance, etc., would be but slightly increased by reason of adding the number of patients these increased facilities would permit us to receive.

It ought to be so plainly apparent to all concerned that this Hospital should at once be brought up to the standard of other State Hospitals, that further comment on this would be uncalled for. With an investment already made of over a half of a million dollars, certainly there would be no one who would refuse to withhold the State's support at this time.

Signed,

J. D. M. HAMILTON,
T. McK. STUART,
M. N. SPENCER,
J. H. DUNLAP,
EDW. H. HUNTER,
Trustees.

REPORT OF THE SUPERINTENDENT.

REPORT OF THE SUPERINTENDENT.

To the Trustees of the Iowa Hospital for the Insane at Clarinda:

GENTLEMEN—In compliance with the Code of Iowa, and with your rules, the following report of the operations of the Hospital, for the biennial period beginning July 1, 1891, and ending June 30, 1893, is respectfully submitted. In connection therewith will be found tabulated statistics which are thought to be of scientific and general interest, together with such observations and recommendations concerning the future operation of the Hospital, as seem to be warranted by a careful consideration of its needs

MOVEMENT OF POPULATION FOR THE BIENNIAL PERIOD.

PATIENTS.			
	Men.	Women.	Total.
Remaining June 30, 1891.....	309	.....	309
Admitted in the biennial period.....	247	303	544
Whole number treated in the biennial period.....	550	303	853
DISCHARGED DURING THE BIENNIAL PERIOD:			
Recovered.....	60	18	76
Improved.....	64	18	82
Unimproved.....	19	5	24
Transferred to other hospitals.....	26	7	33
Died.....	54	24	78
Whole number discharged.....	223	70	293
Remaining June 30, 1893.....	327	233	560

ADMISSIONS.

At the beginning of the biennial period, covered by this report, the wards for women not being built, no female patients were in the Hospital. The new wing was completed and made ready for the reception of patients by the 1st of April, 1892, and on the 12th of that month, forty-five women were transferred from Mount Pleasant. On June 8th, fifty-two were received from Independence, and on July 29th, one hundred and twenty-one more were

sent from Mount Pleasant. The total number of women patients admitted during the biennial period, or practically during the past fourteen months, is three hundred and three. Although but in use only a few months over a year, this side of the house is already filled to its normal capacity and the unpleasant but inevitable practice of crowding will begin.

During the two years, two hundred and forty-one men were admitted, and this number added to the three hundred and nine remaining at the beginning of the period, makes the total number of men treated five hundred and fifty. Since the opening of the Hospital in 1888, there have been admitted eight hundred and twenty-eight men and three hundred and three women, making a grand total of one thousand one hundred and thirty-one admissions. Of this number one hundred and sixty-six men and eighteen women were supported directly by the State. Seventy out of the one hundred and sixty-six men were tramps, and fifty-three of the seventy were foreign born. By referring to the table showing the nativity of patients, it will be seen that 28 per cent of the patients admitted were foreign born. In seventeen cases there is satisfactory evidence that the patients were insane paupers when they reached the United States. Twelve of the patients supported as State charges are known to have been inmates of insane hospitals in neighboring States, having eloped or been discharged as incurable.

ALIEN INSANE.

The facts illustrated by these figures are significant, and if the other hospitals in the State have had a similar experience, the State of Iowa is caring for a large number of insane who are entitled to the charity of other States. While the fostering care with which Iowa provides for her defective classes is most commendable, yet is it not sufficient for her mantle of charity to be thrown over aliens to the exclusion of her own citizens.

The United States is at present the dumping ground for the deposit of a heterogeneous mass of human offal, created in Europe by political, social and moral irregularities and many generations of hereditary vices. In accepting such classes of humanity as citizens, the nation shifts the responsibility for their care to the several States, and they are housed in the hospitals, jails and poor-houses throughout the country. Were the responsibilities assumed only to extend to the care of the immigrant himself, the burden would be great indeed, but when it is remembered that the children born of such parents will, many of them, develop into criminals,

insane or other defective classes, constantly adding to the already large population who require public support, the problem assumes appalling proportions. The immigration of healthy, moral, industrious citizens of foreign countries may well be considered a blessing to this country; but the landing of diseased paupers is a blight and curse which will be felt now and for generations to come. Charity, it has been well said, should begin at home, and when many deserving citizens are deprived of their rightful places in the insane hospitals, having been crowded out by interlopers from other states and countries, it is time for the practical application of the axiom. The remedy for the restriction of pauper immigration rests, of course, with Congress, and the importance of the issue is worthy its attention.

The influx of insane from neighboring states could be, in a great measure, prevented by an act of the General Assembly, revising the present statute governing the settlement of patients upon the State, and requiring more earnest efforts toward the identification of the patient, his legal settlement and transportation thereto.

CAUSES OF INSANITY.

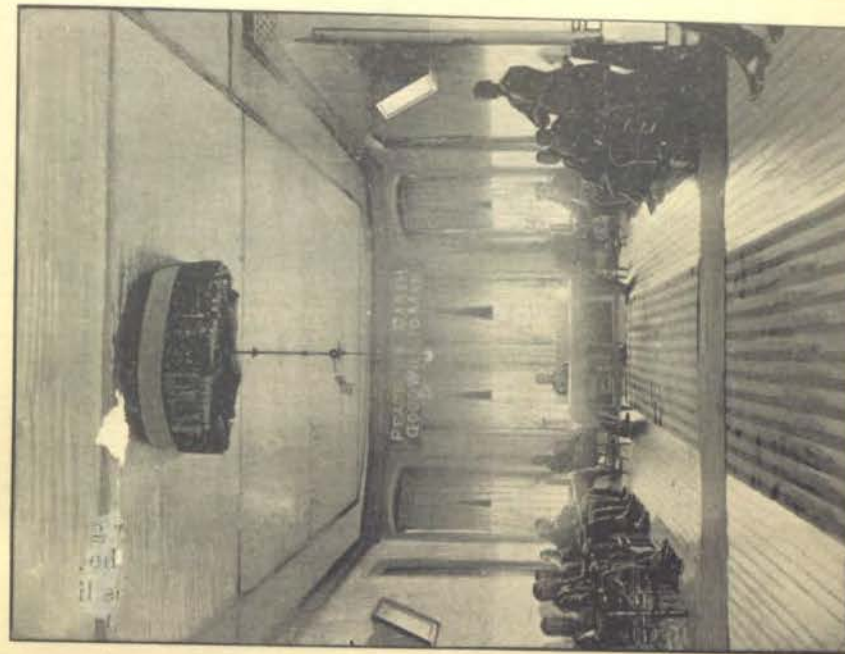
An analysis of the tables develops many interesting facts, which direct reference may render more emphatic. Out of one thousand one hundred and thirty-one admissions, two hundred and three were between the ages of forty and fifty, ninety-eight were between fifty and sixty, forty-six between sixty and seventy, nineteen over seventy and eight were over eighty. It is also seen that five hundred and ninety-one, or almost one-half of those admitted, had been inmates of other hospitals, while 65 per cent of the whole number admitted had been insane from two to forty years. Of those admitted, ninety-seven were sufferers from epilepsy of from one to thirty years' duration. These figures are presented for the purpose of showing that a large majority of the patients admitted had attained chronicity, or, in other words, had passed the limit in which recovery could be reasonably expected. In consequence of the fact that the information regarding the history of patients previous to admission is furnished by friends and relatives rather than medical men, the statistics referring to the alleged causes of insanity are not as reliable as could be desired.

However, it is interesting to note that out of one thousand one hundred and thirty-one admissions, the assigned cause in one hundred and forty-six cases was heredity alone, in forty-nine cases, heredity and ill health combined, and in ninety-seven, epilepsy,

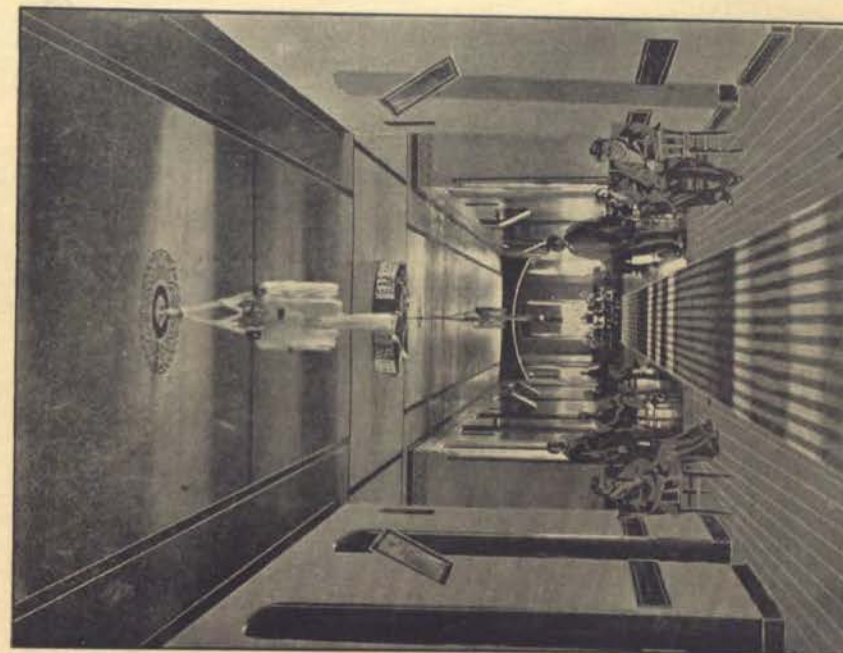
making a total of two hundred and ninety-two cases, or 25 per cent of the whole number in which heredity was an important factor. It is the opinion of the leading neurologists that a very large per cent of all cases of insanity are due to a hereditary predisposition to insanity or disease of the nervous system.

In order to properly approach the question of causation, it must be understood that few cases of insanity are justly traceable to a single cause, but the mental alienation is due to a combination of physical, moral and mental irregularities, back of which lies the most important factor of all, a hereditary taint. This neuro-pathic taint which has damaged the nervous system of the individual, and so handicapped him in the great struggle for existence, may not be revealed in actual cases of insanity recorded in the family history. Often, far too often for the welfare of the human race, the ancestor, though not insane himself, has sown the seeds of disease and premature decay for the reaping of his descendants for generations to come. The sins of the father are visited upon the child much more frequently than is generally believed. Riotous living, intemperance, sexual excesses and degrading vices bear abundant fruit for the jails and hospitals for decades after the individual has passed from the scenes of his misdeeds. There are certain habits of life, both mental and physical, which though not strictly immoral, are yet productive of deteriorated nervous systems in children. Among them may be mentioned: years spent in unhygienic occupations and surroundings; occupations which place the individual under great and long continued mental strain; the cultivation of morbid mental tendencies to worry, to give the emotions unlimited sway, and the unrestrained indulgence of morbid propensities. The child born of such parents begins life with a weakened, unstable nervous system, which places him at the mercy of any trivial exciting cause, which may tax too severely his powers of self-control, and will ultimately wreck him on the rocks of alienation. No law of nature has been more satisfactorily proven than that the abnormalities and peculiarities of the parent are transmissible to the offspring. Curiously, these abnormalities may not be observed in the child, but one or two generations may escape before the hereditary taint shows itself, fully unmasked.

When it is considered that of the one thousand one hundred and thirty-one admissions, five hundred and forty-six had been married, nearly all of these being parents, the gradual and insidious increase of insanity need not surprise one. Those problems which bear upon the care of defective classes and the prevention of crime



DAY ROOM FOR MEN.



WARD FOR MEN.

and disease from propagation by marriage, are of more vital importance to the welfare of the nation than those concerning finance. The attention of the public has been repeatedly directed to this important subject, but with indifferent results; and it may well be feared that not until the matter becomes, as it surely will, one of public economy, will it receive the consideration it deserves.

Interesting also to the student of sociology, is the important part played by environment and occupation in the production of exciting causes for insanity. In the table of occupations it will be seen that only fifty-four admissions out of one thousand one hundred and thirty-one were followers of avocations requiring a high degree of mental application, while 72 per cent were employed in labor which was unskilled. These figures corroborate other statistics which have been compiled, showing that the tendency to insanity is not necessarily in ratio with the high grade of intelligence and education, but seems, to the contrary, to be in direct proportion to the degree of ignorance.

Years spent in a constant struggle to keep starvation from the door of the home, deprivation of the comforts and pleasures of life, with depressing and unhygienic environments, all are potent exciting causes of insanity. The prevention of insanity should claim the attention of social and legal reformers, as being of equal importance with the care and treatment of those already afflicted. The prevention of insanity cannot be stated in an axiomatic way, for it depends, as before stated, upon a healthy nervous system as a foundation upon which to erect a superstructure of good health, self-control, temperance and judicious mental training. To hope for the attainment of an ideal state of intelligence and general education of the masses, is too nearly chimerical to be indulged in, and the remedy must lie with those men who are sent to legislative bodies, as the representatives of advanced thought and to whom the people look for the enactment of measures which will enhance the welfare of the country.

DISCHARGES.

RECOVERED.

Had the object in view been to report a large list of names as recovered, rather than to make this report as nearly as possible a truthful resumé of the work done, the list of recoveries could have been greatly augmented. To the contrary, an effort has been made to report as recovered only such cases as seemed to have regained and maintained for a reasonable length of time, a normal mental

state; those cases which failed to reach this standard have been reported as improved. The recoveries since the opening of the Hospital, based on the admissions, form 13 per cent, but based on the discharges, they form 27 per cent. For the biennial period the recoveries, seventy-six in number, based on the admissions, form 14 per cent, while based on the discharges they form 26 per cent. When the chronic character of the majority of patients admitted is considered, it is a matter of surprise that the percentage of recoveries is as large as it is.

DISCHARGES ON PROBATION.

An important factor in enhancing the recovery of the insane is the practice of sending home on trial, such patients as seem to have reached a measure of improvement, short of recovery, and yet are in a stationary condition. To send these patients home, surround them with old friends and associates, and give them the stimulus of different environments, often breaks the slight thread which has held the mind captive, and liberates it with astonishing rapidity. No greater benefaction can be done than to restore dethroned reason to its normal place, and no greater error can be committed than to permanently consign an individual to the monotonous life of the incurable insane. Unless dangerous to self or others, every case should be given the benefit of at least one trial at home, before he should be pronounced a chronic case. This practice has so far been carried out in this Hospital with most fortunate results, no accident or trouble having occurred as a result. Many cases have been hastened toward recovery by this means, and not a few have been rescued from the sad condition of the chronic insane.

DEATHS.

In the biennial period seventy-eight deaths occurred from all causes; this number forming 14 per cent of the number admitted. Based, however, upon the actual number of patients treated, the correct method of computation, it is seen that only 9 per cent of the whole number died. One-third of this number was over fifty years of age, and fifty-six out of the seventy-eight were sufferers from various types of chronic insanity, while thirteen were afflicted with organic cerebral disease.

Since opening the Hospital one hundred and fifty-one patients, or 13 per cent of the whole number, have died. Of this number, twenty-one died of consumption, ten of epilepsy and twenty of exhaustion or chronic insanities. When it is considered that the



WARD DINING ROOM FOR WOMEN.

population, from the beginning, has been made up of unfavorable cases, diseased physically, and far beyond the limits of probable recovery, it is a matter of surprise that the death rate has not been much larger.

GENERAL MANAGEMENT.

ECONOMIC.

Always measured by the guage of public opinion, subject ever to adverse criticism, no matter how faithful the performance of duty, a public servant must be mindful of the details of the financial conduct of the office, in order that he may at all times give a satisfactory account of his stewardship. To properly administer the affairs of a large institution requires the introduction of business rules and methods into all departments. The exercise of discriminating judgment in the purchase of supplies, the careful supervision of all articles issued and a watchful care of the property of the State are essential to prevent waste and misappropriation.

The introduction of competitive bidding in the furnishing of all large orders has resulted in a manifest saving of money and the purchase of a much better quality of supplies. The results of this method are so satisfactory that its continuation is warranted, as offering a happy solution to a vexed question.

QUARTERLY PAYMENTS.

Your attention is directed to the belief that the system of quarterly settlement of accounts, now in vogue, is not conducive to close buying and compels the State to pay a margin, which, in the course of several years will amount to a considerable sum. Purchasing on ninety days time, when from two to six per cent discounts are offered for thirty days, is equivalent to borrowing money at usurious rates, and cannot be consistent with the financial policy of a great state. The Steward is not infrequently refused an account with large houses, owing to the methods of payment; and often he is prevented from buying beef, flour and other staples at a low price, for the same reason. It is, further, unjust to employes to require them to wait ninety days for wages due them, or, as is generally the case, compel them to anticipate pay day by the payment of a liberal brokerage on due bills. The matter is important, both as affecting the economical administration of the hospital and the credit of the State, and should be met by such a revision of the Code as will permit the making of monthly requisitions and monthly settlements of accounts.

ISSUE OF SUPPLIES.

It is the rule of the institution that no article can be put into service without having been checked and entered in the general store-room. Articles are issued from the store-room only on the written requisition of the heads of departments, approved by the Superintendent, after which they are charged in the supply ledger to the ward or department to which they are issued. This book gives the actual amount of every article consumed in all departments, and must balance with the daily requisitions.

Each ward or department is charged with all furniture and supplies issued to it, and is credited with all articles removed or condemned; and the books of the office show at a glance the property in use in the various parts of the house, and the balance on hand in the store-room. By such a system, carelessness and waste are reduced to a minimum, and willful destruction of property prevented.

The invoice presented with the Steward's report was made without special preparation and represents the general statement and balance at the close of an ordinary week's transactions. The advantages of a thorough system of checking and recording is apparent to all who have had an opportunity to observe the profligate waste in public institutions, where the property of the State is placed in the hands of employes, without the protection of careful official scrutiny.

MEDICAL.

As it is out of place in a report of this character, and is never appreciated by other than medical readers, all details of medical and surgical treatment will, with your permission, be omitted. It will suffice to state that this work has met with faithful attention, and no means, medical or hygienic, have been spared which might aid in the restoration of the unfortunate wards of the State. It has been the endeavor of the medical staff to impress upon all the employes the doctrine of universal kindness, careful consideration for the personal peculiarities and needs of each individual; yet tempering all with a degree of firmness which is necessary to guide the insane mind aright and preserve the measure of discipline necessary. A liberal supply of pure air, water and lights to all parts of the Hospital, comfortable beds, good clothing and out-of-door exercise are the important means used in restoring the physically enfeebled. Music, dances, concerts, walks, games and good

literature have served to break the monotony of institution life, and have done not a little to restore to health and happiness those from whose lives seemingly all joy had departed forever.

INDUSTRIAL TREATMENT.

A product of recent years, the advance guard of rational management of the insane, industrial treatment, to-day offers more promising results to the practical hospital physician than all other methods of treatment combined. The progress in the care of the insane, dating from the days of chains and cells to that of comfortable, almost palatial hospitals, has been rapid and is an indication of advanced civilization. There is danger, however, that the pendulum of progress may swing too far and cause evils nearly as great as those remedied. It is not enough that the State provide well appointed homes for her insane, it is not yet sufficient that music, amusements, libraries and all forms of diversion are furnished, but it is necessary that employment for idle hands and idle brains be provided in equal abundance. Patients are usually soon satiated with amusements and there is a demand for something more substantial than mere diversion. Idle hands foster pernicious habits, morbid thoughts and mischievous propensities. To interest a patient in some occupation which suits his tastes is to awaken dormant energies, prevent introspection and stimulate the mind to new lines of thought. Employment reaches a class of patients that amusements do not, and gives as its reward more freedom of thought and action, as well as the benefits to be derived from new associations and the engendering of a spirit of independence. In this direction the hospital physician must search for the remedy which drugs, restraints and moral suasion have not vouchsafed to him.

In the tables will be found a statement of the industrial work done in the last six months, and while the department is in its infancy, hampered by insufficient room, lack of machinery and tools, yet the amount of work accomplished will illustrate the possibilities of the system when properly equipped. During this time constant efforts have been made to supply occupation for idle hands, and at all times, more patients were ready for work than could be accommodated. The work has always been suited to the peculiarities of the patient, and while no one is made to work, all are urged to employ at least three hours a day in some occupation.

Patients taken from violent wards have become able assistants in various departments, and are happier, more tractable and obedient.

Fingers formerly occupied in self-mutilation or destruction of clothing have been educated to employ the wasted energy in some useful way. Men who have been noisy, destructive and untidy in habits have become good out-door hands. A number of epileptics are at work in the shoe and carpenter shops, others make mattresses and pillows, and are active and useful members of the Hospital community. The women knit, sew, tack comforts, make lace and assist with the domestic work of the wards. During the six months there have been employed daily, an average of one hundred and ninety-two patients; of this number, ninety-five were employed outside of the wards, about the bakery, engines, kitchens, farm, garden and dairy, and in the various shop work. While the only argument necessary to establish the utility of industrial work in hospitals, is its beneficial effect upon the patients, yet it is not without its effect upon the economy of the institution. When it is considered that all the mens' shirts, underwear, slippers, and a fair proportion of the coats and pants are made in the hospital sewing room and tailorshop, that all the women's clothing furnished by the State is made here, that the foot wear for the entire population is regularly repaired, and all the mattresses made, the saving to the State must be considerable. With proper machinery, the brushes, brooms, rugs, hose and many other useful articles could be made, and employment be found for such patients as can do this line of work. A small appropriation of about \$4,500.00, for shops and machinery, should be granted, so that this work can be carried on in a systematic manner, and with better results.

This feature of treatment has been introduced into many other hospitals with highly satisfactory results, and is not an experiment, but an established method.

AMUSEMENTS.

The beautiful assembly room, which is used for chapel, ball-room and theater, has made it possible to relieve the tedium of long evenings with entertainments of various kinds, and has been the scene of many pleasant occasions. Music for all occasions is furnished by the Hospital band and orchestra, which is composed entirely of employes; and the out-door evening concerts have been an attractive feature. The weekly dances have been well attended and were enjoyed by both participants and spectators.

The legal holidays were duly observed, and were occasions for extra dinners and appropriate musical programmes. Books from the circulating library are issued regularly; illustrated papers are

taken; and these, added to the county papers so liberally donated by the editors of this district, have proven most welcome Sunday visitors to the wards. Billiards, cards and all varieties of parlor games have been introduced, and every effort made to keep all patients interested in something beside their own morbid thoughts. The citizens of Clarinda have been attentive to this feature of the Hospital, and have conducted a number of splendid entertainments. The members of the several church choirs have assisted the chaplain in the Sunday services, and with their sweet voices have sung peace into many a restless soul.

THE WARDS.

The beneficial influence of cheerful and home-like surroundings on the insane has been appreciated, and it has been the constant endeavor of officers and employes to beautify the wards. Bright carpets, attractive pictures, potted plants, singing birds, bric-a-brac and fancy work of every description have been added to the wards, and all of them now present an attractive and cheerful appearance. Decorations are not confined to convalescent wards, but have been introduced with happy effect on the disturbed wards. It is rare that any articles of this kind is destroyed or broken, and the most stupid patient seems to appreciate the effort to make his surroundings more pleasant.

ATTENDANTS.

Acting upon the liberal principle that good service demands good wages, and that women should receive equal pay for equal labor, you wisely adopted a new scale of wages for attendants. This scale, based in a measure on the methods of civil service, gives lowest wages to employes new to the service and rewards continuous service with promotion in rank and increased remuneration. The result has been highly satisfactory and the Hospital is now supplied with a corps of intelligent and experienced attendants. The Hospital theory has been advanced in every way practicable, the attendants neatly uniformed and every effort made to inculcate the idea that attendants are not guards or keepers, but the companions and nurses of an invalid population. With your sanction, a training school for nurses will be organized in the winter, and a course of instruction followed, which will give to those following it a clear idea of intelligent ministration to the wants of the physically and mentally ill.

IMPROVEMENT AND REPAIR FUND.

It is unnecessary to mention in detail the minor improvements, alterations and repairs done, for it has been considered a matter of duty to make such changes as have been found necessary from time to time. All emergencies have been promptly met, and the interests of the State have not suffered for lack of attention to its property. Repairs have been made promptly, and many times great damage has been averted. Early this spring the foul and unsanitary condition of the old frame slaughter house and its close proximity to the main building, were brought to your notice. At about the same time, notice was received from the owner of adjoining property, that if the nuisance was not abated, an injunction would be asked for. This emergency found no fund at your disposal which could be used for the purpose of erecting a new slaughter house, and yet prompt attention was demanded. There was in the hands of the treasurer a sum which represented the proceeds from the sale of farm products, unserviceable material, etc., and it was decided to obtain the consent of the Governor and Executive Council to use \$1,500.00 of this fund in the erection of a slaughter house and the carrying forward of such repairs as seemed to require immediate attention. This permission was promptly granted, and the improvements are being made as rapidly as possible.

In this connection, the importance of an adequate repair fund should be emphasized. To properly care for a building, all repairs should be promptly made, paint should be renewed as soon as it has lost its protecting properties; and, in fact, the life of a building depends upon the diligence with which damage is repaired. A liberal fund for repairs and minor improvements to the amount of \$4,500.00 per annum, is one of the most practical economical measures which can be adopted, and should be granted unhesitatingly.

ADDITIONAL WARDS.

When this Hospital was originally planned, it was intended to accommodate about one thousand patients, and until it is brought nearer to completion, its usefulness will be greatly impaired. The present buildings have only six wards for each sex, and the male side is already very much crowded. An additional ward has been made for men by using a corridor which connects the wings with the center, and, for a temporary expedient, answers the purpose. There are, however, three men in the space intended for two, and



WARD FOR WOMEN.

it requires constant vigilance on the part of officers and attendants to prevent accidents. With this number of wards it is impossible to properly classify the patients, and the responsibility of care and treatment is increased ten-fold.

The present wards were constructed for convalescent patients, and though adapted admirably to the purpose, are in no wise suitable for violent, destructive or infirm patients.

The institutions of the State are full; many insane are being kept from receiving the benefit of hospital treatment because of the crowded condition of the hospitals, and a large number are inmates of poor houses. Unless immediate provision is made for increasing the hospital capacity, many more will be sent to poor houses in order to make room for more recent cases. It is not in accord with advanced thought or with the practice in all progressive states, to confine insane in poor houses, and such practices should be condemned and prevented. State care of the insane is the only rational and humane method, and the only one which guarantees proper care and supervision. The demand for more room in this institution is urgent, and the appeal should be met with prompt attention. By the completion of the violent wards for both sexes the capacity would be increased so that relief could be obtained in a few months after making the appropriation. The administration and accessory buildings are here, a full corps of officers and employes on hand, and to provide for three hundred and fifty more patients will require little else than the construction and furnishing of wards.

The State is to be congratulated that it is in so fortunate a position to meet the urgent demand made upon it in so short a time and with so little outlay of money. Compare the situation with the necessity which might have arisen, to locate a new hospital, purchase grounds, draw plans and let contracts, and with a heavy expenditure of money fail to be ready for patients under three years at least. Before this could be done the hospitals of the State, and the poor houses as well, would be groaning with patients suffering for better accommodations. To enlarge this hospital to an average size is the most rapid way to provide for the demand, and certainly calls for the least expenditure of money, as the total cost of the grounds, building and permanent improvements, together with the appropriations now asked for, which will increase the capacity of the hospital to one thousand patients, amounts to \$997,000, or something less than \$1,000 per capita.

To permit it to remain in its present unfinished condition, with no provision for violent wards, and with no infirmary cottage, would be unwise from an economical standpoint, and unjust to the patients and the institution. That the urgency of the case be brought to the attention of the General Assembly, is a duty about which there can be not a vestige of doubt.

VENTILATING FANS.

With the completion of the violent wards, it will be possible, by erecting and equipping the fan towers, to put in use the splendid system of forced ventilation with which the hospital is supplied. This measure is so intimately associated with the health and comfort of the patients that no argument is needed to strengthen its cause.

WATER TOWER AND ENGINE ROOM.

Important among the needs of the Hospital should be mentioned the completion of the water tower and engine room, according to the original plan. The supply of pure water is abundant and constant; the only defect in the system being the lack of storage capacity, which is due to the unfinished condition of the water tower. This improvement should be made at an early date, so that in case of breakage in machinery, or fire, no lack of water could be possible. The completion of the engine room is a necessity before the mechanical department can be properly arranged. Until this is done, it is not possible to utilize to advantage the power developed in the boiler house, without considerable loss of steam.

INFIRMARY COTTAGE.

With a population composed of patients subject to all forms of disease, it is essential that there should be in connection with the Hospital plant, and yet detached from the main building, a cottage for the exclusive use of bed-fast patients. Rooms for the isolation of those suffering from contagious diseases, others properly arranged for surgical cases are required for the safety of the well and the treatment of the afflicted.

This building, besides filling the purpose for which it was intended, would make room in the main building, and thereby increase the capacity materially. Such a cottage need not be expensive in construction, and yet could be handsome in appearance and thoroughly suited to its purpose.

DAIRY.

Not the least important among the economies of an institution are the farm, garden and dairy. An inspection of the report of the

Steward will show that these departments have paid a good profit from a purely commercial point of view, and when the collateral benefits derived from fresh vegetables, pure milk, etc., are considered, the results are most flattering to the ability and application of the Steward. No article for the consumption of a hospital population is more important than milk and butter, which should at all times be liberal in quantity, pure and fresh. The Hospital dairy is very poorly equipped, the herd of milch cows is not large enough by fifty per cent, and no appliances for the making of butter are supplied. A small appropriation of \$1,500.00 would increase the stock to the proper number, and fit out a creamery which would supply the tables with pure butter. The farm has an abundance of pasturage, and it is improvident not to utilize it to the excellent advantage that a properly equipped dairy would give.

GROUNDS.

The engraving of the front elevation of the hospital, which forms the frontispiece of this report, illustrates better than language the unimproved condition of the grounds. The absence of foliage and shade is a source of great discomfort to the patients in the hot summer months, and is a matter which concerns both their health and pleasure. To properly grade the grounds, set out trees and otherwise beautify them, should be provided for by regular appropriations, until the work is completed, according to the excellent plans drawn by the landscape architect.

In the meanwhile, immediate provision should be made for a park in which the patients could spend the heated hours of the day. This can be done by the purchase of a tract of wooded land which adjoins the hospital grounds on the south, and an appropriation should be solicited for this purpose. Permission should also be obtained to sell the west forty acres belonging to the State, which is so situated as to be of little utility, and the proceeds applied to paying for the wooded land on the south. Your attention is directed to this matter with the belief that it will meet with your approval.

ACKNOWLEDGMENT.

It is both a pleasure and duty to acknowledge in this report, the many acts of kindness of which the Hospital family has been the recipient. Responsive ever to the call for assistance, the citizens of Clarinda have given time and talent in preparing for entertainments at the Hospital. No weather has been so inclement, or no night so dark, that this noble work has been interfered with; and it

is with a grateful memory that these occasions are cherished by patients, employes and officers.

It is impossible to mention by name all those to whom this is due, for to do so would be to enumerate the greater number of Clarinda's people; but among them are the members of the Methodist and Presbyterian Church Choirs, Prof. Will Berryhill's Orchestra, the Clarinda Glee Club and the ladies of the W. C. T. U.

Many concerts and entertainments have been provided and splendid music has been furnished regularly for divine services. Through the assistance of the Clarinda papers, reading matter has been collected and donated to the Hospital, and by this means, many valuable additions to the library have been made. By the editors and publishers of the newspapers published in the Hospital district, a liberal supply of reading matter has been furnished, and many patients have been regularly provided with their home paper.

CONCLUSION.

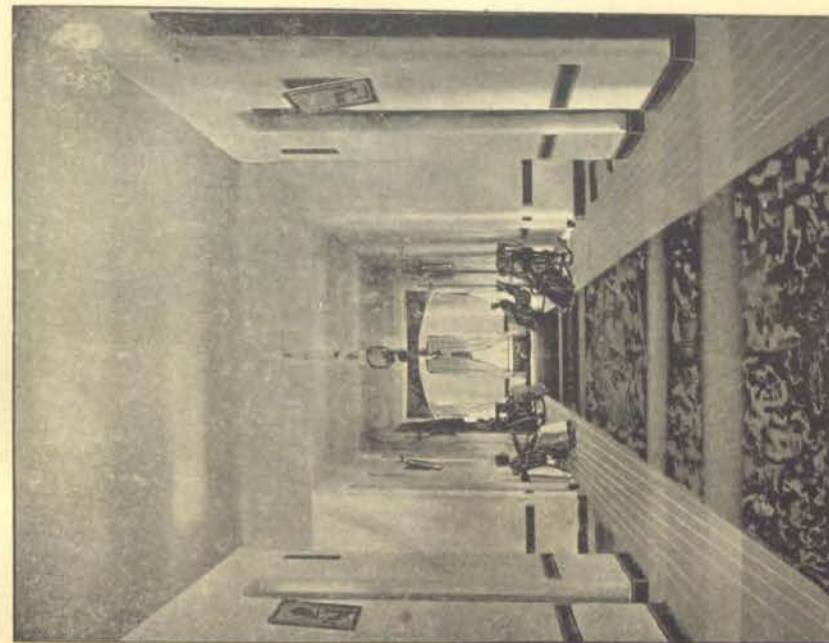
It would be ungrateful, indeed, to bring this report to a close without an acknowledgement of the valuable services rendered the institution by Dr. C. A. Drew, First Assistant Physician, Dr. H. E. Markham, Second Assistant Physician, Mr. E. D. Cullison, Steward and Mrs. M. A. Wilson, Matron.

To their ability, experience and hearty co-operation is due, in a great measure, whatever success has been attained in the management of the Hospital during the last six months.

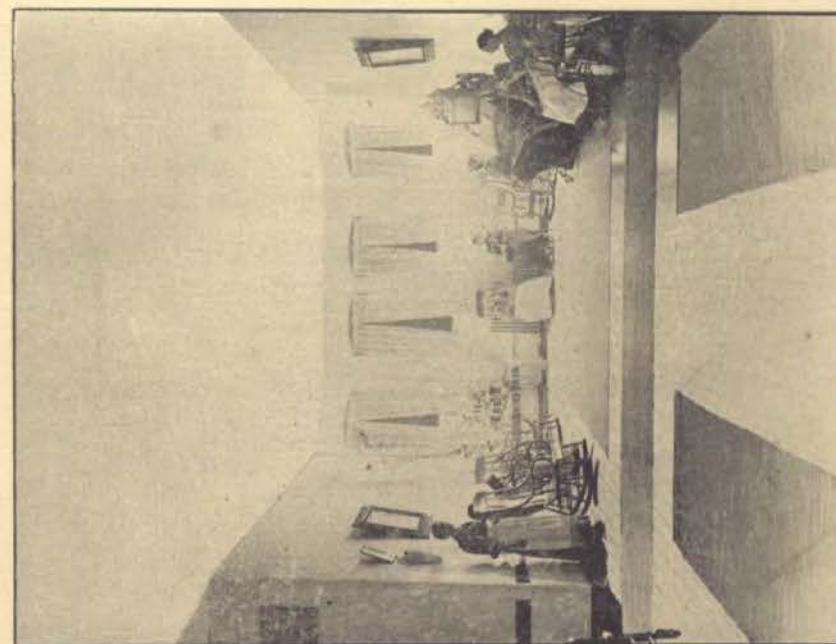
The thanks of officers and patients are extended to those employes who have been faithful in the discharge of duty, kind and attentive to those placed in their charge and at all times observant of the rules. Without the support of officers and employes little could be done in directing the affairs of a large institution, and their aid and encouragement will ever be remembered.

To you, gentlemen, from whom the spirit of progressive philanthropy which actuates all employed in this Hospital is derived, nothing can be said which will but imperfectly convey the sentiment felt. Without the close intimacy which exists between the individual members of the Board of Trustees and the affairs of the Hospital, and the deep interest taken in its welfare, the usefulness of the institution would be greatly impaired. Your liberality, patience and wise council have been a source of strength always, and have served to lighten the labors and responsibilities of the past and now give encouragement in beginning a new period in the history of the Hospital.

FRANK C. HOYT.



WARD FOR WOMEN.



DAY ROOM FOR WOMEN.

STATISTICAL TABLES.

TABLE I.

SHOWING MOVEMENT OF POPULATION FOR THE BIENNIAL PERIOD ENDING
JUNE 30, 1893.

PATIENTS.	Men.	Women.	Total.
Remaining June 30, 1891.....	309	.....	309
Admitted during the biennial period.....	241	303	544
Number treated during biennial period	550	303	853
Discharged recovered during biennial period.....	60	16	76
Discharged improved during biennial period.....	64	18	82
Discharged unimproved during biennial period.....	19	5	24
Transferred to other hospitals	36	7	43
Died	54	24	78
Whole number discharged.....	233	70	303
Remaining June 30, 1893.....	327	233	560

TABLE II.

SHOWING THE AGES OF THOSE ADMITTED.

AGE.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
10 to 15 years.....	.....	2	2	.....	2	2
15 to 20 years.....	7	11	18	32	11	43
20 to 30 years.....	53	93	146	199	93	292
30 to 40 years.....	68	91	159	219	91	310
40 to 50 years.....	44	63	107	140	63	203
50 to 60 years.....	20	38	58	65	33	98
60 to 70 years.....	11	4	15	42	4	46
70 to 80 years.....	5	3	8	16	3	19
80 to 90 years.....	3	3	6	5	3	8
Unknown	30	.....	30	110	.....	110
Total.....	241	303	544	828	303	1,131

TABLE III.

SHOWING THE CIVIL CONDITION OF THOSE ADMITTED.

CIVIL CONDITION.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
Married.....	107	175	282	321	175	496
Single.....	112	108	220	432	108	540
Widowed.....	14	20	34	30	20	50
Unknown.....	8	.....	8	45	.....	45
Total.....	241	303	544	828	303	1,131

TABLE IV.

SHOWING THE RESIDENCE OF THOSE ADMITTED.

COUNTIES.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
Adair.....	8	9	17	18	9	27
Adams.....	4	6	10	14	6	20
Audubon.....	1	3	4	7	3	10
Carroll.....	5	7	12	21	7	28
Cass.....	7	12	19	16	12	28
Clarke.....	.....	4	4	10	8	18
Crawford.....	13	8	21	23	.....	23
Decatur.....	8	16	24	23	16	39
Dallas.....	7	9	16	17	9	26
Fremont.....	6	5	11	21	5	26
Greene.....	3	14	17	18	14	32
Guthrie.....	5	6	11	14	6	20
Harrison.....	6	21	27	23	21	44
Ida.....	4	10	14	16	10	26
Lucas.....	8	11	19	25	11	36
Miller.....	7	9	16	33	9	42
Monona.....	5	8	13	19	8	27
Montgomery.....	10	12	22	28	12	40
Madison.....	10	5	15	25	5	30
Page.....	12	20	32	36	20	56
Pottawattamie.....	13	17	30	40	17	57
Polk.....	12	.....	12	50	.....	50
Ringgold.....	5	6	11	13	6	19
Sac.....	3	5	8	12	5	17
Shelby.....	6	13	19	13	13	26
State.....	25	18	43	166	18	184
Taylor.....	9	9	18	28	9	37
Union.....	5	8	13	21	8	29
Wayne.....	10	11	21	22	11	33
Woodbury.....	24	21	45	56	21	77
Total.....	241	303	544	828	303	1,131

TABLE V.

SHOWING THE NATIVITY OF THOSE ADMITTED.

PLACE OF BIRTH.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
Ohio.....	24	20	44	75	20	95
Indiana.....	17	21	38	48	21	69
New York.....	8	10	18	32	10	42
Connecticut.....	.....	.....	.....	.....	5	5
Maryland.....	.....	.....	.....	.....	6	6
Iowa.....	54	65	119	140	65	214
Illinois.....	24	28	52	65	28	93
Pennsylvania.....	14	18	32	35	18	53
Wisconsin.....	6	8	14	20	8	28
Kentucky.....	4	5	9	12	5	17
Tennessee.....	2	2	4	3	2	5
Mississippi.....	1	1	2	2	1	3
Massachusetts.....	4	.....	4	10	.....	10
Louisiana.....	1	.....	1	.....	.....	1
Nebraska.....	3	1	4	4	1	5
Vermont.....	1	3	4	6	3	9
Missouri.....	2	7	9	21	7	28
North Carolina.....	1	.....	1	.....	.....	1
South Carolina.....	.....	.....	.....	.....	.....	.....
West Virginia.....	2	.....	2	.....	.....	.....
Michigan.....	3	1	4	6	1	7
Utah.....	1	.....	1	.....	.....	.....
Alabama.....	1	.....	1	.....	.....	.....
Virginia.....	.....	3	3	13	3	16
New Jersey.....	1	1	2	4	1	5
New Hampshire.....	.....	1	1	1	1	2
Kansas.....	.....	2	2	2	2	4
Maine.....	.....	.....	.....	.....	.....	.....
Colorado.....	.....	.....	.....	.....	.....	.....
Georgia.....	.....	.....	.....	.....	.....	.....
Texas.....	.....	1	1	.....	.....	.....
Minnesota.....	.....	1	1	.....	.....	.....
Delaware.....	2	10	12	13	10	23
Denmark.....	21	25	46	73	25	98
Germany.....	8	16	24	30	16	46
Sweden.....	8	5	13	22	5	27
England.....	5	12	17	29	12	41
Ireland.....	4	6	10	13	6	19
Canada.....	.....	.....	.....	.....	.....	.....
America (South).....	1	.....	1	.....	.....	.....
Russia.....	2	.....	2	4	.....	4
Scotland.....	1	4	5	6	4	10
Italy.....	1	.....	1	1	.....	1
Norway.....	.....	9	9	6	9	15
Prussia.....	.....	2	2	4	2	6
Austria.....	.....	.....	.....	5	.....	5
Hol and.....	.....	.....	.....	.....	.....	.....
Bohemia.....	.....	1	1	1	1	2
Luxemburg.....	.....	.....	.....	.....	.....	.....
Wales.....	.....	2	2	2	2	4
Switzerland.....	.....	.....	.....	.....	.....	.....
Belgium.....	.....	.....	.....	.....	.....	.....
Bavaria.....	.....	3	3	1	3	4
Nova Scotia.....	.....	.....	.....	2	.....	2
France.....	9	8	17	73	8	81
Unknown.....	.....	.....	.....	.....	.....	.....
Total.....	241	303	544	828	303	1,131

TABLE VI.

SHOWING ASSIGNED CAUSES OF INSANITY OF THOSE ADMITTED DURING THE BIENNIAL PERIOD, ALSO FROM THE OPENING OF THE HOSPITAL.

ASSIGNED CAUSE OF INSANITY.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
Bereavement.....	7	3	10	14	3	17
Brain fever.....	1		1	8		8
Cerebral syphilis.....	3	1	4	3	1	4
Child-birth and miscarriage.....		16	16		16	16
Chorea.....	2		2	2		2
Concussion of brain.....				3		3
Defective development.....		2	2	5	2	7
Disappointment in love.....	3	9	12	9	9	18
Domestic trouble.....	5	21	26	14	21	35
Epilepsy.....	16	19	35	78	19	97
Excitement, political.....				1		1
Excitement, religious.....	12	9	21	62	9	71
Financial losses.....	14		14	26		26
Fright.....	1	3	4	1	3	4
Hardship and abuse.....	1	3	4	1	3	4
Hemorrhage, cerebral.....				2		2
Heat stroke.....	9	1	10	12	1	13
Heredity.....	22	35	57	111	35	146
Heredity and ill health.....	2	28	30	21	28	49
Ill health.....	11	27	38	52	27	79
Injury to head.....	4	7	11	8	7	15
Intemperance.....	16		16	80		80
La grippe.....	8	7	15	25	7	32
Lead poisoning.....	2		2	2		2
Malarial fever.....		2	2	1	2	3
Masturbation.....	7	1	8	57	1	58
Menopause.....		6	6		6	6
Morphine habit.....	1		1	5		5
Multiple sclerosis.....	1		1	1		1
Organic disease of brain.....	5		5	5		5
Over-work.....	16	8	24	38	8	46
Paralysis.....	5		5	5		5
Previous attacks of insanity.....	15	31	46	42	31	73
Senility.....	4	3	7	8	3	11
Scarlet fever.....				1		1
Sexual excess.....	1		1	2		2
Shock by lightning.....		1	1	1		1
Shock by outrage.....		1	1	1		1
Spinal affections.....	3	2	5	6	2	8
Spiritualism.....		1	1	1		1
Suppression of menstruation.....		1	1		1	1
Syphilis.....				8		8
Typhoid fever.....	1	5	6	5	5	10
Uterine disease.....		3	3		3	3
Unknown.....	43	46	89	102	46	148
Worry over disgrace.....		1	1	1		1
Total.....	241	303	544	828	303	1,131

TABLE VII.

SHOWING OCCUPATION OF THOSE ADMITTED.

OCCUPATION.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
Barbers.....	12		12	3		3
Brickmasons.....	1		1			
Blacksmiths.....	24		24			
Butchers.....	6		6			
Bakers.....	1		1	1		1
Brewers.....						
Brokers.....				1		1
Compositors.....		1	1			
Carpenters and carpenters' wives.....		18	18	1	1	2
Coal miners and coal miners' wives.....	1		1	10	1	11
Clerks.....	12		12	12		12
Clergymen.....				4		4
Druggists.....	1		1			
Domestics.....		62	62		62	62
Dressmakers.....		5	5		5	5
Dyers.....						
Editors.....				1		1
Farmers, farmers' wives and daughters.....	133	135	268	398	135	533
Gardeners.....	1		1	4		4
Harnessmakers.....				5		5
Housekeepers.....		39	39		39	39
Hotelkeepers.....				2		2
Janitors.....				1		1
Jewelers.....				1		1
Laborers.....	29		29	165		165
Lawyers.....	1		1			
Liverymen.....		1	1		1	1
Milliners.....				12		12
Merchants.....				1		1
Machinists.....				1		1
News boys.....				2		2
Nurserymen.....				2		2
Nurses.....	1	9	10	11	9	20
No occupation.....	1		1	5		5
Paperhangers.....	1		1	4		4
Peddlers.....				1		1
Priests.....				2		2
Plumbers.....	1		1	4	1	5
Painters and painters' wives.....				1		1
Polishers and buffers.....				2		2
Physicians.....				3		3
Photographers.....				3		3
Railroad conductors.....	3		3	7		7
Stonemasons.....				1		1
Shoemakers and shoemakers' wives.....	1		1	13		13
Switchmen.....				5	3	8
Students.....	1	3	4	5		5
Saloonkeepers.....				1		1
Stenographers.....				3		3
Traveling salesmen.....	1		1	2		2
Tramps.....	1		1	1		1
Teamsters.....				11	9	20
Teachers (school and music).....	2		2	6	1	7
Tailors and tailors' wives.....				1		1
Tanners.....	1		1	1		1
Telegraph operator.....	1		1			
Tinners.....	2		2	6		6
Tobaccoists.....	16	28	44	43	28	71
Unknown.....	1		1			
Wagon makers.....						
Total.....	241	303	544	828	303	1,131

TABLE VIII.

SHOWING THE DURATION OF INSANITY OF THOSE ADMITTED.

DURATION OF INSANITY PRIOR TO ADMISSION.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
1 month or less.....	60	14	74	133	14	147
1 to 3 months.....	39	13	52	100	13	113
3 to 6 months.....	13	14	27	49	14	63
6 to 12 months.....	17	10	27	56	10	66
1 to 2 years.....	27	23	50	85	23	108
2 to 3 years.....	14	23	37	44	23	67
3 to 4 years.....	11	48	59	60	48	108
5 to 10 years.....	11	84	95	57	84	141
10 to 15 years.....	13	41	54	31	41	72
15 to 20 years.....	3	20	23	15	20	35
20 to 30 years.....	6	12	18	13	12	25
30 to 40 years.....	5	1	6	5	1	6
Unknown.....	22	.....	22	180	.....	180
Total.....	241	303	544	828	303	1,131

TABLE IX.

SHOWING THE FORM OF INSANITY OF THOSE ADMITTED.

FORM OF INSANITY.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
Mania, simple acute.....	16	14	30	49	14	63
Mania, simple chronic.....	5	8	13	52	8	60
Mania, acute delusional.....	31	8	39	107	8	115
Mania, chronic delusional.....	30	58	88	142	58	200
Mania, transitory.....	1	.....	1	1	.....	1
Mania, delirious.....	19	4	23	50	4	54
Mania, simple with senility.....	4	.....	4	10	.....	10
Mania with epilepsy.....	8	5	13	30	5	35
Melancholia, simple acute.....	22	7	29	52	7	59
Melancholia, simple chronic.....	5	8	13	31	8	39
Melancholia, acute delusional.....	22	15	37	57	15	72
Melancholia, chronic delusional.....	11	34	45	53	34	87
Melancholia, stuporous.....	.....	4	4	6	4	10
Melancholia with senility.....	2	.....	2	2	.....	2
Melancholia with epilepsy.....	7	1	8	8	1	9
Mental deterioration, primary.....	12	89	101	35	89	124
Mental deterioration, secondary.....	4	28	32	54	28	82
Dementia, terminal.....	8	.....	8	13	.....	13
Dementia, paralytic.....	6	3	9	11	3	14
Dementia, primary with senility.....	7	12	19	28	12	40
Dementia with epilepsy.....	7	.....	7	14	.....	14
Organic disease of brain.....	9	2	11	9	2	11
Paranoia.....	6	.....	6	9	.....	9
Idiocy with epilepsy.....	1	.....	1	1	.....	1
Imbecility, congenital.....	5	1	6	11	1	12
Total.....	241	303	544	828	303	1,131

TABLE X.

SHOWING THE NUMBER OF ATTACKS OF THOSE ADMITTED.

ADMITTED.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
First attack.....	143	.....	329	449	.....	645
Second attack.....	43	63	106	167	63	230
Third attack.....	13	19	32	41	19	60
Fourth attack.....	3	.....	3	11	.....	11
Fifth attack.....	1	.....	1	6	.....	6
More than five.....	.....	.....	.....	17	.....	17
Unknown.....	38	25	63	137	25	162
Total.....	241	303	544	828	303	1,131

TABLE XI.

SHOWING THE CONDITION OF THOSE DISCHARGED.

DISCHARGED.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
Recovered.....	60	16	76	139	16	155
Improved.....	64	18	82	137	18	155
Unimproved.....	19	5	24	60	5	65
Transferred.....	28	7	35	38	7	45
Died.....	54	24	78	127	25	151
Total.....	223	70	293	501	70	571

TABLE XII.

SHOWING THE FORM OF INSANITY OF THOSE RECOVERED.

FORM OF INSANITY.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
Mania, simple acute.....	10	6	16	38	6	44
Mania, simple chronic.....	.....	2	2	.....	2	2
Mania, acute delusional.....	16	.....	16	16	.....	16
Mania, chronic delusional.....	1	1	2	2	1	3
Mania, delirious.....	8	.....	8	13	.....	13
Melancholia, simple acute.....	9	4	13	29	4	33
Melancholia, simple chronic.....	2	2	4	14	2	16
Melancholia, acute delusional.....	12	.....	12	13	.....	13
Melancholia, chronic delusional.....	2	.....	2	.....	1	1
Melancholia, stuporous.....	.....	1	1	12	.....	12
Total.....	60	16	76	139	16	155

TABLE XIII.

SHOWING THE DURATION OF INSANITY OF THOSE RECOVERED.

DURATION OF INSANITY.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
1 to 3 months.....	6	.....	6	12	.....	12
3 to 6 months.....	15	1	16	19	1	20
6 to 12 months.....	23	6	29	33	6	39
1 to 2 years.....	10	4	14	23	4	27
2 to 3 years.....	2	.....	2	13	.....	13
3 to 5 years.....	2	2	4	11	2	13
5 to 10 years.....	1	3	4	13	3	16
10 to 15 years.....	1	.....	1	1	.....	1
Unknown.....	.....	.....	.....	14	.....	14
Total.....	60	16	76	139	16	155

TABLE XIV.

SHOWING DURATION OF HOSPITAL TREATMENT OF THOSE RECOVERED.

DURATION OF TREATMENT.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
1 to 4 weeks.....	3	.....	3	11	.....	11
1 to 3 months.....	14	4	18	33	4	37
3 to 6 months.....	26	8	34	39	8	47
6 to 12 months.....	11	4	15	20	4	24
1 to 2 years.....	3	.....	3	19	.....	19
2 to 3 years.....	2	.....	2	9	.....	9
3 to 4 years.....	1	.....	1	4	.....	4
4 to 5 years.....	.....	.....	.....	4	.....	4
Total.....	60	16	76	139	16	155

TABLE XV.

FORM OF INSANITY OF THOSE WHO DIED.

FORMS OF INSANITY.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
Mania, simple acute.....	.....	.....	.....	2	.....	2
Mania, simple chronic.....	1	.....	1	8	.....	8
Mania, acute delusional.....	1	1	2	6	1	7
Mania, chronic delusional.....	11	.....	11	17	.....	17
Mania, delirious.....	2	.....	2	8	.....	8
Mania with epilepsy.....	.....	3	3	4	3	7
Melancholia, simple chronic.....	3	1	4	4	1	5
Melancholia, acute delusional.....	1	2	3	12	2	14
Melancholia, chronic delusional.....	6	5	11	2	5	7
Melancholia, stuporous.....	1	1	2	2	1	3
Melancholia with epilepsy.....	.....	1	1	2	1	3
Mental deterioration, secondary.....	6	3	9	16	3	19
Dementia with epilepsy.....	1	1	2	5	2	7
Dementia with senility.....	4	1	5	7	1	8
Dementia, paralytic.....	4	.....	4	16	.....	16
Organic disease of the brain.....	7	2	9	14	2	16
Dementia, terminal.....	6	2	8	6	2	8
Total.....	54	24	78	127	24	151

TABLE XVI.

SHOWING THE CAUSE OF DEATH OF THOSE WHO DIED.

CAUSE OF DEATH.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
Accidental suffocation.....	.....	.....	.....	1	.....	1
Bulbar paralysis.....	1	.....	1	1	.....	1
Carcinoma of stomach.....	.....	.....	.....	1	.....	1
Carcinoma of rectum.....	.....	.....	.....	1	.....	1
Cerebral hemorrhage.....	3	1	4	13	1	14
Cerebral softening.....	1	.....	1	2	.....	2
Cerebral syphilis.....	2	1	3	2	.....	2
Consumption, pulmonary.....	11	5	16	16	5	21
Dementia, paralytic.....	4	.....	4	18	.....	18
Dysentery.....	2	1	3	2	1	3
Epileptic convulsions.....	.....	4	4	6	4	10
Erysipelas.....	.....	.....	.....	2	.....	2
Exhaustion with delirious mania.....	2	.....	2	12	.....	12
Exhaustion with terminal dementia.....	2	.....	2	5	.....	5
Exhaustion with melancholia.....	4	.....	4	6	.....	6
Exhaustion with senectus.....	2	1	3	6	1	7
Exhaustion with hemiplegia.....	2	.....	2	2	.....	2
Exhaustion from injury (received before admission).....	1	.....	1	1	.....	1
Meningitis.....	1	.....	1	1	.....	1
Nephritis suppurative.....	1	.....	1	1	.....	1
Nephritis, chronic parenchymatous.....	1	.....	1	1	.....	1
Organic disease of brain.....	12	7	19	16	7	23
Peritonitis.....	.....	.....	.....	3	.....	3
Pneumonia.....	.....	3	3	2	3	5
Pulmonary hemorrhage.....	1	.....	1	1	.....	1
Pulmonary gangrene.....	1	1	2	3	1	4
Sticide by hanging.....	.....	.....	.....	1	.....	1
Typhoid fever.....	.....	.....	.....	1	.....	1
Total.....	54	24	78	127	24	151

TABLE XVII.

SHOWING AGES AT DEATH OF THOSE WHO DIED.

AGES AT DEATH.	DURING BIENNIAL PERIOD.			SINCE OPENING HOSPITAL.		
	Men.	Women.	Total.	Men.	Women.	Total.
15 to 20 years.....				1		1
20 to 30 years.....	5	5	10	18	5	23
30 to 40 years.....	17	8	25	33	8	41
40 to 50 years.....	13	4	17	26	4	30
50 to 60 years.....	7	4	11	15	4	19
60 to 70 years.....	4		4	14		14
70 to 80 years.....	3	3	6	5	2	7
80 to 90 years.....	3	1	4	3	1	4
Unknown.....	4		4	12		12
Total number of deaths.....	54	24	78	127	24	151

TABLE XVIII.

GENERAL TABLE SHOWING DAILY AVERAGE UNDER TREATMENT BY MONTHS SINCE OPENING HOSPITAL.

MONTHS.	1889.	1890.	1891.	1892.	1893.
January.....	224	261	300	301	524
February.....	227	300	307	303	528
March.....	233	302	306	301	333
April.....	235	305	308	335	541
May.....	236	306	311	335	546
June.....	244	303	310	381	556
July.....	240	302	322	407	...
August.....	238	291	315	519	...
September.....	240	290	316	517	...
October.....	237	292	314	520	...
November.....	241	292	306	518	...
December.....	247	293	305	519	...
Daily average for each year.....	236 5-6	294 3-4	310	413	538

GENERAL RECAPITULATION.

Total acreage of land.....	513
Acres under cultivation.....	200
Acres in grass and pasture.....	253
Acres occupied by buildings and park.....	60
Total cost of land, buildings and permanent improvements.....	\$ 507,018.00
Cost per capita of land, buildings and permanent improvements, estimated on the limit of capacity of present buildings.....	995.03
First men received, December 15, 1888.	
First women received, April 12, 1892.	

MOVEMENT OF POPULATION SINCE THE BEGINNING.

PATIENTS.	Men.	Women.	Total.
Number admitted.....	828	303	1,131
Number discharged recovered.....	139	16	155
Number discharged improved.....	137	18	155
Number discharged unimproved.....	60	5	65
Number discharged transferred.....	38	7	45
Number discharged died.....	127	24	151
Total discharged since the beginning.....	501	70	571
Total remaining June 30, 1893.....	327	233	560

RECEIPTS AND DISBURSEMENTS FOR LAST TWO YEARS.

RECEIPTS.

Cash on hand June 30, 1891.....	\$ 18.80
Received from State Treasurer.....	161,104.00
Received from steward's sales and collections.....	5,968.00
Total receipts.....	\$ 167,090.80

DISBURSEMENTS.

Wages and salaries.....	\$ 49,013.50
Furniture and furnishings.....	1,453.55
Clothing.....	12,191.61
Fuel and lights.....	9,434.69
Medical and surgical supplies.....	2,862.83
Repairs.....	2,765.86
Groceries and provisions.....	55,527.71
Freight and switching.....	19,947.68
Miscellaneous.....	14,919.08
Total.....	\$ 160,115.51
Balance on hand from all sources, June 30 1893.....	6,975.35

REPORT OF THE STEWARD.

*To the Honorable Board of Trustees of Iowa Hospital for the Insane
at Clarinda:*

Gentlemen:—I take pleasure in submitting this, my biennial report for the year ending June 30, 1893.

As business manager of this institution I have made earnest efforts to protect the property of the citizens who compose this great commonwealth. All purchases have been made within the limits of strict economy, and the farm products, whether sold or consumed, have been made a matter of record. When selling property of the State I have endeavored to get the highest prices current. I have tried to maintain a proper observance of the laws governing the Hospital, and to extend due courtesy to officers and employes.

In conclusion, I trust that my labor as Steward will meet the hearty approval of my superior officers.

Very respectfully,

E. D. CULLISON,
Steward.

STEWARD'S REPORT.

CURRENT EXPENSE FUND.

Exhibit of the Steward for the year ending June 30, 1893.

RECEIPTS.

Balance on hand from last report	\$ 18.80
Sales and collections	2,131.66
Requisitions	61,408.00
Total	\$ 63,558.46

EXPENDITURES.

Ice	\$ 660.00
Meat and fish	6,595.94
Breadstuffs	2,658.32
Fruit and vegetables	473.23
Tea and coffee	1,416.05
Sugar and syrup	\$ 1,552.01
Butter, eggs and cheese	4,067.65
Sundry groceries	3,484.26
Medicinal supplies	1,090.53
Postage and stationery	349.15
Dry goods and clothing	4,426.27
Library and diversions	32.45
Furniture and furnishings	222.50
Mortuary	208.00
Repairs	618.34
Hardware and queensware	750.16
Contingencies	3,334.44
Freight	4,613.10
Farm and feed	1,103.71
Glass, oil and paint	286.98
Lights	90.86
Fuel	3,215.44
Salaries and wages	20,756.06
Visiting committee	821.20
Total	\$ 63,136.31
Balance on hand	\$ 422.15

STEWARD'S REPORT.

Exhibit of Steward for year ending June 30, 1893.

RECEIPTS.

From balance on hand June 30, 1892	\$ 422.15
Sales and collections	3,836.40
Requisitions	90,696.40
Total	\$ 103,954.55

EXPENDITURES.

Ice	\$ 612.00
Meat and fish	10,634.87
Breadstuffs	2,513.32
Fruit and vegetables	2,932.12
Tea and coffee	2,288.61
Sugar and Syrup	2,244.15
Butter, eggs and cheese	5,256.17
Sundry groceries	5,696.77
Medicinal supplies	1,773.30
Postage and stationery	591.22
Dry goods and clothing	7,794.34
Library and diversions	83.05
Furniture and furnishings	1,231.03
Mortuary	127.15
Repairs	2,147.52
Hardware	1,969.35
Contingencies	3,949.06
Freight	6,034.58
Farm and feed	3,317.43
Glass, oil and paint	327.80
Lights	826.06
Fuel	5,302.33
Salaries and wages	28,257.44
Visiting committee	1,080.51
Total	\$ 96,979.20
Balance on hand June 30, 1893	\$ 6,975.35

REPORT OF THE ARCHITECTS.

CLARINDA IOWA, August 30, 1893.

Board of Trustees, Clarinda Hospital:

GENTLEMEN: We herewith submit our report on construction for the years of 1892 and 1893.

The Twenty-fourth General Assembly made appropriations for various buildings and improvements as follows:

Laundry and dry room complete.....	\$ 15,000.00
Chapel and amusement hall.....	20,000.00
Steam heating present wing.....	3,000.00
Plumbing and water supply.....	2,000.00
Sewerage.....	600.00
To complete one barn.....	2,000.00
Repairs and contingent.....	3,000.00
Furnishing chapel and hall.....	2,000.00
Improvements on grounds.....	500.00
To complete furnishing present new wing.....	5,000.00
Engine and pump for water supply.....	2,000.00
Total.....	\$ 55,100.00

Owing to the fact that the appropriations for laundry and chapel were cut down from 20 to 60 per cent below the amounts asked for, we were compelled to alter the original plans materially in size, and abandon the original policy of the first board of building commissioners, of making all buildings belonging to this institution strictly fire proof (a fact much to be deplored).

By so doing, however, we were enabled to complete everything contemplated by the appropriation, and leave a small balance in the treasurer's hands (see report). The appropriation for the barn was not sufficient to complete it according to original plans, owing to the fact that the foundations were already built and the superstructure could not be finished for the amount appropriated, and had it not been for the liberality of the slate roofer, we could not have completed it. He offered to put the slate roof on complete and trust to the General Assembly to reimburse him, releasing the Board of Trustees from any liability. This amount, \$338.15, should be provided for by a special appropriation.

We herewith attach an itemized statement of expenditures, giving dates and numbers of vouchers which are on file, viz:

RECAPITULATION.

Appropriation.....	\$ 55,100.00
Received from sales of material.....	36.00
Received from support fund on account of sundry bills paid out of construction.....	500.00
Total.....	\$ 55,636.00
Expenditures as above shown.....	55,617.64
Balance on hand.....	\$ 18.36

Your superintendent, Dr. Hoyt, has stated the necessity of additional buildings and improvements for the proper care of patients, and the same needs no further special recommendations from us, except, perhaps, the item of engine room, water tower, fan, etc., for which an appropriation of \$45,000.00 is asked. This particular item is a positive necessity, and has been ever since the patients' wards were occupied. These buildings (the wards or wings) were designed to be heated and ventilated with a system of underground air ducts and fans. This system we have never been able to introduce, owing to the fact that no appropriation was ever made for it; and until it is done, the wards cannot be properly ventilated or supplied with fresh air as they should be.

The boiler house building was originally designed to accommodate the increased engine room, fan rooms, water tower, etc., asked for under this appropriation. The object of increasing the engine room is, to enable us to move our engines close to the boilers, whereas, they are now separated several hundred feet, thereby entailing a great loss of steam, besides necessitating the employment of extra help.

The change as now suggested, will make a saving of several hundred dollars annually. Our water supply is ample, but the tank or storage capacity, very limited, not more than two hundred barrels, which is not enough for more than four hours' consumption. A slight accident to the pumps might, therefore, prove a serious matter. The water tower asked for in connection with engine room, will give capacity for forty-eight hours' use.

We herewith submit an itemized estimate for the cost of all buildings and improvements asked for, basing the cost of the two wings or wards and the engine-room on fire proof construction, same as the wings now finished, viz.:

Two violent wards, \$118,000.00 each.....	\$ 236,000.00
Water tower, complete engine room	35,000.00
Ventilating fans.....	10,000.00
Infirmary.....	25,000.00
Steam heating new work	15,000.00
Furnishing new wards	15,000.00
Electric light additional.....	6,000.00
Improvements on grounds.....	2,500.00
Repairs and contingent	5,000.00
Sewerage.....	3,000.00
Additional land	7,500.00
Wagon and implement house.....	1,500.00
Dairy machinery.....	1,500.00
Laundry machinery.....	1,000.00
Total.....	\$ 364,000.00

Respectfully,

FOSTER & LIEBBE,
Architects.

REPORT

OF THE

JOINT COMMITTEE

OF THE

TWENTY-FIFTH GENERAL ASSEMBLY

OF THE

STATE OF IOWA,

APPOINTED TO VISIT THE

HOSPITAL FOR THE INSANE

LOCATED AT

CLARINDA.

PRINTED BY ORDER OF THE GENERAL ASSEMBLY.

DES MOINES:
G. H. RAGSDALE, STATE PRINTER
1894.