

SEVENTEENTH BIENNIAL REPORT

OF THE

Trustees, Superintendent and Treasurer

OF THE

Iowa Hospital for the Insane

AT

MOUNT PLEASANT.

FOR THE FISCAL YEARS 1892 AND 1893.

PRINTED BY ORDER OF THE GENERAL ASSEMBLY.

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IOWA HOSPITAL FOR THE INSANE, {
MT. PLEASANT, IOWA, July 1, 1893. }

To his Excellency, HORACE BOIES, 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 seventeenth 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.

J. H. KULP, *Secretary*

OFFICERS OF THE HOSPITAL.

BOARD OF TRUSTEES.

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TREASURER.

C. V. ARNOLD,	-	-	-	-	-	Mt. Pleasant.
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RESIDENT OFFICERS.

H. A. GILMAN, M. D.,	-	-	-	-	-	Superintendent and Physician.
M. E. WITTE, M. D.,	-	-	-	-	-	First Assistant Physician.
F. P. PECK, M. D.,	-	-	-	-	-	Second Assistant Physician.
E. M. SINGLETON, M. D.,	-	-	-	-	-	Third Assistant Physician.
F. T. STEVENS, M. D.,	-	-	-	-	-	Fourth Assistant Physician.
GEORGE G. WELLS,	-	-	-	-	-	Steward.
MRS. F. V. COLE,	-	-	-	-	-	Matron.
DR. E. H. HOUSE,	-	-	-	-	-	Apothecary.

TRUSTEES' REPORT.

IOWA HOSPITAL FOR THE INSANE, }
MT. PLEASANT, IOWA, July 1, 1893. }

To HON. HORACE BOIES, *Governor of Iowa:*

We, the trustees of the Iowa Hospital for the Insane at Mt. Pleasant, would herewith submit this, our seventeenth biennial report of the aforesaid Hospital, together with the report of Superintendent Gilman, made to us in his official capacity, which we fully approve and adopt and make part of this report. And we attach hereunto the report of Mr. Columbus V. Arnold, treasurer, and George G. Wells, steward, showing a detailed statement of the receipts and expenditures relating to the management and improvement of the Hospital.

The Twenty-fourth General Assembly made appropriations for the improvement of the Hospital in the sum of twenty thousand five hundred dollars, for the following specific purposes:

For better fire protection.....	\$ 5,000
For repairs.....	10,000
For painting.....	2,000
For improvement of grounds.....	1,000
For repairing sewer.....	2,500

Of the proposed improvements, and for which these appropriations were made, we have to say that the amount set apart for securing a protection from fire has been carefully expended for that purpose, and found to be wholly inadequate to secure that protection from fire which the vast interests involved of both life and property most urgently demand.

The appropriations for repairs, painting, and improvement of grounds, have been in whole or in part drawn and expended in a most careful way, and we believe that all will agree that full value has been received for the outlay. The amount set apart for repairing has not yet all been expended.

It appears to us after mature deliberation to be proper to ask you to recommend to the next general assembly an appropriation for the purposes set forth in the report of Superintendent Gilman, which are:

For fire protection.....	\$ 10,000
For water supply.....	13,000
For repairs.....	12,000
For painting.....	4,000
For improvement of grounds.....	2,000
For industrial building for men.....	5,000
For infirmery buildings.....	25,000
For horse and carriage barn.....	5,000
For repairing walls of old building.....	5,000
For land (fourteen acres).....	1,500
For furniture.....	2,500

In asking you to make this recommendation to the general assembly we have endeavored to keep steadily in view the general welfare of the state and have not alone considered the needs of this institution. The amounts asked for repairs, painting, repairing walls, horse and carriage barn and furniture, may be properly denominated general repairs, and the aggregate amount asked for these purposes is twenty-nine thousand one hundred dollars. We are confident that upon a personal examination by you of the proposed repairs there would be no hesitation in making the recommendation asked, and when it is remembered that this is the oldest institution of the kind in the state and has been in operation for more than a generation, it will not be considered unreasonable in us to ask this amount for repairs.

It surely needs no argument to convince anyone of the necessity for perfect protection from the danger of fire, and in view of the awful results of fire in an institution of this kind we feel that we would be almost chargeable with criminal negligence if we did not persistently urge the necessity for full protection from fire upon the lawfully constituted authorities of the state. We urge with equal zeal and from a sense of deep conviction the necessity for an inexhaustible water supply, an industrial building for men, and the infirmery buildings recommended by the superintendent, whose report we have adopted.

UNDER SINGLE HEAD.

This institution has existed for nearly forty years and may be said to be the mother of all its kind in the State, and the plan upon which it is administered is of most vital concern, not only to the State, but to like institutions in all parts of the country. The pre-dominating principle of its administration is found in the fact that

it has one and only one supreme head, in the person of the Superintendent, selected by the board on account of his medical skill and executive ability. All other officers and employees are either directly or indirectly answerable to him. And he in turn is held responsible by the board for the faithful and diligent conduct of the Hospital to its minutest detail. There is no division of responsibility, no excuse for neglect, no clashing of authority, and no debatable ground between two or more having coördinate powers each independent of the other. This plan is such as the law contemplates and has yielded results in this institution so favorable as to challenge comparison with that of any other. It is the plan upon which successful armies are organized; upon which all our institutions of learning of every kind are conducted; upon which ships are manned and sent to sea; and by which private corporations are made the most efficient and profitable.

This plan is not only warranted by law, and its wisdom verified by our experience, but it seems to be the experience of nearly all other states, and forty years ago the "Association of Medical Superintendents of American Institutions for the Insane" declared as their opinion that "the physician should be the superintendent and chief executive officer of the establishment. Besides being a well educated physician he should possess the mental, physical and social qualities to fit him for the post." And it appears that the association has repeatedly re-affirmed the doctrine on several occasions, and it seems its experience only confirms it in the correctness of the principal announced.

We cannot therefore agree with those who seem to urge the thought that there should be two separate and independent heads to institutions of this class, one a medical director and the other a business manager, and we believe that such a plan will result as it always has, in decreased efficiency or absolute failure. If the suggestion that such institutions as this should be organized with dual heads, each independent of the other, is likely to find favor with the Executive of the State, who alone has the right to recommend to the General Assembly the most enlightened policy to pursue with regard to our institutions, may we not with propriety insist that the principle of one chief executive, so happily and so satisfactorily applied in every State in the Union, and the nation itself, be not violated in the organization and management of this institution.

POPULAR ERRORS.

It is very unfortunate, but a fact nevertheless, that the popular mind is thoroughly pervaded with the idea that a hospital for the insane is not a place to help or cure persons afflicted with mental or nervous disease, nor that persons so afflicted should be taken to institutions for treatment at the first appearance of such disorder. All physicians agree that such diseases require special care and treatment, and that if such treatment is obtained in the early stages of development the number of cases cured will be increased many times, but if the proper treatment is delayed or postponed unduly the number of curables in any given number will many times decrease. Notwithstanding this well-nigh universal opinion of men skilled in the art and science of medicine, it seems to be deeply rooted in the popular mind that Hospitals for the Insane are prison pens; that the unfortunates are prisoners and outlaws, and once compelled to enter their unhappy walls nothing remains to such but misery or death or ineffaceable disgrace. With the popular mind in such a state many hundreds of our people stricken with such a disease are retained at home and may be forcibly restrained with the hope that nature's own recuperative powers may remove the cloud overshadowing reason's spark of light, and public disgrace be avoided, and long before that wished for time arrives the unfortunate is marked by the progress of his disease "incurable," and at last he is compelled to be an inmate of the hospital for years, and it may be for life, for the security of society and to protect him, it may be, from his own hands. Is it not clear, then, that our Hospitals for the Insane are trying to perform their missions under circumstances much more unfavorable than those under which any other of our charitable institutions labor?

The question therefore comes to the practical mind, how can this popular error be destroyed and correct notions be made to take its place? Among the greatest agencies for popular instruction is that of the press. It reaches almost every home. It has many public duties to perform, and among them the duty to rightfully inform the people concerning the object, purposes and conditions of our public institutions, and if the editorial world would fairly inform itself on these matters, and as fairly and fully inform its patrons of the conditions of our Hospitals for the Insane, the popular errors would soon be eradicated and great good would come to the people and the State. Many of our public journals have taken great pains to correctly inform the public regarding the true condition of these Hospitals, and to such great credit is due. But if,

without proper knowledge or for mere sensation and upon the flimsiest pretexts, the public press attacks them and makes false and frivolous charges of corruption and cruelty, it only tends to heighten distrust, make dense ignorance more fully satisfied with itself, and adds nothing good to the institutions, the public or the State.

BOARDS OF TRUSTEES.

Another means of aiding the people in reaching a correct knowledge of our hospitals, is found in the fact that each one is governed by a separate board, composed each of five members and selected from the body of the people, and from different parts of the State. At present fifteen counties are represented on these boards, or nearly one-sixth of the State. The members receive the small sum of four dollars per day and actual expenses for the time actually employed, and are not permitted to be paid for more than thirty days in any one year. The expense to the State cannot, therefore, be great. Being fifteen in number and located in as many counties in different parts of the State, the members of these boards are of easy access to the people, and many hundreds of them learn through these members the actual condition and real merits of the hospitals. Our experience leads us to conclude that no other agency in the State does more towards teaching the people that these institutions are not prisons, but hospitals indeed, for the care and cure of the insane.

It is proposed to abolish this multiplicity of boards and have but one board of control for all the institutions of the state. That plan cannot be shown to guarantee greater economy, or increase the efficiency of the management nor secure better service in the public institutions, and all the merit it can be said to have will be to draw the public institutions of the people further from them, and afford them less means of learning of their condition and progress.

Such a result is not desirable, for the better the people understand their institutions the more loyally will they sustain them, and the more intelligently will they correct and reform the abuses that may sometimes appear therein. It seems to us that the centralization of power, in placing all our institutions under one board, is undemocratic and a menace to them by removing them further from the people in their government.

The present overcrowded condition of our Hospitals for the Insane impels us to suggest that some additional means for the care of these unfortunates must soon be made, and to us it seems

most wise to provide another in the northwestern portion of the state. The policy of building Hospitals rather than county houses, has voluntarily been assumed by the state and followed with commendable zeal for many years. The system, on the whole, has yielded good results and has been for the most part satisfactory to the people. No serious objections in view of our experience, and that of other states, can be made against the system, and it having been pursued so long it is now too late to make the change without most weighty reasons therefor.

During the biennial period we have been called upon to mourn the loss of our efficient and trustworthy steward, E. N. Nelson, who for nine years faithfully performed the duties of his office. In his death we feel not only our personal loss for one we highly esteemed, but that the Hospital and State, as well, suffered thereby.

We have also to mourn the death of Dr. J. M. Parker, special pathologist and fourth assistant, who by his ability and gentlemanly demeanor won our affection.

In conclusion we have only to say that we invite the most searching investigation of this institution in its every detail. We feel it stands as proof that cannot be challenged of the wisdom of organizing and managing such institutions under a single executive, and vindicates the policy of having a separate board for each institution of this kind, and assures us that the policy of the State in this method of caring for its insane is not a mistake. We owe to Dr. Gilman, and hereby express to him and his associates, for ourselves, and for the hundreds of helpless beings under his care and control, our gratitude and sincere thanks for his careful and constant attention, for his unflagging zeal, and for his conscientious endeavor in the discharge of the manifold and wearisome duties required at his hands as Superintendent and executive head of this institution.

Respectfully submitted,

G. W. CULLISON, *President.*

J. H. KULP, *Secretary.*

G. H. SPAHR,

S. KLEIN,

J. C. BARRINGER,

Trustees.

SUPERINTENDENT'S REPORT.

To the Trustees of the Iowa Hospital for the Insane at Mt. Pleasant, Iowa:

GENTLEMEN—This being the close of the seventeenth biennial period of this hospital, the report of the operations of the institution as required by law is herewith presented:

The female wards were relieved of their crowded condition last year by the transfer of one hundred and sixty-eight women to the hospital at Clarinda, and now the male wards are so much crowded that we have no room for another male patient, and a large number are compelled to sleep on cots improvised for the emergency until such time as relief can be afforded by further accommodations being made by the state. There have been treated during the biennial period in this hospital fifteen hundred and thirty-three persons, of which number seven hundred and forty-nine were men and seven hundred and eighty-four were women, this being the largest number ever cared for here during a biennial period.

Seven hundred and seventeen persons have been admitted as patients, of whom three hundred and eighty-six were men, and three hundred and thirty-one were women. Seven hundred and nine have been discharged during the biennial period—two hundred and eighty-nine men and four hundred and twenty women. Of this number, two hundred and sixty-six (one hundred and thirty-five men and one hundred and thirty-one women) recovered; one hundred and sixty-nine (forty-four men and one hundred and twenty-five women) were much improved; one hundred and thirty-two (twenty-eight men and one hundred and four women) were unimproved; one-hundred and forty-one (eighty-one men and sixty women) died. Of the whole number of cases that terminated fatally, but ten died of acute brain disease, and most of the cases died from exhaustion of chronic insanity, organic disease of the brain, senility, or other chronic diseases.

EXPENDITURE OF APPROPRIATIONS.

At the close of the sixteenth biennial period there were several balances of the appropriations of the Twenty-third General Assembly undrawn and unexpended, owing to the fact that the law authorizing such appropriations did not permit the drawing of a part of said appropriations until after the close of that biennial period, and compelling us to suspend the work until such time as they could be legally drawn. The work for which these amounts were appropriated was accordingly completed after the close of the sixteenth biennial period, as follows:

REPAIR AND CONTINGENT FUND.

There was a balance of \$1,200 reserved from this fund for contingent purposes out of the appropriations of the Twenty-third General Assembly to meet any extraordinary repairs necessary before the next legislature could make further provision, and an itemized statement of the expenditure of this and all other special funds appear as a part of this report. The Twenty-fourth General Assembly added to this amount sufficient to make the most important repairs and improvements during the biennial period, and leave a balance to meet the contingencies that may arise until further provision can be made. A large amount of plastering has been renewed, expanded metal taking the place of the old wooden lath, and wood-work repaired throughout the wards of the hospital, and also the out-buildings; a Portland cement floor has been laid in engine room; tile floors have been laid in the front hall and rotunda of center building, taking the place of worn out and decaying wooden floors. Yellow pine floors, rift sawed, have been laid in two wards of the west wing to replace the old and worn ones that have done service a third of a century. New water-closets have been placed in two stories, and lavatory and bath-tub in one story of center building, and bath, lavatory and water-closet in the rear center, for the domestics. Several dumb waiters that have done service for years, and were beyond repair, have been renewed. A good deal of old furniture from the wards has been repaired in our carpenter's shop.

COLD STORAGE.

In connection with the slaughter house just constructed, a room sufficiently commodious to store all the beeves, sheep and hogs that we slaughter was constructed and on one side a room for ice, holding eight hundred tons, the air from the latter passing over

the meat and keeping the temperature from 35 to 40° Fahr. during the hot weather, so that we are able to keep the meat free from taint or danger of spoiling during the heated term, and we never use beef until it has hung in the cold storage about two weeks. This has completed our needs in this direction in a most satisfactory manner, and affords an infinitely better and more economical service.

CHAPEL AND AMUSEMENT HALL.

With the balance from this fund at the date of the last biennial report we completed the work in dressing rooms and rear stairways, purchased some additional scenery, chairs and piano for the amusement hall, and water motor for the organ. The two years that have elapsed since the completion of these two rooms for the use of our patients have abundantly confirmed our impressions of two years ago, and emphasized the wisdom of the investment for our people.

SLAUGHTER HOUSE.

This building has been completed and, as stated, in connection with a cold storage room, or small packing house, and we have the most ample and convenient arrangement for slaughtering and storing our meat of all kinds, rendering the lard and tallow, packing our supply of salt pork in the basement, where is also a separate room for salting down the hides until taken away. The offal is hauled away at each time of slaughtering, so that nothing offensive remains about the building.

STEAM ENGINE.

This appropriation has been drawn since the close of last biennial period and the engine and setting paid for. It has been in use now over two years and gives perfect satisfaction in running all our machinery.

IMPROVEMENT OF GROUNDS AND FENCES.

The airing courts for both the east and west wings have been completed according to our plans after the new wings were constructed from the above fund appropriated by the twenty-third and twenty-fourth general assemblies, and partitions constructed in order to classify the patients outside the building as well as inside. The convalescent and more orderly patients have the freedom of the grounds in front of the hospital, which have been arranged as neatly as we have had the means to accomplish it. A new road

around the west side of the building has been constructed of broken rock covered with coal ashes, also a similar driveway across the creek to the east farm.

CONSERVATORY.

Although the amount of this appropriation was reduced considerably from the amount requested, we have done the best we could with the amount decided upon by the general assembly. We changed our plan, reducing the size of the building and completed it, so that it is a daily and constant joy to our household, and especially in the dreary winter days brings cheer to many sad hearts.

FIRE PROTECTION.

One-half of the appropriation requested was made by the last legislature, and a line of six-inch fire pipe has been laid from Washington street to the building and around the entire plant with hydrants at convenient distances, two hundred feet of hose and a hose cart purchased. This consumed the entire appropriation so that we have been unable to provide the fire escapes and fire pumps for the engine room, etc., that were desired in making the estimate for the purpose of fire protection. We have telephone connection with the city pump house, but there is always some delay in getting necessary pressure in case there should be a fire, and we should have a fire pump in the engine room of the institution.

PAINTING.

The fund for this purpose has been used to paint and decorate five wards, two rooms in the center, and rotunda. All of the window sash and frames of the north side of the main building and wards have been repainted and most of the roofs of all the buildings.

SEWER.

The amount appropriated for the purpose of renewing our main sewer has not yet been used, but will be sufficient for that purpose.

IMPROVEMENTS AND REPAIRS REQUIRED DURING THE NEXT TWO YEARS.

In the sixteenth biennial report your board will remember that you endorsed a recommendation for an appropriation for fire protection, including fire pipe, fire plugs, hose, fire pump, elevator, and fire escapes. Only enough was appropriated as previously indicated for the pipe, plugs, and two hundred feet of hose. There should be five hundred feet more of hose for outside use, and for our thirty-four wards, the attics, and basements, there should be at

least four thousand feet of one and a half-inch hose for inside use; this, with the elevator, ten outside fire escapes, and steam pump, will require the sum of ten thousand dollars. The defect in our present reservoir was also mentioned and an appropriation of three thousand dollars recommended. This need is still a pressing one, as also is the increased water supply in store by constructing a reservoir near our boiler house, with a capacity of 10,000,000 gallons of water, in order to have an ample supply in case of fire, or for the large amount of consumption of water daily by the Hospital inmates. The estimate for this expenditure is ten thousand dollars, and will place the institution in safety so far as danger from lack of permanent water supply is concerned. In the matter of fire protection and water supply it would seem that no further argument should be required to secure the needs of the Hospital. It will require for the necessary repairs of this large plant during the next biennial period the sum of six thousand dollars per annum. This is most important in order that the large property of the State here should not suffer deterioration. We desire also to continue the work of repainting the wards and other portions of the buildings requiring it, and would ask for two thousand dollars per annum for this purpose. The improvement of grounds should be continued, and an appropriation of one thousand dollars per annum is asked for that purpose. We again call attention to the importance of having an industrial building for men with workshops for mattress making, broom making, shoe shop, etc., and make the same request as two years ago for the sum of five thousand dollars for that purpose.

The appropriation for two infirmary buildings, one for women and one for men, requested of the last General Assembly, was not granted on account of lack of funds. The demand for these additions is no less pressing or important, indeed the menace during the past year by close proximity of epidemic cholera has emphasized the necessity for such buildings to isolate contagious diseases, and that can be used at other times for the sick, feeble and helpless cases, requiring special care and nursing. We agree to construct these two buildings, furnish heat and light them for fifty patients for \$25,000. This will, of course, increase the capacity of this institution that much and afford infinitely better care and service for that class of patients. The horse barn and buildings for sheltering our wagons and carriages is about one-half the size necessary, and defective in construction. We desire to take it down and remove it back to a point on a line with the laundry and

engine house and increase the size of it to a sufficient capacity to shelter all our horses, carriages, wagons and farm implements, protecting them from the elements, and the estimate of this work is \$5,000. The outside walls of the third section of the old wing, east side, are badly settled and cracked and should be repaired. To do this work from the basement to the roof will require \$5,600. There is a notch of ground containing fourteen acres in front of the Hospital which would widen the outlet to the street and afford a much better arrangement of our grounds, and which naturally belongs to the State. It can now be purchased for \$1,500, and I would ask that your board recommend its purchase for the institution. It can never be purchased as cheaply again and should be secured. There has been no appropriation for new furniture for the wards of the Hospital for many years and with the destructive tendency so strongly developed as in our patients, many of them, there is great necessity for renewal throughout the wards and we ask for an appropriation of \$2,500 for that purpose.

INCREASED ACCOMMODATIONS FOR THE INSANE OF THE STATE.

At the close of every biennial period we find one or the other division of the hospital crowded, and hundreds of patients still kept in the poor-houses of the State, without the surroundings and appliances whereby they can be made comfortable and with little or no medical attention, or State supervision by trustees or committee. Iowa should profit by the lessons taught by sad and extravagant experience in the older states, notably New York, where provision was made by counties, and after the experiment was made for years it became an outrage on civilization, and by statute all the insane of the State were removed from the county institutions, and State hospitals were erected of sufficient capacity to accommodate them. This has been the experience of many of the older states, and it is now understood that the latest State to try the experiment, Wisconsin, is anxious to follow New York and adopt State care for all of her insane. The wings or buildings necessary to complete the Clarinda Hospital, and give that institution the necessary facilities for classification, should be provided for by the Twenty-fifth General Assembly, and as has been stated for four years past, a new hospital should be commenced without further delay in the Northwestern portion of the State, in order to accommodate the rapidly accumulating insane population of this commonwealth. By making a commencement, securing a site, with a section of land, so located as to have a never failing supply of water, with opportunity for

sewerage, securing approved plans for the hospital and laying the foundation, two years ago, during the next biennial period we could have had some relief. Will it not be inhuman to longer defer this matter, when there are now within the State fifteen hundred insane outside of the three State hospitals? In this connection, I would again reiterate what we so frequently have said in reference to the importance of early hospital treatment of brain diseases. When it has been demonstrated in every well managed hospital in the land that of all cases of insanity, uncomplicated with organic disease, brought to the Hospital within three months of the attack, seventy-five per cent recover, and if delayed a year not more than five per cent are cured, it would seem that no further argument was needed to convince the friends and family physician of the necessity of prompt action in sending the patient to the institution at once, when the character of the disease is recognized, thus giving the best possible opportunity for restoration to health, happiness, home and friends, and at the same time saving a life burden to the State if the case is allowed to become chronic or incurable from neglect to act promptly. Would that this most important matter could be made known to every family in our State and land. A much less number of chronic cases would accumulate in our hospitals and become residents for life at the expense of the community in which they live, or the State.

SOME CAUSES OF INSANITY.

In previous reports the large per cent of foreign born insane in all our hospitals for the insane has been commented upon at length, and the large number of this class dumped upon our shores by foreign nations in order to shift the responsibility upon this country of caring for and supporting them. It has also been shown that a large per cent of these persons have been defective from birth or have a history of hereditary taint, which makes them easy victims of brain disease. The more experience we gather in regard to the causes of diseased brain and nerve, as well as general disorders, emphasizes our knowledge of how wide spread is man's disobedience to those fixed laws of nature, which cannot be violated without peril. As well might we play with the anarchist's bomb of dynamite. To the parent, to the teacher, to the physician is intrusted the precious privilege of guiding into safe paths the untried feet of the child in its journey to manhood, and here very largely lies, outside hereditary lines, the most important responsibility. The habits of the child, its healthy and natural development,

should be sacredly guarded by the parent under the educated advice of the family physician until this responsibility is divided by the teacher. When this time arrives a new era opens to the rapidly developing brain cells, and in a large degree the perfection of the growth depends upon the character, ability and faithfulness of the thus sacredly installed brain moulder of your child and mine. For how many deplorable failures, wrecks strewn along life's highway, are these pedagogues responsible, and along with them, allied in what almost seems a crime, ignorantly so in most cases, are school directors. For absurd curriculum and the cramming process, the former should bear the burden of guilt, for the latter, the gross ignorance manifested in the construction of school buildings is almost criminal. There is another matter which should be mentioned in this connection, and that is the forming of habits of self abuse among both sexes, the older children successfully teaching the younger in this school of vice. The teacher should guard against every opportunity for the formation of such vicious practices.

We have then in the school—first, danger from a defective curriculum and consequent overwork of the brain of the child who is being prodded and made to fear that he will not pass examination and secure his grade; second, the defective construction of the school buildings with reference to ventilation and heating as well as stairways which lead up two or three stories for young girls just budding into womanhood to climb from three to six times a day, much to their detriment; and finally the corrupting influences of children thus associated without proper oversight to prevent the spreading of vicious indulgences.

All the above enumerations are familiar to you all in a greater or less degree, and are deeply deplored, resulting as they do often in defective intellects, and finally absolute insanity. This brings the youth to early manhood, when he leaves the home circle and finds the temptations and fascinations of the saloon and brothel. About twenty-five per cent of the admissions for a period of two years faithfully sifted by friends and physicians, was shown to suffer from insanity, caused directly or indirectly by intemperance; and the increase in cases admitted suffering from syphilitic lesion of the brain during the last five years has been marked.

Many a poor woman has toiled to such an extent, perhaps carrying a child, working in the field and cooking in the kitchen, with insufficient or improper nourishment, so that the brain succumbs to the invasion and the result is another case of insanity.

There is a diseased condition of the vessels contributing blood for the nourishment of the brain, and paralysis results from the hemorrhage and mental defection follows if death does not intervene. Epilepsy seizes its victim and the result in most cases is a gradual loss of mental power and vigor. Traumatic causes are well known in all their varieties from the apparent innocent to the severe. Frequent child-bearing brings the danger of puerperal insanity or exhaustion of the nerve forces so as to result in mental alienation. The mad rush for wealth and consequent close application, but more especially the worry and anxiety incident to such speculations, acts as an exhausting element in producing brain disease. The enumeration of incidental causes might be continued almost indefinitely, but our object is accomplished by giving a general outline of the points of danger and thereby fortifying ourselves against the inroads of this disease rather by prophylactic measures than to wait until the victims have crossed the border land into the realm of actual brain pathology. Such measures as can be suggested to prevent or ward off brain disease, and consequent mental obliquity, would furnish material for a more extended discussion, but intelligent views should be promulgated and the danger signals displayed, warning all within range of our influence, from the rocks where mental shipwreck engulfs even the brightest intellects.

INSTITUTION FOR EPILEPTICS.

Those who have had experience in the care of epileptics and are familiar with the distressing character of the epileptic attack are aware of the depressing effect upon other patients not afflicted with this terrible disease. This class are as a rule much more violent and dangerous, and more difficult to care for than any other. The attack is frequently ushered in by a hideous yell, the patient falls to the floor, writhes and struggles, froths at the mouth, often biting the tongue until blood exudes with the saliva, becomes almost black in the face, and altogether presents a horrible spectacle to a person with weak nerves and suffering from mental disease. For these reasons alienists have recommended separate provision for this class of the insane, and there are now in this State enough to fill a moderately-sized institution and relieve the other institutions for the insane of this disturbing and distressing element and all be benefited thereby. In constructing buildings for this class inexpensive structures can be erected, with special appliances for guarding against accidents so liable to this afflicted class from the nature and manifestation of the disease.

DIVERSIONS AND AMUSEMENTS.

During the biennial period just closed we have been able, as a result of the completion of our amusement hall, to provide more variety in entertainment and diversion than ever before, and the additional facilities have enabled us to add to their merit. The weekly dances, literary meetings, concerts, illustrated lectures, and dramatic entertainments have been continued regularly and are a great pleasure and diversion to our people, serving to while away many otherwise monotonous hours and to prevent much of harmful introspection. The orchestra and band have continued to perform their share in the pleasures and pastimes of the patients. All the holidays have been observed as usual and special effort made to make happy the despondent, and merriment for all. The chapel services are continued as usual, the pastors of our city churches continuing to supply acceptably a month in turn, and we have all been delighted by the soul-stirring music from the pipe organ. We have been assisted by many kind friends in musical programmes which have greatly pleased our household. Drs. Witte, Peck and Singleton have devoted much time to this, assisted by supervisors, attendants and patients in a very acceptable manner.

FINANCES.

Fourteen dollars per capita per month has supplied our patients during the last biennial period with board, clothing, bedding, fuel, lights, medical treatment, diversions of all kinds, and the salaries and wages of all officers and employees. The slaughter house and adjoining cold storage were completed within the appropriations, as were dressing rooms, etc., of the amusement hall, and the conservatory. As much as possible was done with the amount appropriated for fences and grounds, fire protection, painting, etc., and no indebtedness incurred. The collections from the sale of hides and tallow, hogs, calves, etc., during the biennial period has amounted to \$9,875.13, and that amount has been applied as usual to the current expense fund.

FARM.

In 1891 our crops were very abundant and a medium crop in 1892, considering the spring floods and consequent delay in seeding.

PATHOLOGICAL REPORT.

This work has been kept up during the past two years a portion of the time or until his death by Dr. Parker and as regularly as

possible consistent with other duties all of the time of Dr. Peck, who presents as a part of this report five cases with histories and illustrations. We have also procured some bacteriological apparatus and done some work in that direction.

CHRONIC MANIA.

Case No 5760.

Admitted April 26, 1885.—Age 23; single; native of Sweden. First symptoms said to have been manifested about a month ago. Utter perversity. Would listen to orders and assent to them, but would not perform her duties as a servant. Was sleepless and would sing. Disposed to assort and change her clothes constantly. Declared Christ did not want her to wear this or that dress. Would go and come aimlessly. Sometimes refused to eat for a long time. Would go out at night seeking the boys. Has kept a butcher-knife in her room. Two sisters have been insane. It is understood that she has amenorrhœa. Had no treatment; refused it.

HISTORY AFTER ADMISSION.

May 8, 1885.—The patient has been getting along in a comfortable way since her admission to the Hospital, and has given very little expression to the characteristics noted above. Her deportment has been quiet. To look at her the idea might obtain that she feels a little depressed. She answers questions, and, in regard to matters about which she knows anything, well enough. She has manifested no unwillingness to bathe or change her clothes, and has conformed to usual requirements well enough. Is ordinarily neat and tidy in personal habits.

June 19, 1885.—There has been but little change in her appearance; still displays something that looks like depression. Generally fairly quiet in demeanor and not troublesome in habits. Conforms well enough to rules.

July 17, 1885.—Not much better. There are some days when she appears to be a good deal confused in mind, and when she pays little attention to her surroundings. Is generally rather moody and silent, saying little more than briefly to answer questions. Does but little of anything useful in the way of work. Is in fair bodily health. Appears well enough contented.

August 14, 1885.—Remains about the same. Has periods of being a little more restless than she is most of the time. Is more or less wakeful at night, but does not make a disturbance.

November 21, 1885.—The patient hardly seems to make as favorable progress as would lead to the best results. It is probably true that she is somewhat better, or at least that she does considerably better than she did before she came here, but she has periods of apparent mental confusion, and at no time really appears natural. Is now eating and sleeping pretty well.

March 2, 1886.—There are periods when she feels restless and nervous in a somewhat greater degree of late than has been the case heretofore, and she does not appear to be getting any better. It scarcely seems probable she has any fixed delusions, but she is uneducated or has had opportunity for little mental cultivation, and understands the use of English only moderately well.

November 23, 1886.—The patient's condition has been somewhat variable during the past months, but she is no better in her state of mind. Most of the time she appears to be more or less confused. She has been able to do some work during the summer in the ironing room, kitchen or elsewhere, and has generally had reasonably good bodily health. Within a recent period she has been going out to the officer's kitchen to help the girls in their work, and her attendant has missed several articles of her clothing and finally ascertained she was taking them out with her and quietly putting them into the range and burning them. When she is in the ward she sits by herself a good deal and has little to say to others, or feels little interest in ordinary matters.

April 1, 1887.—She continues in a much perverted state of mind. Her physical health is good. She never complains of any discomfort.

August 1, 1887.—She is rather cross and irritable the greater part of the time, and on some occasions is inclined to be a little demonstrative.

December 1, 1887.—It is not an unusual occurrence for her to be rather destructive to clothing or bedding. She is rather careless about her clothing when at her best. The greater part of the time is industrious, but is rather reticent and does not like to be spoken to.

April 1, 1888.—Her physical health is good. Mentally, no material change unless it is that she is not quite as cross as she used to be.

August 1, 1888.—During the past two weeks she has talked much more than usual and has been quite coherent in her conversation. She is industrious in her habits and is enjoying good physical health. She is inclined to remove the hems from her garments and from the sheets.

November 1, 1888.—Considerable mental impairment and irregularity is noticeable. She seems to be very well satisfied and contented. Physical health is as good as usual.

February 1, 1889.—Much mental confusion is noticeable. She, of her own accord, assists a good deal with the usual work of the ward.

May 1, 1889.—No improvement in her mental condition; has a good appetite and rests well; is careless and disorderly in her habits.

July 1, 1889.—Condition about stationary.

August 1, 1889.—Heretofore has been very industrious in her habits. At present is not inclined to work any and is more confused than usual.

November 1, 1889.—She continues to remain in about a stationary condition. She is very much confused and deluded. Her physical health is good. She assists a little with the usual work.

January 9, 1890.—Much mental impairment is at all times noticeable. She is rather cross and irritable but is not especially troublesome. Her physical health is good.

March 1, 1890.—Continues from month to month in a stationary condition. Much mental impairment is at all times noticeable in her case. Her physical health is good.

May 7, 1890.—She continues without any material change.

July 7, 1890.—This patient continues in about a stationary condition. She manifests a great deal of mental impairment and irregularity and is rather disorderly in her habits and demonstrative in her demeanor toward other patients with whom she associates. Her physical health is good.

September 8, 1890.—No material change in her condition.

October 27, 1890.—This patient remains in a stationary condition. At times she is rather cross and irritable and quite demonstrative toward other patients with whom she is associated. She assists in the work and seems to be benefited by being occupied.

December 10, 1890.—She continues to remain in a stationary condition.

January 29, 1891.—No variation whatever, cross and irritable at times and very much deluded all the time.

July 7, 1891.—This patient has a morning temperature of 103 degrees and an evening temperature of 104 degrees. She says she "swallowed crochet hook, half a dozen hair pins and some glass, a chemise and a stocking," and when asked if she swallowed a

shoe, said "Yes." Being unable to ascertain anything definitely from her, it was deemed best to wait for future developments and keep the patient in bed. Her temperature was reduced. Nothing was found upon physical examination.

August 7, 1891.—This patient will be up and around for a couple of weeks and then will remain in bed for a day or two. She is at all times more or less deluded. Now claims when conversing most connectedly that she did not swallow anything.

September 13, 1891.—To-day upon palpation we find an area of induration in right hypogastric region, the enlargement being two or three inches in diameter. Pain on pressure. Gave directions for her to remain in bed and to be well fed on liquid diet, consisting of milk, eggs, beef tea, mutton broth, etc.

This tumor is between the sternal end of the tenth rib, right side, and the superior spinous process of the ilium, being nearer the former than the latter. Tumor is oblong, being three and one-half inches in length and two and one-half in width, and extends to within two inches of the umbilicus, being in a plane one inch above the same. She has been losing in flesh.

September 20, 1891.—There is some fluctuation; abscess was opened, scraped and cavity filled with iodoform emulsion 10 per cent. The stomach on palpation seemed to be free from foreign bodies.

September 30, 1891.—The wound healed by first intention.

October 20, 1891.—The patient is slowly losing in weight; does not complain of or manifest any special discomfort. She remains in bed, but at times is very anxious to sit up.

November 15, 1891.—There is no material change in her condition.

December 20, 1891.—She continues to lose in flesh. She has to be urged to take sufficient nourishment.

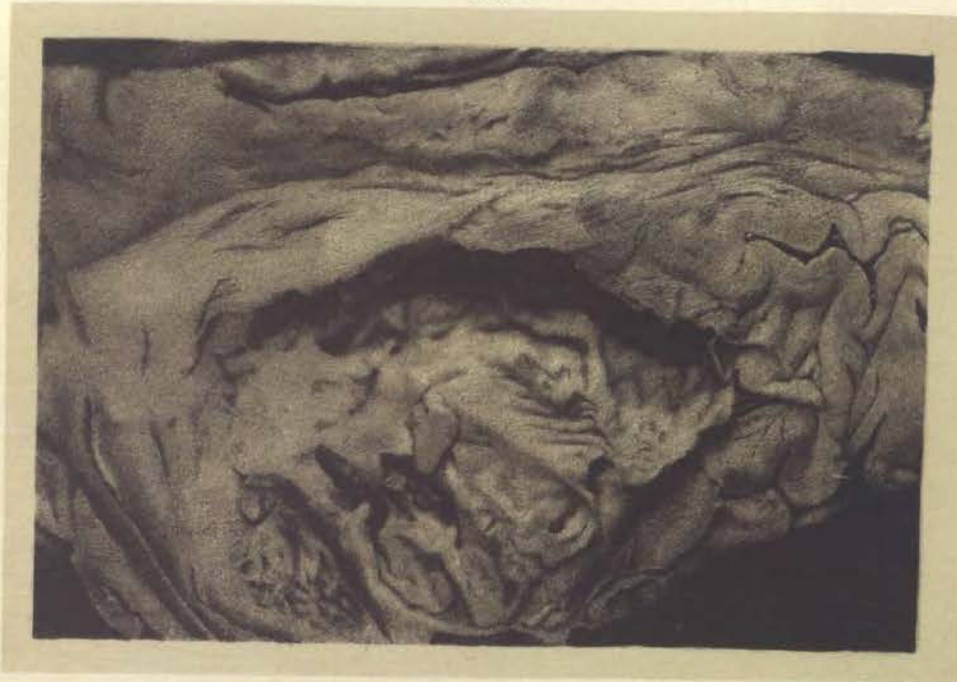
January 15, 1892.—No material change save a continual losing in weight. She has but little fever; pulse averages about 100.

February 21, 1892.—She had an epileptoid attack to-day, indicating some grave organic change in the brain.

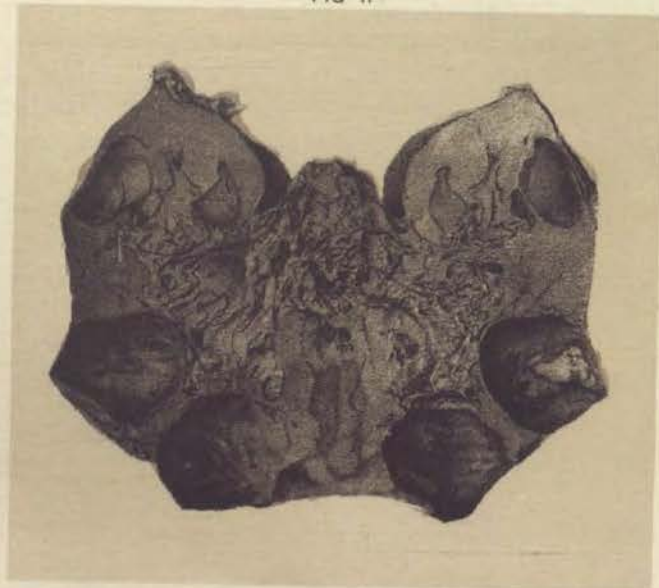
March 3, 1892.—She had no more epileptoid attacks, but continued to fail and died to-day at 3:20 A. M.

AUTOPSY.

Autopsy was held twelve hours after death. Much emaciation. All organs are in a normal condition save the brain and liver, in each of which is found an abscess. The abscess of brain is in left frontal lobe and filled with yellow pus.



Abscess of frontal lobe (left) of the brain.



Kidney cut through centre showing six cysts.

Fig. I represents the abscess cavity as found in left frontal lobe of brain. The essential macroscopical lesions in this case are the purulent abscess above referred to, it being of an irregular oval shape about three inches long and two inches wide, and a hepatic abscess, the latter being located in the anterior surface of the liver. This abscess is two inches in diameter, and into it was found projecting an end of a crochet hook. The hook originally had rounded ends, the process of erosion resulting in a hook sharpened at both extremities. It had passed through the walls of the small intestine, as had also a common sewing needle. The point of exit from the duodenum had healed, and was indicated by a firm cicatrix. There was no evidence that contents of intestine had escaped. The abscess cavity was surrounded by adhesive bands of inflammation. This hook is four inches in length, weighs sixty grains, and is so eroded that both ends are now very frail and sharp.

MICROSCOPICAL EXAMINATION.

Microscopical examination of the sections of the frontal lobe of the brain show much detritus about the walls of the abscess cavity; pus corpuscles are found in the adjacent brain tissue. There is irregular dilatation and a tortuous condition of the vessels. At one point the vessel is seen to be three or four times its original calibre. This dilatation is not gradual in this case, but very abrupt, and the dilated portion of the vessel is quite irregular in contour. Using a one-fifth objective, these dilatations of the smallest capillaries are so great as to take up one-half the field of vision. We find some of the vessels filled to repletion, and walls are distended to the extent of obliterating the perivascular spaces. We also find numerous foci of degeneration, there being complete loss of tissue.

Microscopically these foci can scarcely be discerned. Detritus is found to be quite extensive in connection with these foci of degeneration. Some of the vessels have markedly hypertrophied walls, the thickness of the walls being about three times the calibre of the vessel. Other pathological changes are observed by means of the microscope, and occurring in common with the other cases reported, will be noticed later. It may be stated here that the abscess found in the left frontal lobe of the brain is probably secondary to, and caused by the hepatic abscess.

CHRONIC MANIA.

Case No. 7957.

Admitted May 16, 1891.—Age seventy-three; six children; youngest, age (?). Has been deranged for several years, worse the last six months. Disease is increasing. Has rational intervals of momentary duration. Is inclined to be filthy in talk. No special subject. When younger was very excitable on religion. Had a slight stroke of paralysis six years ago which nearly destroyed sight of left eye. No cause assigned.

HISTORY AFTER ADMISSION.

June 24, 1891.—Patient was very weak and exhausted when she came here and was confined to bed. Was restless, disturbed and exceedingly confused and so disorderly that she required much care and attention for a time. Did not sleep, but was noisy at night. Sleep improved under treatment and since then has been doing rather better. Is now up and about, and aside from the carelessness and disorderly ways due to her mental confusion and weakness, is not at all troublesome. Is good natured and seems to feel well. It is evident, however, that she has no realization of her situation or condition. Has been on No. 11, but yesterday was removed to No. 9.

July 15, 1891.—This patient continues to remain in a stationary condition, manifesting a great deal of mental impairment and irregularity. Her physical health is fair. She has good appetite, and is reported as resting well at night. She requires a great deal of care and attention.

August 10, 1891.—She continued to remain in about a stationary condition until to-day, when she was pushed by another old lady with whom she was associated, and fell, breaking the femur of the left lower extremity just below the anatomical neck. Splints were applied and extension made in the usual way.

September 7, 1891.—Lessened weights to-day, making less degree of extension. She is made quite comfortable, considering her age.

September 15, 1891.—There seems to be a very good union and the weights were removed to-day. There is no material change in her mental condition.

September 21, 1891.—Three days ago this patient developed capillary bronchitis, and the disease was first manifested by rapid respiratory movements, impeded inspiration and expiration, and fine bubbling rales. She took such medication as was indicated, counter

irritation resorted to and special attention given to diet, etc. She received close and careful attention both day and night. Owing to her debilitated condition and age she failed rapidly after the onset of this disease, and died to-day at 12:30 A. M.

AUTOPSY.

The autopsy was held twelve hours after death; emaciated, but not markedly so. The meninges of the brain are thickened and there is atrophy of the convolutions, more especially of the superficial layers. There is ependymitis of the lateral ventricles. The kidneys are found to be cystic, the right one more so than the left. The cysts of the right kidney are six in number, four large and two small.

MICROSCOPICAL EXAMINATION.

Fig. II. is a photograph of the cut surface of the kidney above described, showing the cysts. Microscopical examination of the sections of the parietal lobes of the brain reveals the following condition: There is proliferation of the neuroglia, and the lymph spaces and perivascular spaces are more or less blocked up with debris, and capillary extravasations are seen in the convolutions. This is less marked in the frontal and occipital lobes. The superficial cortical layers are atrophied. The cerebral vessels are filled to repletion, but are not distended. There is no extravasation of corpuscles outside the perivascular spaces, as in cases of acute delirious mania and in the accompanying case of general paresis. Stasis of the capillaries is common in this case, and hypertrophy of the walls of many of the vessels is observed. There is atrophy of the nerve cells, as found not only in the parietal but in the frontal and temporal lobes, and in the pons and the medulla. There is granular degeneration of many of the ganglion cells. These cells, in many instances, have lost their processes, and are quite markedly pigmented.

CHRONIC MANIA.

Case No. 7164.

Admitted December 12, 1888. Age (?). Married. Showman. Native of England. First attack began six months ago by defect of memory. Gave up minstrel troupe business. No special subject. Thinks he is rich. Exposes his person heedlessly. Don't dress when he ought to. Smoked much. Had stricture of urethra, said to have contracted in the army. Broke his arm. Had sunstroke in the army as it is reported. No cause assigned.

HISTORY AFTER ADMISSION.

June 3, 1889.—He has been in a comfortable condition since his admission. He manifests much mental impairment and disorder and is under the influence of delusions. Says that he owns this building, etc. Has been quiet and orderly and not troublesome. At times seems rather depressed and despondent. Bodily health is excellent.

February 21, 1889.—Has been more disturbed during the past week, and on several occasions he has been disorderly and has assaulted others. His delusions have become more active, and at times he is very cross and irritable. Bodily condition is good.

April 16, 1889.—No change of any kind in his condition. He is yet disturbed and excited at all times.

June 11, 1889.—Continues in a stationary condition. He is much deluded and disturbed and often makes strange motions and mutters and talks to himself. At times he is depressed and weeps, but as a rule is in good spirits. He is not vicious or aggressive and is not troublesome. His bodily health is good.

September 11, 1889.—Delusions of grandeur are present in this case. He does not manifest any marked motor impairment. His general condition is good. At times he is noisy and disturbed.

December 19, 1889.—There has been no material change in his condition since last date. He is under the influence of delusions constantly and is often noisy and disturbed. As a rule he is in good spirits and feelings. Appetite is good and he is well nourished.

April 25, 1890.—Continues in much the same condition as noted above. On the evening of January 23, 1890, he struck another patient on the head with a chamber vessel during a quarrel. He expressed no regret for what he had done. During the past two weeks he has been more disturbed and is noisy and excited, and is often disorderly in his conduct. Is strong and well nourished.

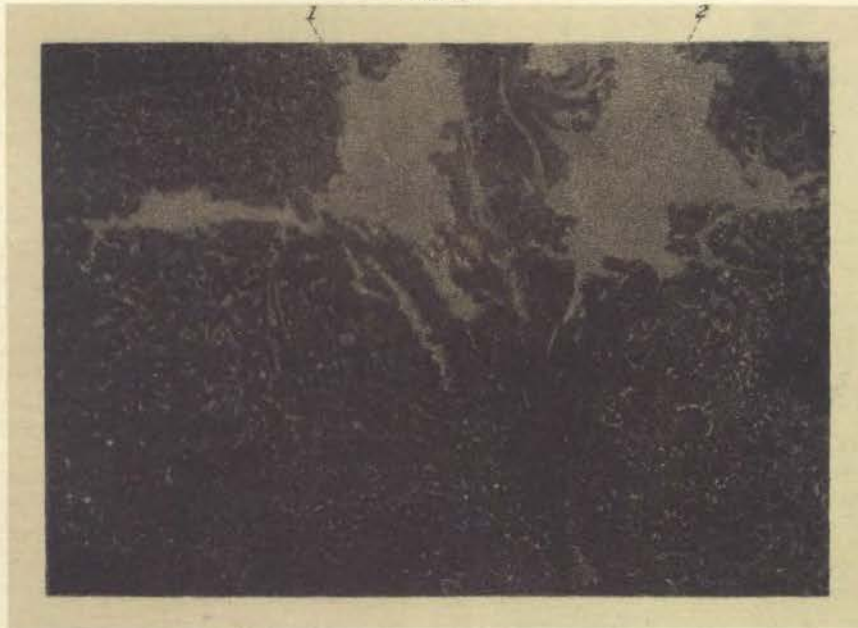
July 10, 1890.—Has been disturbed during most of the time since last date. He is excitable and talkative. Is much deluded and confused in thought. Eats well and is in good physical condition.

December 5, 1890.—This patient is destructive and filthy. Chronic mania. He is much deluded and imagines he is rich and has many wives, etc.

January 30, 1891.—He is much disturbed and talks incoherently on religion and on all other subjects. Bodily health is good, is quiet and orderly, but filthy in his habits.

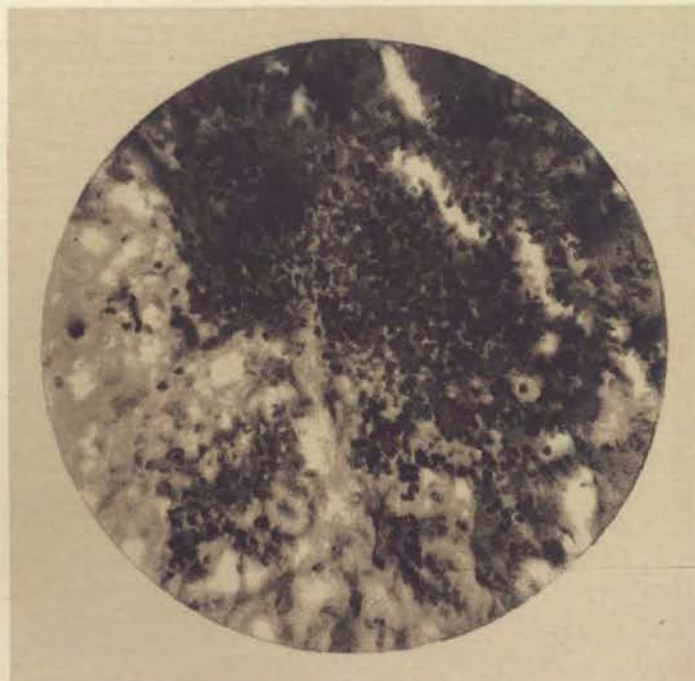
March 7, 1891.—No change.

FIG. III



Section of medulla showing foci of degeneration at 1 and 2.

FIG. IV



Section of the medulla showing extravasation of blood.

May 8, 1891.—This patient became quite excited and knocked his head against the wall, causing a contusion. Had an attack of vomiting yesterday.

May 11, 1891.—Bruise is healed and he is now quiet again. Physical health is now very good.

June 25, 1891.—This patient is very restless at night. He has delusions about riches and will collect scraps of paper containing numbers representing large sums of money. With these he will stand and read them off in a loud voice. Bodily health is excellent and occasionally he will do some light work about the hall.

August 17, 1891.—Some time ago was bruised on his left ear and a haematoma formed. This has now almost entirely disappeared. Mentally and physically, has not changed at all.

October 5, 1891. On August 30th patient became very delirious and lost all self-control. The next day he became quiet and is now very stupid; sits about and will not answer questions, while before he always greeted with a "good morning." Physical health is fairly good; sits about reticent and filthy.

December 7, 1891.—Has been declining some time; suffered from laryngeal paralysis; was fed artificially but continued to fail, and died to-day at 5:50 P. M.

MACROSCOPICAL AND MICROSCOPICAL EXAMINATION.

Autopsy was held twelve hours after death. The meninges were thickened; otherwise to the unaided eye the brain seemed to be in a normal condition. Microscopical examination of the sections of medulla made after hardening the tissue in Müller's fluid and in alcohol present foci of degeneration as seen in Fig. III. In producing the photomicrograph we used 1-5 objective and A. eye piece. There is complete loss of tissue, the normal brain elements being completely destroyed and much detritus being present. Fat globules are also seen in connection with these degenerative changes. There is fatty degeneration of some of the ganglion cells (best differentiated with osmic acid stain), also pigmentation of the small nerve cells. Fig. IV is photographed with 1-6 objective and C. eye piece. It shows extravasation of blood in the medulla. Microscopical examination of the sections from the several lobes of the brain reveals quite extensive areas of degeneration; in some fields nerve cells appear prominently and are quite markedly pigmented. The walls of the vessels are quite markedly hypertrophied. The foci of degeneration are quite irregular in contour. There is

marked atrophy, the perivascular spaces being much larger than normal owing to the atrophied condition of the brain tissue. Some of the vessels are dilated to such an extent as to obliterate or occlude the perivascular spaces of the vessels. Many leucocytes are seen and these seem more or less disorganized; the outlines of the corpuscles are hardly discernible. Many of the vessels are in a normal condition and the cerebral tissue adjacent is, as far as we can discern, in a normal condition. But in the tissue adjacent to the vessels having hypertrophied walls much disorganization is observed. In one of the sections of the frontal lobes an area of degeneration is seen in extent sufficient to extend across the field when using 1-5 objective. In adjacent brain tissue foci of degeneration are seen that are much smaller in extent, so small that to the unaided eye they would be invisible. The smaller foci are circular in their contour; the larger being oblong. From three to five foci of degeneration may be seen in one field under 1-5 objective, while other fields are free from degeneration.

CHRONIC MANIA.

Case No. 5023.

Admitted February 7, 1883.—Age —. Married; native of Sweden. Six children, youngest age seven years. First attack was about seven years ago and has never had a perfectly lucid interval since, although generally harmless. Present attack about a week ago. She has got out of the house several times and starts directly for the country or the depot. Got out of the house yesterday and ran up to the depot in her stockings. Whips her little boy severely whenever she can. Her father and one sister now in insane asylum in Sweden.

HISTORY AFTER ADMISSION.

February 13, 1883.—Has generally been pretty steady and quiet since coming here until to-day, when she began to remove her clothing and was apparently in a sort of delirium for a few hours.

March 17, 1883.—The patient's condition has been about stationary since the last date. She is rather quiet; appears not to take much notice of or interest in her surroundings, and is indifferent to all ordinary matters.

October 20, 1883.—The case has not made any favorable progress, and she does not at this time appear substantially better than she was when she came to the Hospital. She has gone along through the summer in a pretty even and uniform condition. She

does not speak often to anyone, and if she is addressed barely replies in a few words. She may generally be seen sitting or standing quietly and apparently without taking any interest in her surroundings. She will occasionally help a little about ward work if she is asked to do so. Although not especially neat and careful about her personal appearance, after her toilet is made she presents a fair degree of tidiness. There seems to be some reason to suppose that she has become demented somewhat, but it also seems probable she entertains delusions. It is not known that she has made any inquiry about her home or friends since she came here. She is not rugged, but has uniform state of health.

July 18, 1885.—The patient has remained continuously under the care of the Hospital during the period since the date of the last record, but there has been no special improvement nor any material change in her condition. She has displayed a generally confused state of mind, but has probably had no fixed delusions. She has for a few weeks at a time been somewhat restless or excited and once in a while a little violent. But during a large part of the time she has remained quiet and rather passive, and has appeared to feel little or no interest in any ordinary matter. She has seldom been sick in body and has nearly always been around and about. Once in a while would assist a little about ward work and was generally not very untidy or disorderly in personal habits. Her room being needed, the Board of Trustees, at a late meeting, made an order for her removal, in compliance with which she was taken away to-day.

December 21, 1885.—The patient was returned to the hospital to-day with formal papers for commitment, but is not entered as a readmission. She has been provided for in the county poor-house since her removal from the Hospital. Is said to have become so violent and unmanageable as to prevent her being provided for there any longer. She was abusive to other inmates.

April 1, 1886.—She continues in a stationary condition. Much mental impairment is noticeable at all times. She takes no interest in anything and seems indifferent to her surroundings.

October 1, 1886.—Nothing worthy of note. She is not especially troublesome, has a pretty good appetite, and sleeps well at night. No improvement mentally.

April 1, 1887.—The same stationary condition continues. She is careless and indifferent. Physical health is good.

October 1, 1887.—She continues in a stationary condition. She is quiet in her demeanor, cleanly in her habits, but takes no interest in anything.

April 1, 1888.—She continues from month to month in a stationary condition. Never manifests any discomfort.

August 1, 1888. She remains in a stationary condition mentally. Her physical health is good, and she never manifests any discomfort. She has a good appetite and rests well. She does nothing in the way of rendering assistance in the usual work of the ward.

May 25, 1889.—She has tuberculosis, there being consolidation of left upper lobe. Respiration rapid (25), pulse 100.

May 26, 1889.—Is in bed to-day, and has a temperature of 104° at noon. Ordered two doses (5 grs. each) of antifebrim. At 6:00 p. m. she was free from fever.

May 27, 1889.—Evening temperature 99.5° . She is taking extract malt, spiritus frumenti, oleum morrhuae. Her mental condition remains stationary. She never speaks but seems to understand what is said to her. A distinct murmur is heard over the semi-lunar valves; her condition is very grave. Have heard nothing from her friends; her husband was written to-day and informed of her condition. She takes her medicine willingly. Physical examination reveals cavities in the left lung.

June 15, 1889.—Gradually failing in health and strength; refuses to take medicine and objects to having anything done for her. Takes sufficient nourishment.

June 27, 1889.—To-day she of her own accord conversed a little with her attendant. Heretofore she has not uttered a word. No improvement in physical condition.

August 20, 1889.—She continues to fail in strength. The disease (tuberculosis) of lungs is progressing. She continues to reply when addressed.

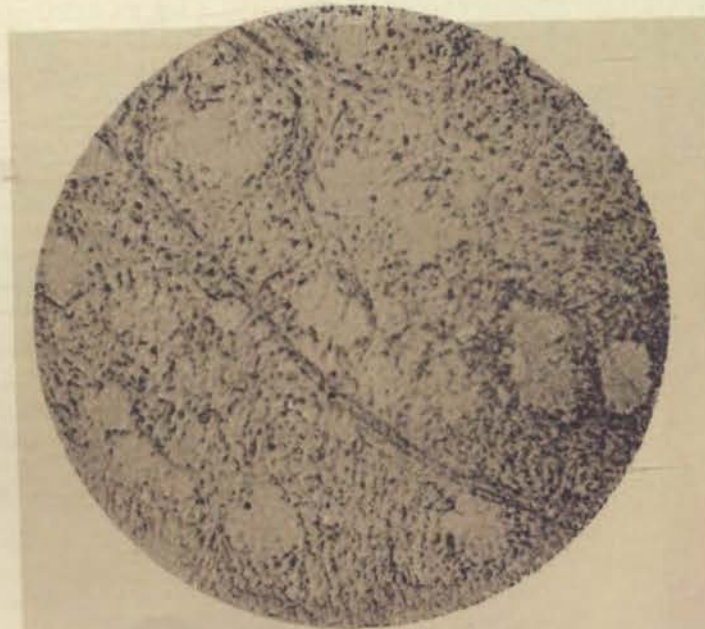
September 25, 1889.—Sometimes she will willingly be waited upon, but usually objects to having anything done for her and makes every effort possible to wait upon herself. The left lung is very extensively involved. She always objects to having an examination made.

October 20, 1889.—Great mental impairment is at all times noticeable. She is cross and irritable most of the time. She is losing in flesh and strength. She never manifests any discomfort and never complains of anything.



Extravasation of blood as seen in pia mater of medulla.
A A blood vessels, cross section.
B B margin of medulla.
C Extravasated blood corpuscles.

FIG. VI



Section of the medulla showing patches of miliary sclerosis.

November 20, 1889.—No change from month to month in her mental condition. She is losing in flesh and failing in strength quite rapidly. She continues to expectorate a good deal.

December 25, 1889.—During the past month she has continued to fail and died to-day. Her condition during the past month has not varied from what it has been for several months past save the gradual loss of flesh and strength.

AUTOPSY.

Autopsy was held ten hours after death—meninges adherent, cerebrum and medulla somewhat atrophied, and to the touch and on cutting firmer than normal. Tubercular cavities are found throughout the left lung. There are extensive pleuretic adhesions. Heart of normal size, aortic semi-lunar valves are thickened, other organs normal.

MICROSCOPICAL EXAMINATION.

Microscopical examination of the sections of the frontal, parietal, occipital and temporal lobes of the brain and of the pons and medulla (after hardening and straining) reveal numerous patches of miliary sclerosis. See Fig. VI. These sclerosed patches are so numerous it is seldom a field under one-fifth objective can be found free from them; and in many of the fields there are so many, nearly if not quite one-half the tissue is replaced by these sclerosed patches. It is seldom one finds so many patches in a given area, or in any case of miliary sclerosis. The patches are nearly circular in contour, as a rule, with regular outlines. Some of the perivascular spaces are dilated. This is observed especially in the pons. The axis cylinders are markedly atrophied as are the nerve cells. The multipolar cells are markedly pigmented and are also atrophied. These sclerosed patches are nearly transparent as seen in the prepared sections and viewed by transmitted light. By reflected light they appear more in relief. See Fig. II of the fourteenth biennial report.

We find in these sections a large increase of connective tissues, probably having its origin in the neuroglia. The sclerosis is found throughout both the gray and the white matter of the cerebrum, pons, and medulla; but in the medulla the disease is most marked near the surface, as in annular sclerosis. From the patches of miliary sclerosis the nerve cells are pushed aside and curved around them. In these patches may be seen delicate, colorless fibrils. Fine trabecular tissue separate these patches in many instances. This being the third stage of the disease, that condition

is present whereby in sectioning, the patches, in many instances, fall out, leaving irregular holes. They are differentiated from the perivascular spaces by their irregular outlines. The pigmentary deposits in some of the multipolar cells of the pons are very marked. Others are quite free from pigment. Some of the capillaries of the pons have abnormally thin walls.

GENERAL PARALYSIS.

Case No. 7227.

Admitted February 8, 1889. Aged fifty-two. Married. Native of Pennsylvania. Five children. Youngest, age (?). First attack a year ago. This began three weeks ago, while out to get a pail of water, and wandered in the woods for two days and nights; was found talkative and on no particular subject. Disease is increasing, and only slightly variable. "Animals, etc., talk to her." Hears noises which are unreal. Thinks she is poisoned; that her son is not married while she was present at his marriage; thinks spirits get in her clothing and burn it. Menopause assigned as cause.

HISTORY AFTER ADMISSION.

February 15, 1889.—This patient is in a very feeble condition; her condition is grave; case of paresis, and the disease will probably run a rapid course. She is rather fleshy; mentally very much impaired.

March 15, 1889.—Eats with difficulty, but heartily. Very uncleanly in her habits, owing to her mental condition. Sleeps well. Requires a good deal of care and attention.

April 1, 1889.—Co-ordination is very poor, falls very easily. She unable to answer direct questions. Does not think she feels badly.

April 8, 1889.—Falls to the floor from her seat; ordered to bed.

April 9, 1889.—Evidence of much cerebral and spinal congestion this morning, nothing unusual being observed during the night. Pupils contracted, breathing stertorous, respiration 40, pulse 120, temperature 104.5. Ordered ice to head, alcoholic baths every fifteen minutes; antefebtrin, grs. 5, every three hours; ergot, in zss. doses. Her temperature was speedily lowered; condition, comatose.

April 10, 1889.—Temperature 103.5 degrees.

April 11, 1889.—Temperature 102.5 degrees.

April 12, 1889.—Temperature 101.5 degrees; respiration, 24;

pulse, 100. Able to respond by saying "yes" or "no." Great hyperæsthesia, more especially of right upper extremity which is oedematous. On touching her lightly she will scringe and say "ouch."

April 14, 1889.—Temperature 102.4 degrees, morning; 103.4 degrees at 6:00 P. M.; 105 at 9:00 P. M. Treatment mentioned above resumed, ice to head and ergot had not been discontinued.

April 15, 1889.—Morning temperature, 105.5 degrees; respiration, 24; pulse, 100. Tongue dry and brown. Antifebrin grs. five every three hours; ergot zss. every six hours. Evening temperature, 103.5 degrees.

April 16, 1889.—Her temperature remained at about 103.5 degrees all day. Morning temperature, 103.75 degrees; evening temperature, 103.25 degrees; respiration, 36 to 40. Pulse during the last thirty-six hours has been very weak. Gave her spiritus frumenti 1 dr. in milk every hour. Surface of body not as hot as heretofore. Lower extremities a little cool part of the time. Blisters formed on her back and on her feet. Much oedema of the right upper extremity. Has not been able to speak since the 13th inst.

April 17, 1889.—Died at 5:00 P. M.

AUTOPSY.

The autopsy was held twelve hours after death. The pia mater was adherent to the surface of the brain, and that condition being at present known as meningeo-encephalitis. There being inflammation of the superficial cortical layers of the brain, and on removal of the pia some of the cerebral tissue remained adherent to the removed pia. There was also morbid adhesion of the dura to the calvarium. The meninges were quite markedly congested. To the unaided eye there were exhibited no further lesions of the brain, save a general hyperæmic condition. The cerebrum, pons, and medulla were hardened in chromic sol.

MICROSCOPICAL EXAMINATION.

Portions of each region of the brain, the pons and medulla being intact, were embedded in celloidin and the sections were stained with Weigert's hæmatoxylin solution. In the microscopical examination of the sections of the medulla we first observe the extravasation of blood in the pia mater of the same, as seen in Fig. V. Blood corpuscles are seen in perivascular spaces and fat globules are found, some of them being found in the perivascular spaces, some adja-

cent to the vessels, and others in the tissue further removed from the capillaries. Aneurismal dilatation of the vessels are seen—fusiform dilatation.

In producing the photomicrograph from which Fig. V was printed one-fifth objective and C eye piece were used. Examination of the medulla and of the upper portion of the cerevial region of the spinal cord reveals very extensive pathological changes. These sections without the aid of the microscope present what appears to be central myelitis. This is corroborated by microscopical examination. We observe that the central canal is nearly occluded by cellular elements and there is great increase in neuroglia and almost entire disappearance of the nerve fibers about the central canal, this area comprising one-eighth of the medulla and upper cervical region of the cord. Numerous vacuoles are also seen in these sections. Peripherally from this region of central myelitis the nerve fibres are found to be greatly atrophied, probably due to pressure from the connective tissue elements. This atrophy of the nerve fibres is markedly irregular, there being abrupt increase and diminution in size, so that the fibre at one point will be about one-fourth its normal size, and at another it is apparently larger than normal so that they present an irregular beaded appearance. This marked irregularity is due to a sclerosis. The atrophied portions appear thread-like when magnified 300 diameters. These degenerated fibres take up the hæmatoxylon stain. The tissue adjacent to the central canal did not take up the hæmatoxylon stain.

In the microscopical examination of the sections of the pons varolii there is seen marked hyperæmia, the vessels being filled to repletion, and some of them are so engorged the corpuscles have transuded into the perivascular spaces, even to the extent of filling the same. Some of the perivascular spaces have disappeared on account of dilatation of the vessels; the walls of the vessels resting against the brain tissue originally surrounding the perivascular spaces. The hyperæmia is more marked in the pons than in the medulla. Microscopical examination of the sections of the parietal lobes shows that there is marked dilatation of the perivascular spaces. The perivascular spaces being four to five times the calibre of the vessel contained therein. We observed marked atrophy of the ganglion cells, many of the processes have disappeared, the remaining portions of the cell being circular instead of pyramidal in contour. Hæmorrhagic areas are found on the surface of the

convolutions of the parietal lobes, there being areas on the summits of the convolutions dipping down into and taking the place of the brain tissue to the depth of the superficial layers. But little is found in these areas aside from the blood corpuscles. Some of these hæmorrhagic areas are regular and some are quite irregular in contour. Some of these hemorrhages originate from the vessels of the meninges and in others it is seen to be from the cerebral capillaries. In some instances the greater amount of cerebral tissue displaced by the blood is below the surface of the brain, and the intervening tissue between the point at which the hemorrhage occurs and the surface of the brain drops down as the coagula contracts, leaving a depression at summit or side of the convolution.

STATISTICS.

The appended thirty statistical tables have been kept and prepared by Dr. Witte, and represent much time and labor. It has occurred to us that many of these tables are of such little value, too much time is consumed in their preparation, but they have been continued, in harmony with the statistics of other institutions.

ACKNOWLEDGMENTS.

To all of the subordinate officers associated with me in this work I am under many obligations for cordial and loyal support and efficient service.

The death of my almost lifetime associate, Mr. E. N. Nelson, for nearly nine years steward of this institution, which occurred September 13, 1891, was not only a great loss to the hospital, but to me a deep personal affliction. He had been my companion in childhood, and associate in hospital work, in some capacity, for more than twenty years. He was faithful to every trust, and knew no other interest save that of this institution. His loyalty and fidelity to me in our association here in this work was phenomenal. Mr. George G. Wells, of Mt. Pleasant, for nine years the faithful agent of the express company, was appointed to fill this vacancy, and has not disappointed us in ably performing the exacting service of the position in a most faithful and acceptable manner.

Dr. E. F. Strohbehn, who was third assistant physician at the close of the last biennial period, resigned to pursue his studies in Europe, and Dr. E. M. Singleton was appointed to fill the vacancy.

Dr. J. M. Parker, Jr., who for more than a year was special pathologist and fourth assistant physician, died September 17, 1892. His loss was keenly felt, both in his department and per-

sonally. He was able, loyal to the institution and his friends, and always a gentleman. I present the name of Dr. F. T. Stevens as fourth assistant and ask you to confirm him for that position.

To all of these, and many other faithful and industrious employes, attendants and nurses, I wish to tender my sincere thanks, and assure them of my high esteem for much of self-sacrifice as manifested in the manner in which they have performed many arduous and trying duties most conscientiously.

The publishers of newspapers who have very kindly continued to forward their regular issues during the biennial period I desire to thank in behalf of our patients for their kindness. Our thanks are also due to all the friends who have so kindly assisted in our entertainments, concerts, etc., and to those who have liberally contributed to the holiday festivals for our patients.

As has been the case during my connection with this institution, the constant and unfailing support which I have received at your hands has given me courage and strength to carry forward this work for humanity. May the same Divine Being guide us in our future relations to this great charity, and guard the interests of this institution in all of its departments, that has been present and strengthened us heretofore, and may our aims be broadened, our knowledge from experience more thorough, our vigilance more untiring, and our conscience more keen to listen to appeals of suffering and misfortune.

Respectfully submitted,

H. A. GILMAN,

Superintendent.

July 1, 1893.

TABLES

OF THE

Seventeenth Biennial Period.

TABLES OF THE SEVENTEENTH BIENNIAL PERIOD.

TABLE I.

MOVEMENT OF THE POPULATION.

	Males.	Females.	Total.
Number at the beginning of the period.....	363	453	816
Admitted in the period.....	386	331	717
Total present in the period.....	749	784	1,533
Discharged—Recovered.....	135	131	266
Improved.....	44	125	169
Not improved.....	28	104	132
Died.....	81	60	141
Not insane.....	1	0	1
Discharged in the period.....	289	420	709
Remaining at the end of the period.....	460	364	824
Average present during the period.....	421	414.97	835.97

TABLE II.

ADMISSIONS AND DISCHARGES FROM THE BEGINNING OF THE HOSPITAL.

	Males.	Females.	Total.
Admitted.....	4,937	3,781	8,718
Discharged—Recovered.....	1,509	1,178	2,687
Improved.....	883	703	1,586
Not improved.....	1,126	840	1,966
Died.....	947	605	1,642
Not insane.....	12	1	13
Total number discharged.....	4,477	3,417	7,894

TABLE III.

NUMBER AT EACH AGE WHEN ADMITTED IN THE PERIOD.

AGE.	WHEN ADMITTED.			WHEN ATTACKED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 15.....	0	2	2	8	12	20
15 to 20.....	16	12	28	27	16	42
20 to 25.....	43	37	80	44	35	79
25 to 30.....	55	49	104	46	52	98
30 to 35.....	54	56	110	41	61	102
35 to 40.....	46	42	88	44	40	84
40 to 45.....	48	37	85	39	25	64
45 to 50.....	41	31	72	27	32	59
50 to 60.....	34	39	73	28	24	52
60 to 70.....	30	16	46	24	8	32
70 to 80.....	12	7	19	9	6	15
80 and over.....	6	2	8	5	2	7
Unknown.....	1	1	2	44	19	63
Total.....	386	331	717	386	331	717

TABLE IV.

NUMBER AT EACH AGE FROM BEGINNING OF HOSPITAL.

AGE.	WHEN ADMITTED.			WHEN ATTACKED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 15.....	41	25	66	182	109	291
15 to 20.....	295	240	535	380	321	701
20 to 25.....	745	514	1,259	695	556	1,251
25 to 30.....	738	605	1,343	660	624	1,284
30 to 35.....	643	609	1,252	544	575	1,119
35 to 40.....	611	458	1,069	465	372	837
40 to 45.....	465	377	842	333	276	609
45 to 50.....	399	295	694	275	247	522
50 to 60.....	505	411	916	356	255	609
60 to 70.....	290	147	437	207	87	294
70 to 80.....	108	53	161	77	32	109
80 and over.....	24	5	29	12	2	14
Unknown.....	75	42	115	739	326	1,065
Not Insane.....				12	1	13
Total.....	4,937	3,781	8,718	4,937	3,781	8,718

TABLE V.

NATIVITY OF PATIENTS ADMITTED.

NATIVITY.	WITHIN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Maine.....	1	2	3	35	24	59
New Hampshire.....	1	1	2	18	12	30
Vermont.....	5	5	10	44	36	80
Massachusetts.....	6	2	8	52	30	82
Rhode Island.....				2	7	9
Connecticut.....	2	1	3	24	15	39
New York.....	11	13	24	274	204	478
New Jersey.....	1	1	2	28	15	43
Pennsylvania.....	30	11	41	971	260	631
Delaware.....				2	4	6
Maryland.....	3	2	5	39	18	57
Virginia.....	1	4	5	108	60	168
West Virginia.....	1	1	2	9	7	16
North Carolina.....	1		1	29	14	43
South Carolina.....				5	5	10
Georgia.....		1	1	3	2	5
Alabama.....				6	3	9
Mississippi.....				5	4	9
Louisiana.....	2		2	6	1	7
Arkansas.....				2		2
Ohio.....	40	30	70	689	568	1,257
Indiana.....	18	19	37	319	273	592
Illinois.....	19	20	39	220	233	453
Kentucky.....	6	4	10	102	58	160
Tennessee.....	5	3	8	49	34	83
Missouri.....	6	10	16	91	68	159
Michigan.....	2	2	4	35	18	43
Wisconsin.....	3	4	7	38	29	67
Iowa.....	128	122	250	926	737	1,663
Minnesota.....	1	3	4	4	7	11
Nebraska.....	1		1	3	3	6
Kansas.....	1	3	4	6	7	13
Texas.....				1		1
California.....	1		1	7	3	10
Washington.....				1		1
New Mexico.....				1		1
Utah.....				1		1
District of Columbia.....				1	2	3
Canada.....	4	1	5	62	31	93
Great Britain.....	24	17	41	479	318	797
Germany.....	23	21	44	429	361	790
Austria.....	2	2	4	19	8	27
Netherlands.....	3	2	5	28	15	43
Denmark.....	3	3	6	27	23	50
Norway.....	2	2	4	35	28	63
Sweden.....	15	16	31	137	94	231
France.....				24	11	35
Portugal.....				1		1
Switzerland.....	2	3	5	33	23	56
Italy.....				2		2
Bohemia.....	2	1	3	19	25	44
New South Wales.....				1		1
Russia.....	1		1	6	1	7
Unknown.....	9	4	13	91	69	151
Total.....	386	331	717	4,937	3,781	8,718

TABLE VI.

RESIDENCE OF PATIENTS ADMITTED.

RESIDENCE.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
State at large.	47	18	65	506	188	754
Adair county.				31	26	57
Adams county.				27	31	58
Allamakee county.				13	20	33
Appanoose county.	9	10	19	101	67	168
Audubon county.		1	1	14	19	33
Benton county.				17	19	36
Black Hawk county.				14	13	27
Boone county.	8	8	16	30	36	66
Buchanan county.				7	5	12
Ruena Vista county.				1		1
Butler county.				4	5	9
Bremer county.				10	11	21
Calhoun county.				1		1
Carroll county.				7	2	9
Cass county.				35	36	71
Cedar county.	7	2	9	74	76	150
Cerro Gordo county.				5		5
Cherokee county.				2	1	3
Chickasaw county.				8	7	15
Clarke county.		2	2	40	24	64
Clay county.				3	1	4
Clayton county.	1		1	28	17	45
Clinton county.				49	14	63
Crawford county.				10	5	15
Dallas county.				47	34	81
Davis county.	9	10	19	94	68	162
Decatur county.		6	6	57	53	110
Delaware county.				14	7	21
Des Moines county.	18	14	32	198	161	359
Dickinson county.				2	1	3
Dubuque county.				47	53	100
Emmet county.				2	1	3
Fayette county.				16	14	30
Floyd county.				6	5	11
Franklin county.				2	4	6
Fremont county.	1	1	2	26	39	65
Greene county.				8	13	21
Grundy county.				2		2
Guthrie county.		3	3	33	29	62
Hamilton county.				1	6	7
Hardin county.				7	9	16
Harrison county.		7	7	43	66	109
Henry county.	18	16	34	156	122	278
Howard county.				1	6	7
Humboldt county.				2		2
Iowa county.	7	5	12	67	65	132
Jackson county.				21	19	40
Jasper county.	7	13	20	122	83	205
Jefferson county.	8	11	19	122	112	234
Johnson county.	17	14	31	154	91	245
Jones county.				13	25	38
Keokuk county.	12	2	14	116	96	212
Kossuth county.				1		1
Lee county.	26	21	47	241	192	433
Linn county.				29	29	58
Louisa county.	1	6	7	69	69	128
Lucas county.	1	4	5	50	44	94
Lyons county.				1		1
Madison county.		1	1	62	39	101
Mahaska county.	15	7	22	124	86	210
Marion county.	15	12	27	135	77	212
Marshall county.	7	9	16	73	45	118
Mills county.	1	5	6	58	33	91
Mitchell county.				2	1	3
Monona county.				7	7	14
Monroe county.	6	2	8	72	43	115
Montgomery county.		1	1	42	32	74

TABLE VI—CONTINUED.

RESIDENCE.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Muscatine county.	6	6	12	91	80	171
O'Brien county.						
Page county.		2	2	74	57	131
Palo Alto county.						
Plymouth county.		1	1		1	2
Pocahontas county.						
Polk county.				2	3	5
Pottawattamie county.	46	18	64	220	190	410
Poweshiek county.		2	2	92	122	214
Ringgold county.	7	3	10	77	52	129
Scott county.		1	1	17	25	42
Shelby.	27	19	46	195	180	375
Story County.				20	23	43
Tama County.	5	17	22	26	33	59
Taylor County.				12	6	18
Union County.		3	3	35	33	68
Van Buren County.		6	6	42	37	79
Wapello County.	9	5	14	102	93	195
Warren County.	26	23	49	152	124	276
Washington County.	8	2	10	78	38	116
Wayne County.	11	4	15	116	72	188
Webster County.		1	1	37	47	84
Winnebago County.				5	8	13
Winneshiek County.						
Woodbury County.				20	12	32
Worth County.				6	3	9
Wright County.				5		5
From elsewhere.				2		2
Total.	386	331	717	4,937	3,781	8,718

TABLE VII.

OCCUPATION OF THOSE ADMITTED.

OCCUPATION.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Agents.	2		2	31	2	33
Apothecaries.	1		1	9		9
Architects.				1		1
Artists.				3		3
Bakers.				9		9
Bankers.				2		2
Barbers.	12		12	24		24
Basket-makers.				2		2
Blacksmiths.	5		5	50		50
Boller makers.				3		3
Book binders.				1		1
Book keepers.	3		3	9		9
Brakemen.				1		1
Brewers.				5		5
Brick makers.				5		5
Bridge builders.				2		2
Broom makers.	1		1	3		3
Butchers.	2		2	12		12
Cabinet makers.	1		1	14		14
Carpenters.	8		8	112		112
Cashiers.				1		1
Chair makers.				3		3
Cigar makers.	2		2	7		7

TABLE VII.—CONTINUED.

OCCUPATION.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Clerks.....	8	1	9	70	1	80
Coillers.....	5		5	14		14
Confectioners.....	3		3	3		3
Conductors.....	2		2	3		3
Contractors.....	2		2	2		2
Cooks.....				9		9
Coopers.....				8		8
Dairymen.....				1		1
Dentists.....	1		1	5		5
Domestic duties.....		314	314		3,425	3,425
Draymen.....				1		1
Editors.....				3		3
Electricians.....	1		1	1		1
Engineers.....	3		3	21		21
Engravers.....				1		1
Express messengers.....				1		1
Farmers.....	129		129	2,149		2,149
Florists.....				1		1
Gardeners.....				15		15
Grain dealers.....				1		1
Gunsmiths.....				2		2
Harness makers.....	1		1	18		18
Hat braiders.....				2		2
Hotel keepers.....	4		4	18		18
Hunters.....				2		2
Iron moulders.....	1		1	5		5
Jewelers.....				3		3
Laborers.....	129		129	1,174		1,174
Laundresses.....				2		2
Lawyers.....	2		2	23		23
Machinists.....	1		1	23		23
Marble cutters.....				2		2
Masons.....	3		3	33		33
Mechanics.....				3		3
Merchants.....	8		8	85		85
Millers.....	1		1	14		14
Millwrights.....	1		1	6		6
Milliners.....				12		12
Miners.....	5		5	57		57
Musicians.....				5		5
No occupation.....	13	3	16	375	195	570
Not ascertained.....				47	19	66
Nurserymen.....				1		1
Painters.....	6		6	25		25
Peddlers.....	1		1	11		11
Photographers.....	1		1	6		6
Physicians.....	3		3	31		32
Plasterers.....	1		1	21		21
Policemen.....				1		1
Pork packers.....				1		1
Potters.....				3		3
Preachers.....	2		2	26		26
Printers.....	6		6	27		28
Real estate dealers.....				3		3
River pilots.....	1		1	2		2
Sailors.....				7		7
Saloon keepers.....	3		3	16		16
Seamstresses.....		4	4	22		22
Salesmen.....	6		6	20		20
Servants.....				30		30
Shoemakers.....				35		35
Showmen.....				2		2
Silversmiths.....	1		1	1		1
Soldiers.....				5		5
Spinners.....				1		1
Speculators.....				4		4
Stage drivers.....				2		2
Steam and gas fitters.....				1		1
Stock dealers.....				5		5
Students.....	1	1	2	34	4	38

TABLE VII.—CONTINUED.

OCCUPATION.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Male.	Female.	Total.	Males.	Females.	Total.
Surveyors.....				2		2
Tailors.....	1		1	27		27
Teachers.....				30	63	93
Teamsters.....	4		4	16		16
Telegraphers.....	1		1	7		7
Tinners.....				11		11
Traders.....				13		13
Wagon makers.....	2		2	10		10
Watch makers.....				1		1
Weavers.....	1		1	6	1	7
Wheel-wrights.....				1		1
Total.....	386	331	717	4,937	3,781	8,718

TABLE VIII.

CIVIL CONDITION OF THOSE ADMITTED.

	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Single.....	183	95	278	2,542	1,180	3,722
Married.....	172	196	368	2,121	2,206	4,327
Widowed.....	26	36	62	190	334	524
Divorced.....	4	4	8	42	49	91
Unknown.....	1		1	42	12	54
Total.....	386	331	717	4,937	3,781	8,718

TABLE IX.

HOW COMMITTED.

	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
By commissioners of insanity.....	383	331	714	4,023	3,036	7,059
By judges of district court.....	2		2	25		25
By judges of circuit court.....				65	46	111
By judges of county court.....				490	462	952
By friends.....				174	160	334
By governor's order.....				65		65
From elsewhere.....	1		1	50	42	92
By clerk of circuit court.....				36	26	62
Total.....	386	331	717	4,937	3,781	8,718

TABLE X.

HOW SUPPORTED, OF THOSE ADMITTED.

	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
By state alone.....	47	18	65	547	156	703
By counties.....	339	313	652	4,153	3,414	7,567
By friends.....				179	169	348
By other states.....				58	42	100
Total.....	386	331	717	4,937	3,781	8,718

TABLE XI.

SUPPOSED OR ASSUMED CAUSES OF INSANITY.

CAUSE.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Abortion.....	1	9	10	6	19	25
Anxiety, worry.....	2		2	8	5	13
Apoplexy.....				3	1	4
Blindness.....	5	2	7	44	9	53
Bodily injuries.....	15	4	19	151	19	170
Business anxiety.....		18	18		123	123
Change of life.....	1		1	1	1	2
Christian science.....						
Concussion.....				4		4
Constitutional.....				70	50	120
Disappointed affection.....	2	5	7	32	56	88
Disappointments.....				22	21	43
Disease of the brain.....				19	3	22
Disordered menstruation.....		8	8	163	162	325
Domestic trouble.....	3	8	11	95	179	274
Epilepsy.....	12	11	23	315	145	460
Excessive study.....				14	3	17
Exposure to cold.....				6	3	9
Fright.....		7	7	18	40	58
General ill health.....	19	19	38	286	393	679
Grief, loss of friends, etc.....	6	15	21	42	143	185
Hemiplegia.....				3	6	9
Heredity.....	6	13	19	164	193	357
Hysteria.....				5	5	10
Ill treatment.....		1	1	4	26	30
Injuries to head.....	14	1	15	180	16	196
Intemperance.....	39	1	40	463	35	498
Jealousy.....				3	3	6
Lactation protracted.....					12	12
La Grippe.....	18	11	29	21	26	47
Military service.....	2		2	32		32
Loss of property.....	1		1	40	9	49
Loss of sleep.....				3	1	4
Masturbation.....	37	3	40	454	13	467
Measles.....				2	4	6
Meningeal diseases.....				2	2	4
No satisfactory cause assigned.....	147	107	254	1,774	1,197	2,971
Nostalgia.....		1	1	3	7	10
Not insane.....	1		1	11	1	12
Novel reading.....						
Opium habit.....	4	2	6	10	4	14
Original defect.....	3	2	5	49	27	76
Over exertion.....	6	5	11	125	59	184
Paralysis.....	3	1	4	12	7	19
Political excitement.....				4		4
Poverty, hardships.....				20	45	65

TABLE XI—CONTINUED.

CAUSES.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Puerperal condition.....		26	26		385	385
Religious excitement.....	7	10	17	127	97	224
Scarlet fever.....				2	2	4
Scrofula.....				1	1	2
Senility.....	4	2	6	37	15	52
Spermatorrhoea.....				1		1
Spiritualism.....	1		1	8	7	15
Sunstroke.....	15	2	20	135	18	153
Surgical operation.....				1		1
Syphilis.....	6	2	8	54	10	64
Typhoid fever.....	1	2	3	33	22	55
Use of tobacco.....				1	1	2
Uterine disease.....		33	33		138	138
Vaccination.....				2	1	3
Veneral excesses.....	2		2	18	1	19
War excitement.....				3		3
Total.....	386	331	717	4,937	3,781	8,718

TABLE XII.

FORM OF DISEASE OF THOSE ADMITTED.

FORM OF DISEASE.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Mania acute.....	101	85	186	1,759	1,422	3,181
Mania chronic.....	96	63	159	1,444	1,041	2,485
Melancholia acute.....	80	101	181	884	791	1,675
Melancholia chronic.....	53	62	115	399	372	771
Dementia acute.....	4	2	6	45	10	55
Dementia chronic.....	31	14	45	308	135	443
General paralysis.....	20	4	24	86	9	95
Not insane.....	1		1	12	1	13
Total.....	386	331	717	4,937	3,781	8,718

TABLE XIII.

COMPLICATIONS OF THOSE ADMITTED.

COMPLICATIONS.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Epileptic.....	30	10	40	403	172	575
Apoplectic.....				14	7	21
Paralytic.....	10	3	13	60	22	82
Suicidal.....	26	54	80	329	400	729
Homicidal.....	68	24	92	229	76	305
Heredity.....	63	88	151	572	677	1,249
Chorea.....	1		1	3	4	7
None.....	187	152	339	3,306	2,422	5,728
Not insane.....	1		1	12	1	13
Total.....	386	331	717	4,937	3,781	8,718

TABLE XIV.

NUMBER OF THE ATTACK IN THOSE ADMITTED.

NUMBER.	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
First.....	310	257	567	3,590	2,724	6,314
Second.....	45	49	94	513	515	1,028
Third.....	10	8	18	115	113	228
Fourth.....	1	6	7	31	28	59
Fifth.....	1	.....	1	8	11	19
Sixth.....	.....	.....	.....	3	3	6
Seventh.....	.....	.....	.....	4	1	5
Several.....	12	11	23	238	213	451
Unknown.....	6	.....	6	423	172	595
Not insane.....	1	.....	1	12	1	13
Total.....	386	331	717	4,937	3,781	8,718

TABLE XV.

DURATION OF INSANITY BEFORE ENTRANCE OF THOSE ADMITTED.

DURATION.	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Less than one month.....	87	61	148	888	579	1,467
One to three months.....	63	68	131	779	674	1,453
Three to six months.....	31	36	67	453	436	889
Six to nine months.....	10	23	33	305	302	607
Nine to twelve months.....	5	6	11	99	103	202
Twelve to eighteen months.....	18	27	45	306	264	570
Eighteen months to two years.....	10	4	14	95	83	178
Two to three years.....	15	12	27	268	240	508
Three to four years.....	21	14	35	199	147	346
Four to five years.....	11	8	19	141	108	249
Five to ten years.....	42	25	67	311	271	582
Ten to fifteen years.....	9	15	24	146	102	248
Fifteen to twenty years.....	8	5	13	76	50	126
Twenty to twenty-five years.....	4	8	12	33	30	63
Twenty-five to thirty years.....	1	.....	1	17	9	26
Over thirty years.....	.....	2	2	16	12	28
Unknown.....	44	17	61	793	370	1,163
Not insane.....	1	.....	1	12	1	13
Total.....	386	331	717	4,937	3,781	8,718

TABLE XVI.

RECOVERED OF THOSE ATTACKED AT THE SEVERAL AGES FROM THE BEGINNING.

AGE WHEN ATTACKED.	NUMBER.			PER CENT RECOVERED OF THOSE ATTACKED AT EACH AGE.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 15.....	16	15	31	8.85	13.77	10.65
15 to 20.....	173	138	311	45.52	43.00	44.36
20 to 25.....	272	230	502	39.13	41.37	40.00
25 to 30.....	236	216	452	35.76	34.61	35.25
30 to 35.....	180	166	346	33.09	28.95	30.92
35 to 40.....	140	120	260	30.00	32.25	31.63
40 to 45.....	110	80	190	33.03	28.95	31.19
45 to 50.....	89	59	148	32.37	23.85	26.44
50 to 60.....	112	67	179	31.46	26.49	29.30
60 to 70.....	47	21	68	22.75	24.13	23.13
70 to 80.....	11	5	16	14.29	15.62	14.67
Unknown.....	123	61	184	16.64	19.02	17.29
Total.....	1,509	1,178	2,687	.....	.....	.....

TABLE XVII.

RECOVERED AFTER VARIOUS DURATIONS OF THE DISEASE BEFORE TREATMENT FROM THE BEGINNING.

DURATION.	NUMBER.			PER CENT RECOVERED AFTER EACH PERIOD OF DURATION.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under one month.....	493	289	782	55.52	49.89	53.03
1 to 3 months.....	362	336	698	46.47	49.85	48.03
3 to 6 months.....	205	181	386	45.25	41.49	43.42
6 to 9 months.....	109	102	211	35.73	33.77	34.74
9 to 12 months.....	28	34	62	28.28	33.01	30.69
12 to 18 months.....	65	61	126	21.24	23.17	22.10
18 to 24 months.....	8	12	20	8.42	14.44	11.20
2 to 3 years.....	20	34	54	7.09	14.16	10.63
3 to 4 years.....	18	12	30	9.04	8.16	8.68
4 to 5 years.....	11	8	19	7.80	7.41	7.62
5 to 10 years.....	18	20	38	5.78	7.38	6.53
Over 10 years.....	8	7	15	2.77	3.48	3.06
Unknown.....	164	82	246	20.68	22.17	21.15
Total.....	1,509	1,178	2,687	.....	.....	.....

TABLE XVIII.

DURATION OF TREATMENT OF THOSE RECOVERED.

DURATION.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under one month	5	2	7	45	5	50
1 to 2 months	15	2	17	95	40	135
2 to 3 months	17	12	29	156	91	247
3 to 6 months	44	50	94	482	366	848
6 to 9 months	17	21	38	291	256	547
9 to 12 months	12	12	24	173	137	310
12 to 18 months	11	11	22	149	152	301
18 to 24 months	4	6	10	53	44	97
2 to 3 years	5	4	9	45	54	99
3 to 4 years	1	9	10	9	18	27
4 to 5 years	2	2	4	4	9	13
Over 5 years	2	2	4	7	6	13
Total	135	131	266	1,509	1,178	2,687

TABLE XIX.

WHOLE DURATION OF DISEASE OF THOSE RECOVERED.

DURATION.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under one month	7	2	9	52	4	56
1 to 2 months	15	6	21	81	41	122
2 to 3 months	32	28	60	329	204	533
3 to 6 months	15	20	35	266	249	515
6 to 9 months	15	12	27	192	158	350
9 to 12 months	11	18	29	195	192	387
12 to 18 months	4	10	14	87	85	172
18 to 24 months	7	7	14	67	75	142
2 to 3 years	3	3	6	26	38	64
3 to 4 years	3	4	7	10	14	24
4 to 5 years	12	15	27	39	41	80
Over 5 years	11	8	19	158	75	233
Unknown						
Total	135	131	266	1,509	1,178	2,687

TABLE XX.

FORM OF DISEASE OF THOSE RECOVERED FROM THE BEGINNING.

FORM OF DISEASE.	NUMBER RECOV- ERED.			PER CENT RECOV- ERED OF EACH FORM ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Mania, acute	963	693	1,656	54.74	48.73	51.43
Mania, chronic	100	75	175	6.92	7.39	7.04
Melancholia, acute	381	338	719	48.75	42.70	42.92
Melancholia, chronic	54	68	122	11.03	18.28	15.82
Dementia, acute	11	4	15	24.44	40.00	27.24
Total	1,509	1,178	2,687			

TABLE XXI.

CAUSES OF DISEASE OF THOSE RECOVERED FROM THE BEGINNING.

CAUSES.	NUMBER RECOV- ERED.			PER CENT RECOV- ERED OF EACH CLASS ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
La Grippe	2	10	12	33.33	38.61	36.18
Abortion	3	3	6	33.33	33.33	33.33
General ill health	99	159	258	34.93	40.48	38.00
Heredity	69	73	142	42.09	37.78	39.77
Disordered menstruation	61	61	122	37.65	37.65	37.65
Religious excitement	65	43	108	51.19	44.33	48.21
Business anxiety	57	13	70	37.76	68.42	41.09
Grief, loss of friends, etc.	13	46	59	30.95	32.17	31.88
Masturbation	113	4	117	24.89	30.79	25.06
Novel reading	1	1	2	100.00	100.00	100.00
Domestic trouble	33	48	81	34.73	26.81	29.56
Puerperal condition	172	172	344	44.94	44.94	44.94
Military service	18	18	36	56.25	56.25	56.25
Disappointed affection	13	14	27	40.62	25.00	30.69
Spermatorrhoea	1	1	2	100.00	100.00	100.00
Over exertion	63	18	81	50.40	30.51	44.02
War excitement	4	4	8	100.00	100.00	100.00
Loss of sleep	1	1	2	33.33	33.33	33.33
Excessive study	5	1	6	35.71	33.33	35.30
Intemperance	196	16	212	42.40	45.71	44.67
Loss of property	11	2	13	27.77	22.22	26.53
Typhoid fever	12	6	18	36.36	27.27	32.00
Opium habit	3	2	5	30.00	50.00	35.71
Meningitis	1	1	2	50.00	50.00	50.00
Senility	2	1	3	5.40	6.66	5.77
Hysteria	3	3	6	60.00	60.00	60.00
Epilepsy	9	8	17	2.86	5.51	3.69
Injury to head	50	3	53	27.77	18.75	27.11
Vaccination	1	1	2	50.00	50.00	50.00
Excessive use of tobacco	1	1	2	100.00	100.00	100.00
Constitutional	43	24	67	61.43	48.00	55.83
Uterine disease	44	44	88	31.89	31.89	31.89
Spiritualism	3	1	4	37.50	14.18	26.66
Fright	8	12	20	44.44	30.00	34.31
Disappointment	7	11	18	31.81	52.39	41.89
Change of life	35	35	70	28.45	28.45	28.45
Ill treatment	1	10	11	25.00	38.46	36.66
Original defect	5	1	6	10.20	3.70	7.87

TABLE XXI—CONTINUED.

CAUSES.	NUMBER RECOVERED.			PER CENT RECOVERED OF EACH CLASS ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Political excitement..	2	1	3	50.00	33.33	44.44
Exposure to cold..	3	4	7	50.00	33.33	44.44
Sunstroke..	46	4	50	34.09	22.22	32.68
Syphilis..	9	1	10	16.66	20.00	17.19
Bodily injuries..	11	5	16	25.00	55.55	30.19
Lactation protracted..	1	1	2	8.33	14.28	10.32
Paralysis..	1	1	2	50.00	25.00	33.33
Measles..	1	1	2	35.00	20.00	24.61
Poverty, hardships..	7	9	16	33.33	71.43	60.00
Blindness..	1	1	2	33.33	16.66	25.00
Nostalgia..	1	5	6	33.33	71.43	60.00
Jealousy..	1	1	2	33.33	16.66	25.00
Concussion..	1	1	2	25.00	25.00	25.00
Disease of the brain..	6	1	7	31.57	27.27	27.27
Veneral excesses..	10	1	11	55.55	100.00	57.84
No satisfactory cause assigned..	496	302	798	27.89	25.31	26.86
Total..	1,509	1,178	2,687			

TABLE XXII.

NATIVITY OF THOSE RECOVERED FROM THE BEGINNING.

COUNTRY.	NUMBER RECOVERED.			PER CT. OF EACH CLASS ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Maine..	8	7	15	22.86	29.16	25.43
New Hampshire..	6	8	14	33.33	16.66	26.66
Vermont..	6	6	12	13.63	22.22	17.50
Massachusetts..	15	9	24	28.62	30.00	29.27
Rhode Island..	1	1	2	50.00	28.57	33.33
Connecticut..	6	8	14	25.00	13.33	20.51
New York..	70	54	124	25.55	26.47	25.95
New Jersey..	8	4	12	28.57	26.66	27.90
Delaware..	2	2	4	50.00	33.33	33.33
Pennsylvania..	116	87	203	31.26	33.46	32.17
Maryland..	10	4	14	25.64	22.22	24.56
Virginia..	27	28	55	25.00	35.00	29.25
West Virginia..	3	2	5	33.33	28.57	31.25
North Carolina..	12	3	15	41.39	21.57	35.12
South Carolina..	2	2	4	40.00	20.00	30.00
Georgia..	1	1	2	50.00	20.00	30.00
Alabama..	3	1	4	50.00	33.33	44.44
Mississippi..	1	1	2	20.00	11.11	11.11
Louisiana..	2	2	4	33.33	28.57	33.33
Arkansas..	2	2	4	100.00	100.00	100.00
Ohio..	222	262	484	32.22	35.55	33.72
Indiana..	98	87	185	30.72	31.90	31.33
Illinois..	79	83	162	35.90	35.62	35.78
Kentucky..	32	17	49	31.37	29.31	30.43
Tennessee..	8	9	17	16.82	26.49	20.48
Missouri..	26	16	42	28.57	23.53	26.46
Michigan..	11	6	17	44.00	33.33	39.63
Wisconsin..	8	16	24	21.05	55.17	35.82
California..	1	1	2	14.28	10.00	10.00
Iowa..	336	276	612	36.30	37.45	36.80
Minnesota..	3	3	6	75.00	42.85	54.54
Nebraska..	2	2	4	66.66	66.66	66.66
Kansas..	1	5	6	16.66	71.43	46.15
District of Columbia..	1	2	3	100.00	66.66	66.66
New Mexico..	1	1	2	100.00	100.00	100.00
Canada..	26	9	35	41.98	29.32	37.64
Norway..	9	4	13	25.71	14.29	20.64
Sweden..	38	24	62	27.72	25.63	26.84

TABLE XXII—CONTINUED.

COUNTRY.	NUMBER RECOVERED.			PER CT. OF EACH CLASS ADMITTED.		
	Males.	Females.	Total.	Males.	Females.	Total.
Netherlands..	13	7	20	46.43	46.68	46.51
Bohemia..	4	5	9	21.05	20.00	20.45
France..	7	9	16	29.16	18.18	25.71
Switzerland..	9	7	16	27.27	30.43	28.58
Portugal..	1	1	2	100.00	100.00	100.00
Germany..	102	87	189	23.77	24.10	23.92
Austria..	2	1	3	10.52	12.50	11.11
Denmark..	6	1	7	22.22	4.35	14.00
Russia..	1	1	2	16.66	14.29	14.29
Great Britain..	142	74	216	29.64	23.27	27.10
Italy..	2	2	4	100.00	100.00	100.00
Unknown..	21	17	38	23.06	28.33	25.93
Total..	1,509	1,178	2,687			

TABLE XXIII.

DEATHS AND THE CAUSES.

CAUSES.	IN THE PERIOD.			FROM THE BEGINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Chronic insanity..	13	14	27	157	155	312
Acute mania..	2	2	4	57	49	106
Acute delirious mania..	1	3	4	25	31	56
Acute melancholia..	1	1	2	24	19	43
Cerebral softening..	1	1	2	4	4	8
Cerebral congestion..	1	1	2	12	7	19
Organic disease of the brain..	15	6	21	79	19	98
General paralysis..	8	1	9	64	42	106
Apoplexy..	9	3	12	11	1	12
Paralysis..	9	3	12	140	59	199
Epilepsy..	1	1	2	2	2	4
Pulmonary congestion..	1	1	2	8	4	12
Pulmonary gangrene..	2	2	4	6	6	12
Pulmonary abscess..	1	1	2	1	1	2
Bronchitis..	1	1	2	2	2	4
Typhoid fever..	1	1	2	1	1	2
Intermittent fever..	1	1	2	1	1	2
Congestion..	1	1	2	28	27	55
Dysentery and diarrhoea..	1	1	2	1	1	2
Cholera morbus..	1	1	2	2	4	6
Chronic gastritis..	1	1	2	3	2	5
Chronic hepatic disease..	1	1	2	2	2	4
Hepatic atrophy (acute)..	1	1	2	1	1	2
Bronchectasis..	1	1	2	2	2	4
Strangulated hernia..	1	1	2	5	2	7
Peritonitis..	1	1	2	1	1	2
Diabetes..	1	1	2	1	1	2
Dropsy..	1	1	2	2	2	4
Heart disease..	4	3	7	17	19	36
Uterine hemorrhage..	1	1	2	1	1	2
Uterine disease..	1	1	2	1	1	2
Erysipelas..	1	1	2	8	3	11
Syphilis..	1	1	2	14	14	28
Old age..	8	8	16	39	12	51
Accident..	1	1	2	1	1	2
Burns..	1	1	2	1	1	2
Enteritis..	1	1	2	6	1	7
Scrofula..	1	1	2	1	1	2
Dilatation of stomach..	1	1	2	1	1	2

TABLE XXIII—CONTINUED.

CAUSES.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Intestinal obstruction.....	1	1	2	1	1	2
Pneumonia.....	1	2	3	10	17	27
Consumption.....	6	9	15	152	148	300
Locomotor ataxia.....	1	1	2	1	1	2
Foreign bodies in throat.....	1	1	2	1	1	2
Cancer.....	1	1	2	1	1	2
Meningitis.....	1	2	3	1	2	3
Pleuritis.....	1	1	2	1	1	2
Anæmiasis.....	1	1	2	1	1	2
Embolism.....	1	1	2	1	1	2
Injury received before admission.....	1	1	2	1	1	2
Atheroma of arteries.....	3	1	4	3	1	4
Rubeola.....	1	1	2	1	1	2
Empyema.....	1	1	2	1	1	2
General decay.....	1	1	2	1	1	2
Chronic meningitis.....	1	1	2	1	1	2
Periencephalitis.....	1	1	2	1	1	2
Acute laryngitis.....	1	1	2	1	1	2
General ill health.....	1	1	2	1	1	2
Scarletina.....	1	1	2	1	1	2
Typho malarial fever.....	1	1	2	1	1	2
Pulmonary hemorrhage.....	1	1	2	1	1	2
Cystic hemorrhage.....	1	1	2	1	1	2
Bright's disease.....	2	3	5	5	7	12
Killed by cars.....	1	1	2	1	1	2
Unknown.....	1	1	2	1	1	2
Injury to head.....	1	1	2	1	1	2
Suicide.....	2	2	4	17	15	32
Anæmia (pernicious).....	1	1	2	1	1	2
La grippe.....	1	1	2	1	1	2
Septicæmia.....	1	1	2	1	1	2
Senile gangrene.....	1	1	2	1	1	2
Total.....	81	60	141	947	695	1,642

TABLE XXIV.

AGES AT DEATH.

AGES.	IN THE PERIOD.			FROM THE BE- GINNING.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 15.....	1	1	2	6	4	10
15 to 20.....	1	1	2	28	27	55
20 to 25.....	6	2	8	75	61	136
25 to 30.....	2	6	8	109	80	189
30 to 35.....	7	14	21	95	11	206
35 to 40.....	7	9	16	117	85	202
40 to 45.....	6	4	10	88	70	158
45 to 50.....	9	5	14	95	53	148
50 to 55.....	13	6	19	137	106	243
55 to 60.....	12	7	19	97	53	150
60 to 70.....	12	5	17	63	27	90
70 to 80.....	3	1	4	13	4	17
80 to 90.....	4	1	5	24	14	38
Unknown.....	1	1	2	1	1	2
Total.....	81	60	141	947	695	1,642

TABLE XXV.

RATIO OF DEATH.

PER CENT.	Males.			Females.			Total.
	Males.	Females.	Total.	Males.	Females.	Total.	
Of all deaths on all admitted.....	19.18	18.03	18.53	19.18	18.03	18.53	
Of deaths within the period of those under treatment.....	10.81	7.65	9.19	10.81	7.65	9.19	

TABLE XXVI.

DURATION OF DISEASES OF THOSE WHO DIED FROM BEGINNING.

DURATION.	FROM ADMISSION INTO HOSPITAL.			FROM THE AT- TACK.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under one month.....	148	108	256	35	32	67
1 to 2 months.....	73	53	126	29	34	63
2 to 3 months.....	61	43	104	31	19	50
3 to 6 months.....	120	72	192	56	50	106
6 to 9 months.....	84	44	128	38	45	83
9 to 12 months.....	67	43	110	34	27	61
12 to 18 months.....	86	57	143	48	57	105
18 to 24 months.....	72	45	117	43	26	69
2 to 3 years.....	82	85	167	89	67	156
3 to 4 years.....	53	46	99	64	43	107
4 to 5 years.....	31	27	58	40	34	74
5 to 10 years.....	54	53	107	130	109	239
10 to 20 years.....	15	18	33	103	62	165
Over 20 years.....	1	1	2	31	13	44
Unknown.....	136	77	213	136	77	213
Total.....	947	695	1,642	947	695	1,642

TABLE XXVII.

REMAINING AT THE HOSPITAL AT THE END OF THE PERIOD.

AGE	Males.			Females.			Total.
	Males.	Females.	Total.	Males.	Females.	Total.	
Under 15.....	0	0	0	0	0	0	
15 to 20.....	7	6	13	7	6	13	
20 to 25.....	29	22	51	29	22	51	
25 to 30.....	72	35	107	72	35	107	
30 to 35.....	69	62	131	69	62	131	
35 to 40.....	75	63	138	75	63	138	
40 to 45.....	59	51	110	59	51	110	
45 to 50.....	46	38	84	46	38	84	
50 to 60.....	54	56	110	54	56	110	
60 to 70.....	27	20	47	27	20	47	
70 to 80.....	8	9	17	8	9	17	
80 to 90.....	6	1	7	6	1	7	
Unknown.....	8	1	9	8	1	9	
Total.....	460	364	824	460	364	824	

TABLE XXVIII.

REMAINING AT THE END OF THE PERIOD—DURATION OF DISEASE.

DURATION.	SINCE ENTERING THE HOSPITAL.			SINCE THE ATTACK.		
	Males.	Females.	Total.	Males.	Females.	Total.
Under 1 month.....	21	9	30	3	1	4
1 to 2 months.....	17	12	29	10	1	11
2 to 3 months.....	12	14	26	3	1	4
3 to 6 months.....	23	25	48	11	7	18
6 to 9 months.....	21	19	40	7	7	14
9 to 12 months.....	28	14	42	12	6	18
12 to 18 months.....	46	32	78	13	20	33
18 to 24 months.....	31	25	56	10	7	17
2 to 3 years.....	41	28	69	40	21	61
3 to 5 years.....	107	79	186	59	58	117
5 to 10 years.....	83	75	158	109	98	207
10 to 15 years.....	22	20	42	62	49	111
15 to 20 years.....	6	7	13	21	22	43
20 to 25 years.....	1	5	6	9	20	29
25 to 30 years.....	1	1	2	3	16	19
30 to 40 years.....				5	6	11
Over 40 years.....				1		1
Unknown.....				82	31	113
Total.....	400	364	824	460	364	824

TABLE XXIX.

NUMBER OF PERSONS AND TIMES EACH HAS BEEN ADMITTED.

NUMBER.	PERSONS.	ADMISSIONS.
Number admitted once.....	6,650	making 6,650
Number admitted twice.....	743	making 1,486
Number admitted three times.....	115	making 345
Number admitted four times.....	33	making 132
Number admitted five times.....	11	making 55
Number admitted six times.....	1	making 6
Number admitted seven times.....	1	making 7
Number admitted eight times.....	2	making 16
Number admitted nine times.....	1	making 9
Number admitted twelve times.....	1	making 12
Total.....	7,558	8,718

TABLE XXX.

DAILY AVERAGE OF PATIENTS.

1891 AND 1892.	1892 AND 1893.
July, 1891.....	825.26
August, 1891.....	847.29
September, 1891.....	859.51
October, 1891.....	869.30
November, 1891.....	862.70
December, 1891.....	866.29
January, 1892.....	877.00
February, 1892.....	890.79
March, 1892.....	894.00
April, 1892.....	886.30
May, 1892.....	891.68
June, 1892.....	908.24
July, 1892.....	889.09
August, 1892.....	778.22
September, 1892.....	771.56
October, 1892.....	766.58
November, 1892.....	779.43
December, 1892.....	787.13
January, 1893.....	791.13
February, 1893.....	790.36
March, 1893.....	793.81
April, 1893.....	803.36
May, 1893.....	809.55
June, 1893.....	821.86

Daily average for the period, 835.97.

REPORT OF THE STEWARD.

Steward's Exhibit of Current Expense Fund from July 1, 1891, to July 1, 1892.

RECEIPTS.

1891.	July 1. Balance.....	\$ 840.92
July 1.	From Auditor of State.....	34,020.00
September 30.	Collections.....	877.97
October.	From Auditor of State.....	35,448.00
December 31.	Collections.....	979.24
1892.	January From Auditor of State.....	36,386.00
March 31.	Collections.....	997.49
April.	From Auditor of State.....	37,268.00
June 30.	Collections.....	1,925.09
Total.....		\$ 148,743.61

EXPENDITURES.

Meat and fish.....	\$ 29,347.52
Breadstuffs.....	4,530.62
Fruits and vegetables.....	3,606.18
Coffee and tea.....	1,553.77
Sugar and syrup.....	2,480.73
Sundry groceries.....	3,914.81
Butter.....	8,006.30
Cheese and eggs.....	1,004.14
Soap.....	984.31
Mortuary expenses.....	183.00
Medicinal supplies.....	3,105.90
Dry goods and clothing.....	8,440.19
Postage and stationery.....	886.35
Library and diversions.....	1,321.83
Furniture and furnishing.....	2,905.61
Hardware and queensware.....	3,252.96
Repairs.....	3,172.59
Contingencies.....	6,781.45
Visiting committee.....	522.94
Farm.....	3,677.53
Fuel.....	10,752.70
Lights.....	4,011.63
Salaries and wages.....	49,585.97
Balance.....	\$ 145,229.03
Total.....	\$ 3,513.68
Total.....	\$ 148,743.61

REPORT OF THE STEWARD—CONTINUED

Steward's Exhibit of Current Expense Fund, From July 1, 1892, to July 1, 1893.

1892.			
July	1.	Balance	\$ 3,513.68
July	15.	Amount drawn from Auditor of State	37,702.00
September	30.	Collections	927.90
October		Amount drawn from Auditor of State	34,412.00
December	31.	Collections	1,566.16
1893.			
January.		Amount drawn from Auditor of State	32,830.00
February	22.	Collections	377.66
March	31.	Collections	937.00
April.		Amount drawn from Auditor of State	33,320.00
June	30.	Collections	1,285.72
Total ..			\$ 146,872.12

EXPENDITURES.

Meat and fish	17,202.91
Breadstuffs	5,007.04
Fruit and vegetables	5,637.68
Coffee and tea	1,924.10
Sugar and syrup	2,227.62
Sundry groceries	3,363.60
Butter	9,312.00
Cheese and eggs	951.93
Soap	826.70
Mortuary expenses	174.95
Medicinal supplies	3,005.61
Dry goods and clothing	9,215.09
Postage and stationery	1,079.63
Library and diversions	654.31
Furniture and furnishings	2,611.02
Hardware and queensware	1,532.03
Repairs	2,858.73
Contingencies	8,521.05
Visiting committee	530.09
Farm	6,225.55
Fuel	11,763.58
Lights	3,227.65
Salaries and wages	48,323.12
Balance	605.93
Total	\$ 146,872.12

REPORT OF THE STEWARD—CONTINUED.

Special Appropriation of the Twenty-third General Assembly.

REPAIR FUND.

1891.			
October	20.	Amount drawn from the Auditor of State	\$ 1,200.00
			\$ 1,200.00

EXPENDITURES.

Labor	\$ 526.51
Encaustic tile	289.00
Paint	135.20
Lime and cement	112.64
Sand	80.00
Oil	55.96
	\$ 1,200.00

COLD STORAGE FUND.

1891.			
July	1.	Balance	\$ 224.36
October	20.	Amount drawn from Auditor of State	1,000.00
			\$ 1,224.36

EXPENDITURES.

Labor	\$ 1,206.09
Hardware	18.27
	\$ 1,224.36

CHAPEL AND AMUSEMENT HALL FUND.

1891.			
July	1.	Balance	\$ 1,622.20
			\$ 1,622.20

EXPENDITURES.

Labor	\$ 274.87
Scenery	35.00
Chairs	508.78
Lumber	179.80
Motor	122.85
Piano	500.00
	\$ 1,622.20

SLAUGHTER HOUSE FUND.

1891.			
October	20.	Amount drawn from Auditor of State	\$ 1,500.00

EXPENDITURES.

Labor	\$ 277.32
Stone and sand	513.83
Lumber	708.85
	\$ 1,500.00
	\$ 1,500.00

STEAM ENGINE FUND.

1891.			
October	20.	Amount drawn from Auditor of State ..	\$ 2,600.00

EXPENDITURES.

Labor	\$ 138.54
Cement	48.80
Engines	2,412.66
	\$ 2,600.00
	\$ 2,600.00

REPORT OF THE STEWARD—CONTINUED.

IMPROVEMENT OF GROUNDS AND FENCES.

1891.
October 20. Amount drawn from Auditor of State.....\$ 1,000.00

EXPENDITURES.

Labor.....	\$	572.43
Lumber.....		370.67
Paint.....		57.50
	\$	1,000.00
	\$	1,000.00

GREENHOUSE FUND.

1891.
October 20. Amount drawn from Auditor of State.....\$ 2,000.00

\$ 2,000.00

EXPENDITURES.

Labor.....	\$	874.80
Lime and cement.....		127.12
Hardware.....		33.32
Lumber.....		368.60
Glass.....		319.40
Stone and sand.....		163.59
Pressed brick.....		97.60
Tower ornament.....		15.57
	\$	2,000.00

Special Appropriation of the Twenty-fourth General Assembly.

REPAIR FUND.

1892.
May 2. Amount drawn from Auditor of State.....\$ 2,000.00
July 21. Amount drawn from Auditor of State..... 750.00

1893.
Jan. 16. Amount drawn from Auditor of State..... 7,250.00
\$ 10,000.00

EXPENDITURES.

Labor.....	\$	2,016.96
Lumber.....		519.40
Stone and sand.....		180.13
Cement.....		313.75
Paint.....		380.92
Hardware.....		304.12
Range.....		175.00
Valves.....		99.25
Lath and staples.....		285.00
Fire brick and clay.....		62.00
Brick.....		84.47
Lime and hair.....		46.20
Encaustic tile.....		754.74
Balance.....		4,679.06
	\$	10,000.00

REPORT OF THE STEWARD—CONTINUED

FIRE PROTECTION FUND.

1892.
May 2. Amount drawn from Auditor of State.....\$ 5,000.00

\$ 5,000.00

EXPENDITURES.

Labor.....	\$	78.00
Pig lead.....		248.33
Water pipe.....		4,093.54
Hydrants and water gates.....		473.75
Hose and play pipe.....		87.25
Hose cart.....		19.13
	\$	5,000.00

PAINTING FUND.

1892.
May 2. Amount drawn from Auditor of State.....\$ 1,000.00
July 21. Amount drawn from Auditor of State..... 500.00

1893.
January 16. Amount drawn from Auditor of State..... 500.00

\$ 2,000.00

EXPENDITURES.

Labor.....	\$	1,204.85
Paint.....		795.15
	\$	2,000.00

IMPROVEMENT OF GROUNDS AND FENCES.

1892.
May 2. Amount drawn from Auditor of State.....\$ 1,000.00

\$ 1,000.00

EXPENDITURES.

Labor.....	\$	161.88
Lumber.....		420.03
Balance.....		417.19
	\$	1,000.00

SEWER FUND.

1893.
April 15. Amount drawn from Auditor of State.....\$ 2,500.00

\$ 2,500.00

Balance.....	\$	2,500.00
	\$	2,500.00

TREASURER'S EXHIBIT.

C. V. ARNOLD, *Treasurer, in account with the current expense fund for the biennial period ending June 30, 1893.*

		DEBTOR.	
1891.			
July	1.	Balance on hand.....	\$ 840.92
July	11.	Received from State.....	34,020.00
September	30.	Received from Steward.....	877.97
October	15.	Received from State.....	35,448.00
December	31.	Received from Steward.....	979.24
1892.			
January	15.	Received from State.....	30,386.00
March	31.	Received from Steward.....	997.49
April	15.	Received from State.....	37,268.00
June	30.	Received from Steward.....	1,925.99
July	15.	Received from State.....	37,702.00
September	30.	Received from Steward.....	927.90
October	14.	Received from State.....	34,412.00
December	31.	Received from Steward.....	1,566.16
1893.			
January	14.	Received from State.....	32,830.00
March	31.	Received from Steward.....	1,314.06
April	15.	Received from State.....	33,520.00
June	30.	Received from Steward.....	1,285.72
			\$ 292,102.05
		CREDIT.	
1891.			
By vouchers paid for July.....			\$ 23,347.56
By vouchers paid for August.....			7,159.71
By vouchers paid for September.....			5,415.82
By vouchers paid for October.....			21,948.48
By vouchers paid for November.....			6,099.89
By vouchers paid for December.....			4,986.04
1892.			
By vouchers paid for January.....			29,581.28
By vouchers paid for February.....			4,528.58
By vouchers paid for March.....			4,253.86
By vouchers paid for April.....			24,624.69
By vouchers paid for May.....			5,415.33
By vouchers paid for June.....			5,865.67
By vouchers paid for July.....			22,920.62
By vouchers paid for August.....			11,641.02
By vouchers paid for September.....			6,156.93
By vouchers paid for October.....			25,763.22
By vouchers paid for November.....			8,012.76
By vouchers paid for December.....			2,639.94
1893.			
By vouchers paid for January.....			29,549.46
By vouchers paid for February.....			4,369.86
By vouchers paid for March.....			494.73
By vouchers paid for April.....			26,403.04
By vouchers paid for May.....			4,418.58
By vouchers paid for June.....			3,916.03
By balance on hand.....			605.93
			\$ 292,102.05

TREASURER'S EXHIBIT—CONTINUED.

C. V. ARNOLD, *Treasurer, in account with the several special appropriation funds for the biennial period ending June 30, 1893.*

AMUSEMENT AND CHAPEL FUND.

		DR.	
1891.			
July	1.	To balance on hand.....	\$ 1,622.20
		CR.	
By voucher paid for quarter ending September 30, 1891.....			\$ 1,622.20
		GROUNDS AND FENCES FUND.	
		DR.	
1891.			
October	16.	To amount received from State.....	\$ 1,000.00
1892.			
April	29.	To amount received from State.....	1,000.00
		CR.	
By voucher for quarter ending September 30, 1891.....			\$ 780.07
By voucher paid for quarter ending December 30, 1891.....			219.93
1893.			
By voucher paid for quarter ending April 30, 1893.....			275.37
By voucher paid for quarter ending June 30, 1893.....			307.44
By balance on hand.....			417.19
			\$ 2,000.00
			\$ 2,000.00

ENGINE FUND.

		DR.	
1891.			
October	16.	To amount received from State.....	\$ 2,600.00
		CR.	
By voucher paid for quarter ending December 31, 1891.....			\$ 2,600.00

SEWER REPAIR FUND.

		DR.	
1893.			
April	15.	To amount received from State.....	\$ 2,500.00
		CR.	
July		1.	To amount on hand..... \$ 2,500.00

REPAIR AND CONTINGENT FUND.

		DR.	
1891.			
October	16.	Amount received from State.....	\$ 1,200.00
1892.			
April	29.	Amount received from State.....	2,000.00
July	15.	Amount received from State.....	750.00
1893.			
January	1.	Amount received from State.....	7,350.00
			\$ 11,300.00
		CR.	
By vouchers paid for quarter ending September 30, 1891.....			\$ 945.93
By vouchers paid for quarter ending December 31, 1891.....			254.07
By vouchers paid for quarter ending January 30, 1892.....			958.63
By vouchers paid for quarter ending September 30, 1892.....			1,238.33
By vouchers paid for quarter ending December 31, 1892.....			513.78
By vouchers paid for quarter ending March 31, 1893.....			1,787.25
By vouchers paid for quarter ending June 30, 1893.....			822.96
Balance on hand.....			4,679.06
			\$ 11,200.00

TREASURER'S EXHIBIT—CONTINUED.

PAINTING FUND.

DR.

1892.			
April	20.	Amount received from State.....	\$ 1,000.00
July	15.	Amount received from State.....	500.00
1893.			
January	14.	Amount received from State.....	500.00
			<u>\$ 2,000.00</u>

CR.

		By vouchers paid for quarter ending June 30, 1892.....	\$ 110.00
		By vouchers paid for quarter ending September 30, 1892.....	362.25
		By vouchers paid for quarter ending December 31, 1892.....	354.20
		By vouchers paid for quarter ending March 31, 1893.....	318.40
		By vouchers paid for quarter ending June 30, 1893.....	855.15
			<u>\$ 2,000.00</u>

COLD STORAGE FUND

DR.

1891.			
July	1.	To balance on hand.....	\$ 224.36
July	16.	To amount received from State.....	1,000.00
			<u>\$ 1,224.36</u>

CR.

		By vouchers paid for quarter ending September 30, 1891.....	\$ 1,224.36
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SLAUGHTER HOUSE FUND.

DR.

1891.			
October	16.	To amount received from State.....	\$ 1,500.00

CR.

		By vouchers paid for quarter ending September 30, 1891.....	\$ 1,500.00
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GREENHOUSE FUND.

DR.

1891.			
October	16.	To amount received from State.....	\$ 2,000.00
			<u>\$ 2,000.00</u>

CR.

		By vouchers paid for quarter ending September 30, 1891.....	\$ 1,570.54
		By vouchers paid for quarter ending December 31, 1891.....	429.36
			<u>\$ 2,000.00</u>

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

MT. PLEASANT.

PRINTED BY ORDER OF THE GENERAL ASSEMBLY.

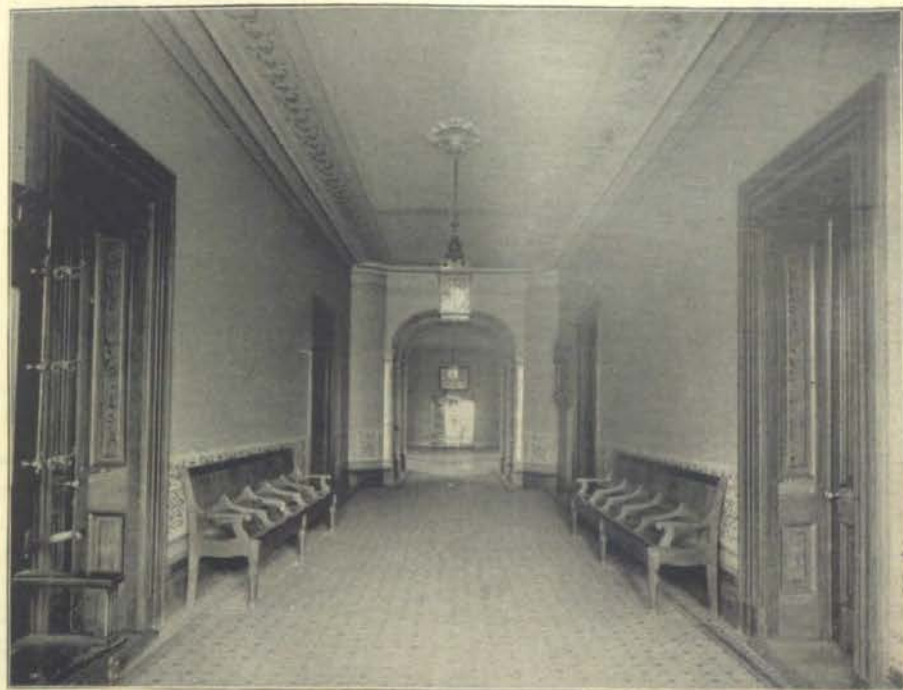
DES MOINES:

G. H. RAGSDALE, STATE PRINTER.

1894.



HOSPITAL FOR THE INSANE. MT. PLEASANT IOWA.
(FRONT VIEW.)



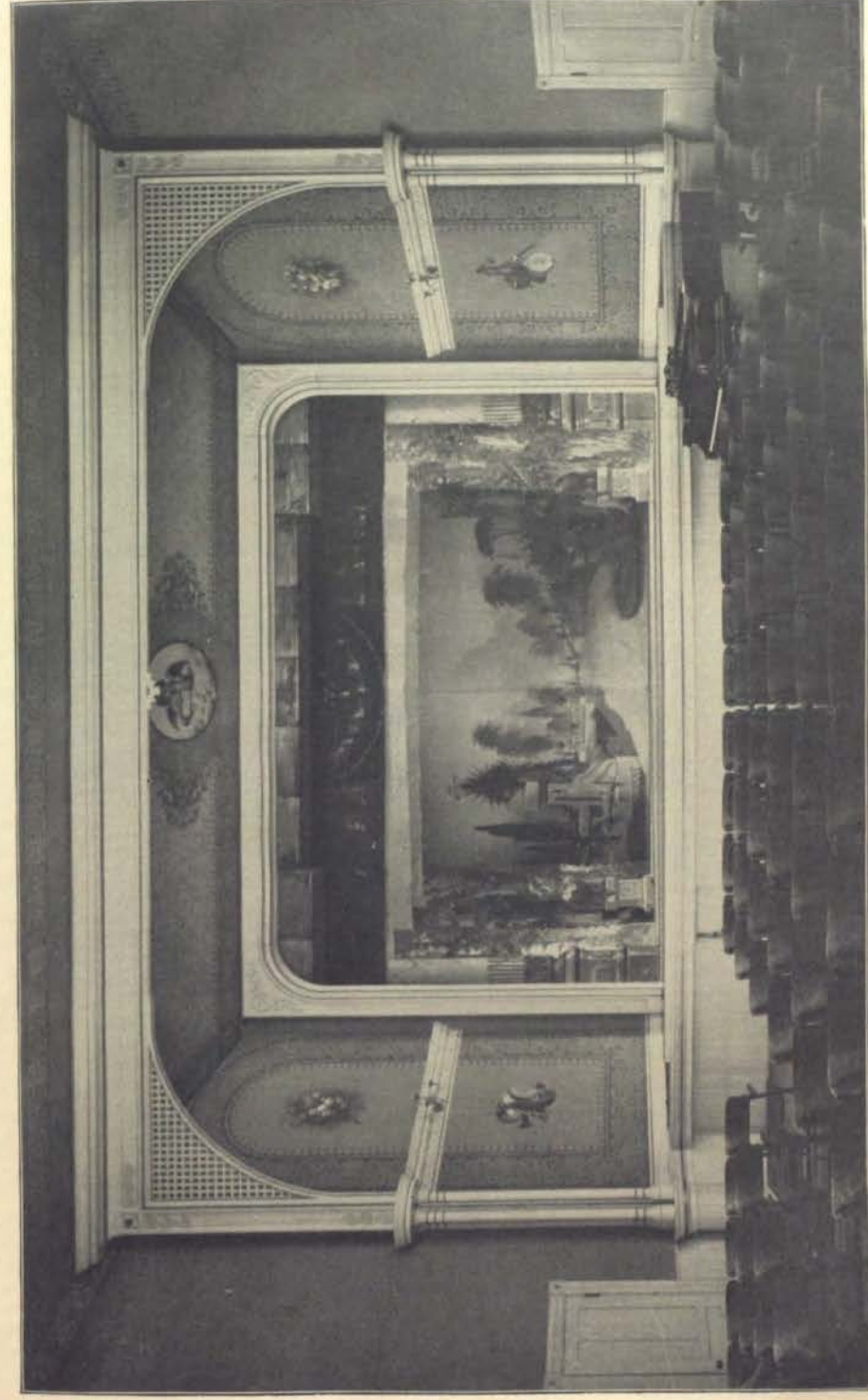
VESTIBULE.



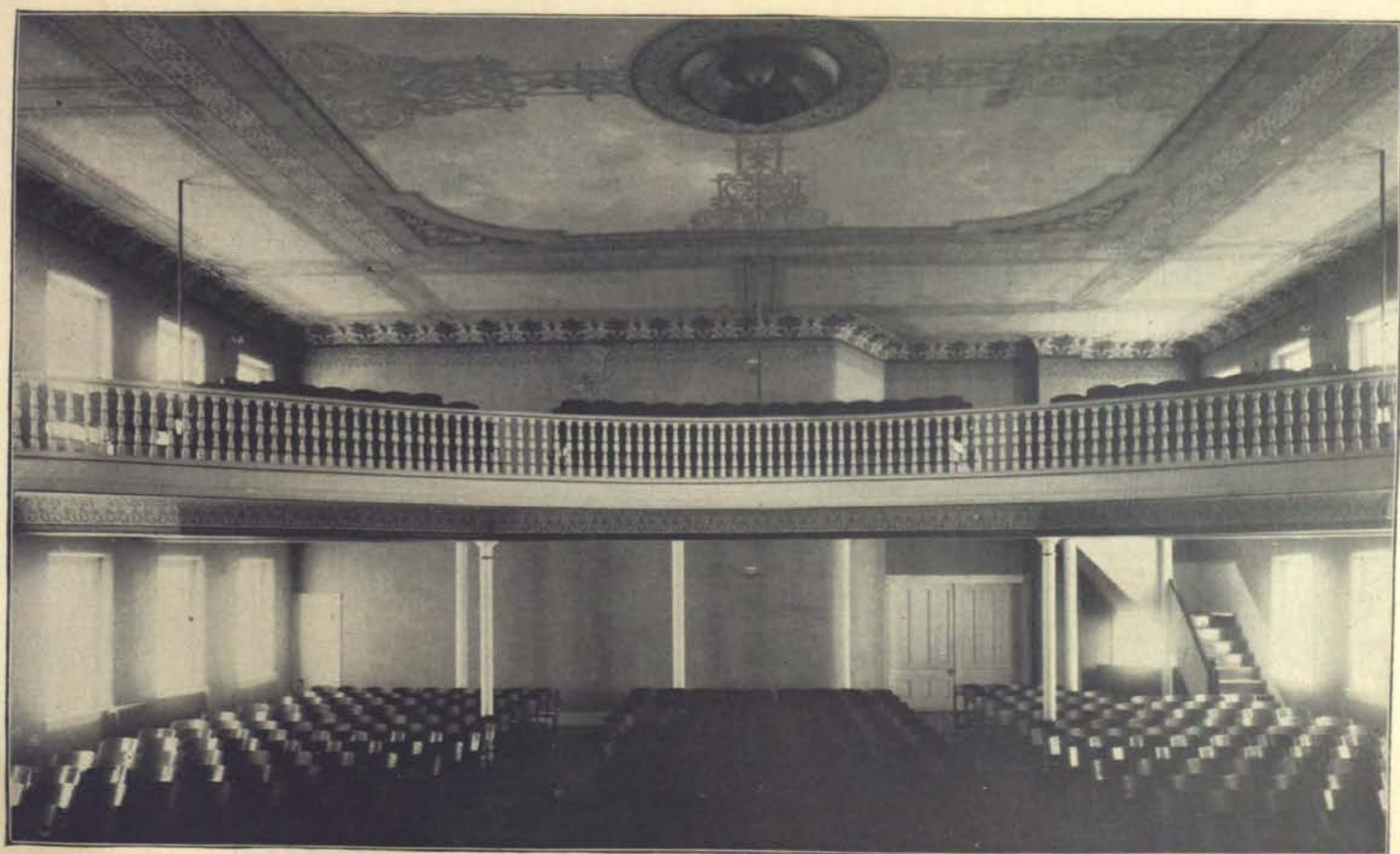
ROTUNDA AND STAIRWAY.



CHAPEL.



AMUSEMENT HALL, AND STAGE.



AMUSEMENT HALL AND GALLERY.



WARD No. 1, WEST.



ALCOVE—WARD No. 1, WEST.



BEDROOM—WARD No. 1, WEST.



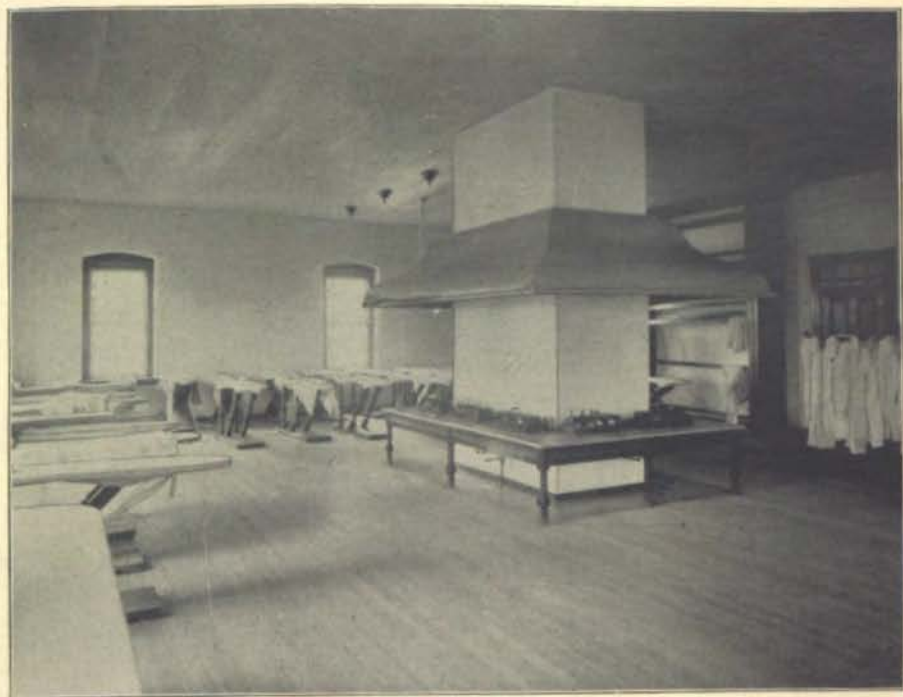
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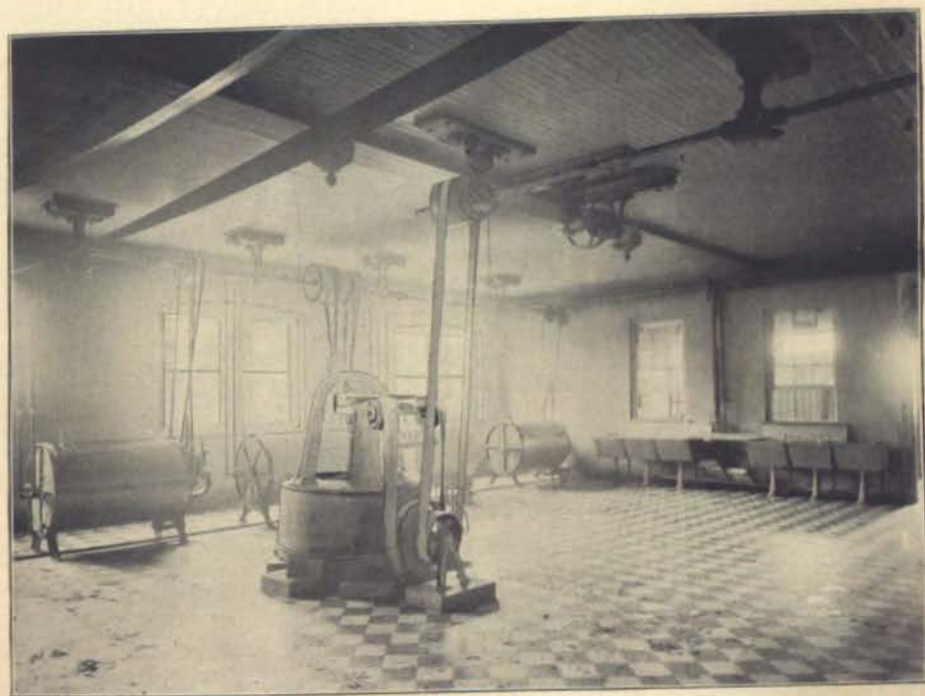
DINING ROOM—WARD No. 1, WEST.



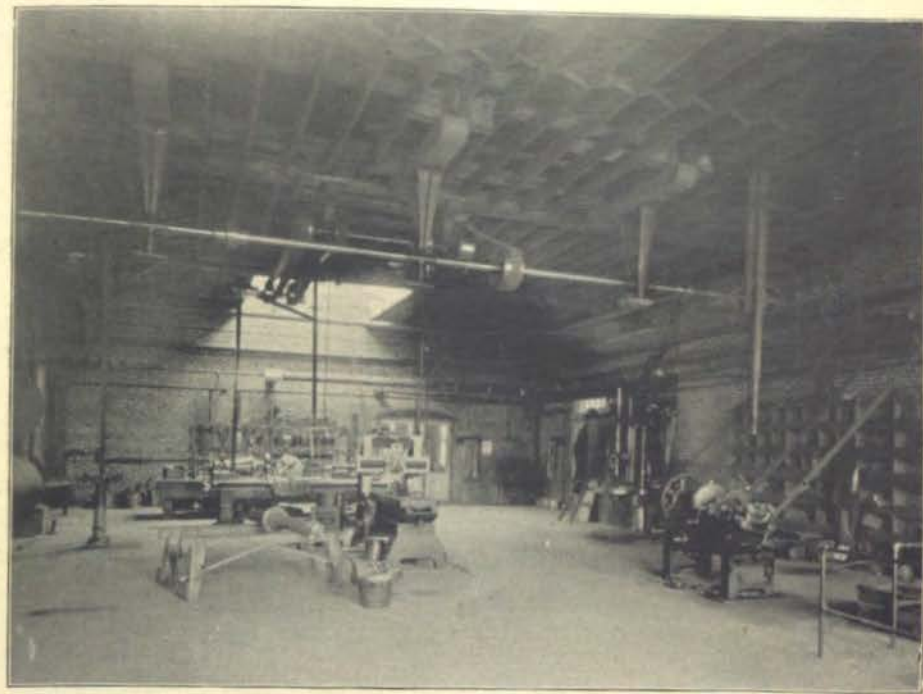
KITCHEN.



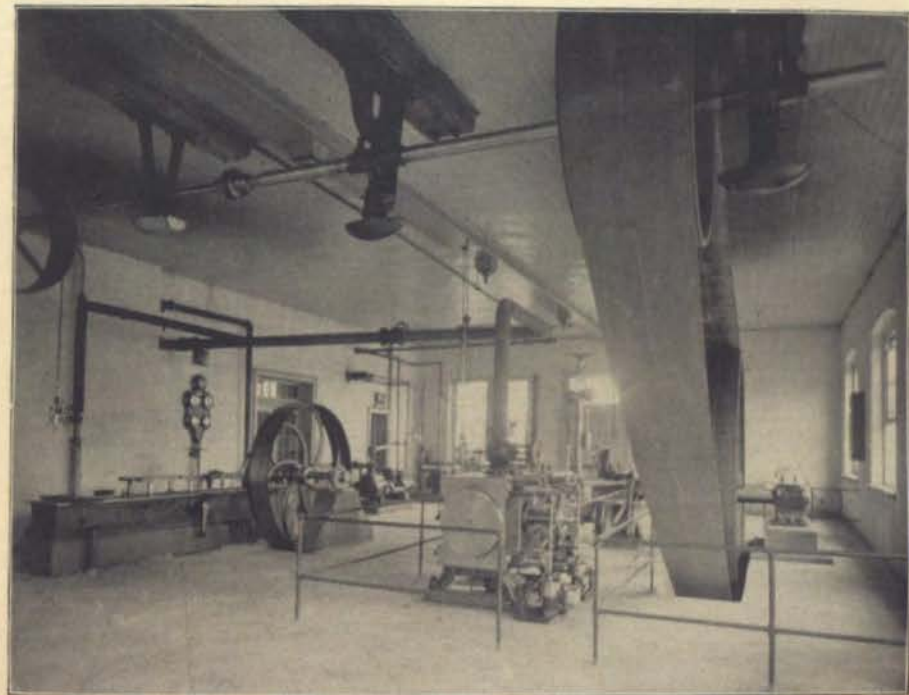
IRONING ROOM.



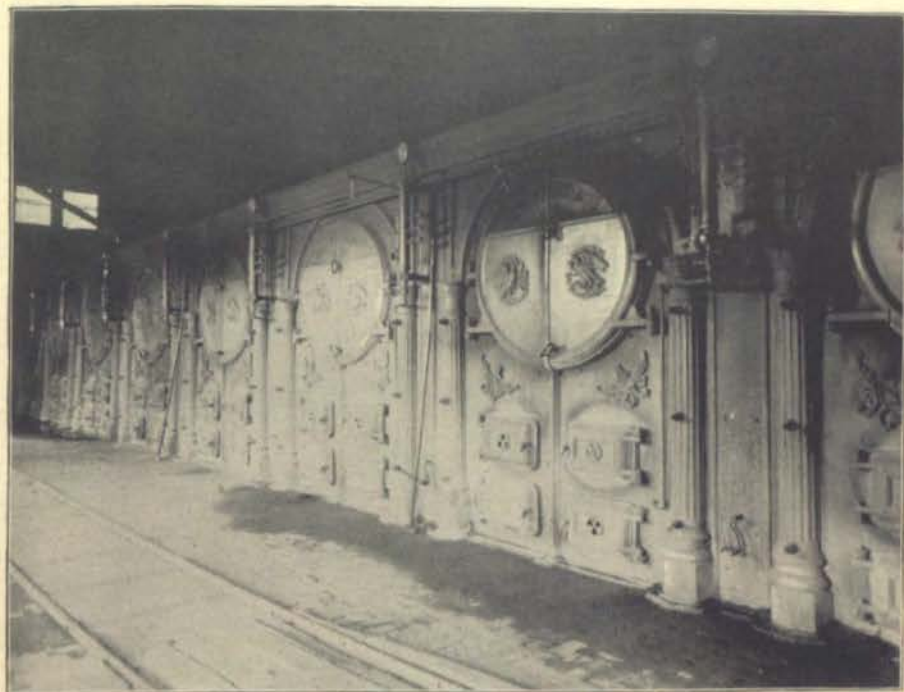
WASH HOUSE.



MACHINE SHOP.



ENGINE ROOM



BOILER ROOM.



CONSERVATORY.