

TWENTIETH REPORT
OF THE
LUNACY COMMISSION



TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND

DECEMBER 1, 1905

BALTIMORE
PRESS OF JAMES YOUNG
N. E. Corner Baltimore and North Streets
1906

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OF THE

LUNACY COMMISSION

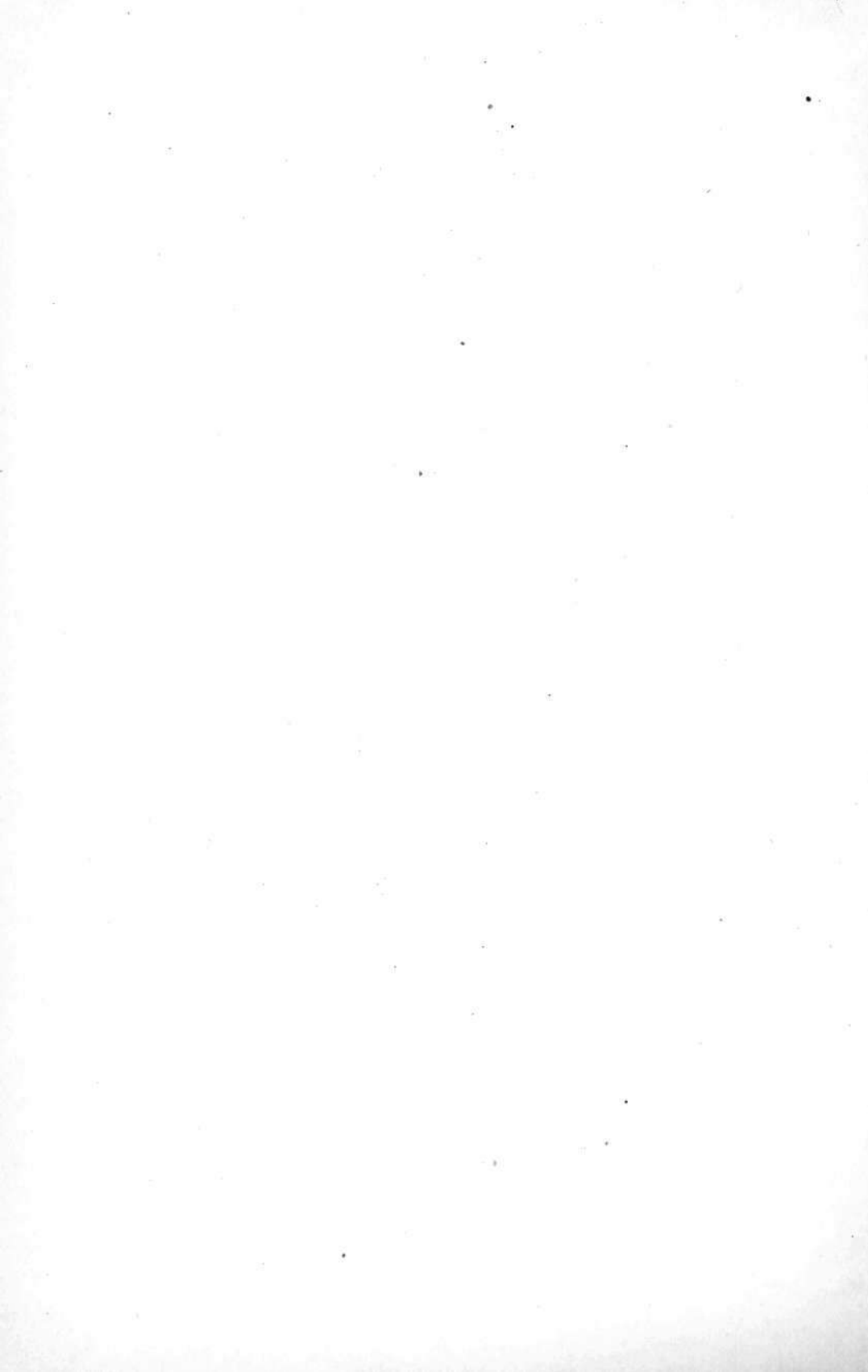


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THE LUNACY COMMISSION

STATE OF MARYLAND

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TWENTIETH REPORT
OF THE
LUNACY COMMISSION

REPORT OF THE SECRETARY.

To the Members of the Lunacy Commission :

GENTLEMEN :—I have the honor to submit the following report :

There are three classes of insane to be cared for in the State:

First, the acute insane: this class comprises those cases that require hospital care. Many of these cases are curable if they have proper treatment,—in suitably equipped institutions, with a superintendent who has had the proper training.

The second class comprises those who are dangerous, either to themselves or others, and who are troublesome. These cases are mostly incurable, though a small number do recover. They require custodial care, careful watching, and should have the supervision of skilled physicians and attendants.

The third class consists of cases of dementia, imbecility and the like. Nothing is necessary here but general care,—these patients are not dangerous and merely have to be cared for as children.

In addition to these three classes of insane, there are

two other classes to consider, the epileptic and feeble minded.

There are in the State, not including feeble minded, about 3,000 insane in the various institutions. Of this number about 2,200 are dependent insane, that is, they are either paupers, or have relatives who are only able to pay a portion of the cost of their maintenance. These patients are cared for in the State and City institutions, or by the counties in the almshouses. The two State Institutions are the Maryland Hospital for the Insane, near Catonsville, and Springfield Hospital, near Sykesville. (A detailed account of the various institutions appears further on in this report.)

An erroneous idea has become prevalent that the State institutions are free. It is true that these hospitals are the property of the State, but every patient in them is paid for either by the County of which the patient is a resident, or if a resident of Baltimore, the City pays the hospital the cost of maintenance. To show to what extent the State contributes to the support of its indigent insane, it must be said that the rate fixed by law is \$150.00. per capita, while the actual cost of maintenance is over \$200.00. (This subject will be considered more fully latter on.) The two State institutions referred to above, The Maryland Hospital and Springfield Hospital are at present taxed to their utmost capacity, and can only accommodate about half the indigent insane. The remainder are cared for at Bay View Asylum, Mount Hope Retreat, at which latter institution the City and State patients are paid for at the same rate as that paid the State hospitals, namely \$150 a year, and in the County almshouses there is no special provision made for the colored insane, and they are distributed among the different institutions and almshouses. Such are the conditions as they exist in

the State at present and they may be said to be far from satisfactory. It must be said that every year shows some slight improvement over the preceding year. Going back, now, to the classification employed above, let me call attention to the treatment of the acute insane.

The acute insane—Psychopathic Hospitals, a movement which has spread over Germany, and has already accomplished immense good, in the establishing in all the larger cities, what are called “Psychopathic Hospitals.” These are hospitals for the reception of patients who have suddenly lost their reason, or have become more or less mentally disturbed. Here we do not have to fight the unfortunate prejudice which still exists against the insane asylum. As Secretary of the Lunacy Commission I constantly see cases that should be under treatment, unwisely kept at their homes under improper conditions because the relatives would not consent to sending them to “Bay View.” In a letter received a few days ago, Dr. Stewart Paton, a former member of the Commission, who is now conducting his scientific work in Italy, says “Even here in poor old dirty Naples there is a Psychopathic Hospital supported by the State. All through Italy most excellent work is being done in Psychiatry. All over Europe the feeling is growing that the most urgent necessity at present is to build Psychopathic Hospitals as rapidly as possible in all the larger cities. In this way the State is in the end, relieved as far as possible from the care of many cases who would otherwise become hopelessly insane.” This subject is one of such vital importance, that I cannot refrain quoting from Dr. Paton’s recent work on Psychiatry.

In speaking of the subject of Psychiatric Hospitals he says: “But in order that we may be able to strike at the root of the matter, we must devote our best

efforts (1) to curing all recoverable cases, and this can be done only by taking them in hand at the earliest possible moment, when the disorder is still in its incipient stage; and, (2) to giving to as many physicians as possible the chance of receiving a thorough training in psychiatry, in order that cases of insanity may be recognized by the general practitioner before it is too late, and that the importance of preventive psychiatry may be fully realized by the leaders of thought in every community.

These two fundamental needs, then, since they can not be satisfied by the asylum, the farm colony, and the boarding-out system, call for the establishment of special institutions which have been variously designated as hospitals for the insane, psychiatric clinics, or psychopathic hospitals; and these will form the subject of the present chapter.

Unfortunately, institutions that promise the realization of these ideals are too rarely found either in Great Britain or the United States. That the need for them has been felt is evident from the efforts that have been made to transform some of the smaller asylums into psychiatric clinics. Nor is it to be wondered at that such endeavors have proved only partially successful, inasmuch as the former had been planned at a time when the present exigencies in the care of the insane either did not exist or were unrecognized. As a result these transformed institutions—situated for the most part far from the centres of population and hampered by a general arrangement that worked against the ready admission of patients, while rendering instructions to students in psychiatry impossible—could never represent anything more than a transition stage—a compromise between the asylum proper and the real hospital. The former placed at some distance from the

city and with accommodations for a relatively large number of patients—from 200 to 1000 or even 2500—can with proper forethought afford the best care possible for the chronic insane—the indications for progress being along the lines of improvement in hygienic surroundings and facilities for light employment in shops or in the open air. In these communities, however, hospital treatment must necessarily always be a secondary consideration, nor should they be hampered by having thrust upon them burdens and responsibilities which they are not adapted to meet.

To restate the proposition, then, the psychiatric clinic or hospital is intended to satisfy two fundamental needs: (1) Better provision for the care and cure, if possible, of cases of acute and incipient insanity; (2) adequate provision for instruction in treatment and for investigation into problems upon the solution of which depend the arrest of the development of insanity in the State, but in order to fulfill these objects its structure and organization must be planned so that the following conditions will be satisfied:

(1) Ease of access. The institution should be near to or within the limits of the city.

(2) A limited capacity, in order that every individual patient may be made the subject of special study.

(3) Perfect construction, equipment, and organization in order that a thorough and energetic treatment can be undertaken for all patients for whom there is hope of recovery.

(4) A relatively large staff of physicians and nurses.

(5) Ample provision not only for the teaching of students, but also for the prosecution of post-graduate investigations and research in clinical psychiatry, psycho-

pathology, and in the anatomy and pathology of the nervous system.

(6) The ready admission of patients and their speedy transference, when necessary, to other more appropriate institutions. Provision for outdoor and voluntary patients.

The manner in which, so far as our present experience has taught us, these conditions may best be met and fulfilled will now be briefly discussed.

(1) *Location.* If the institution be located at some distance from a centre of population, the commitment of cases of incipient insanity will be rendered more difficult and not a few patients will lose the opportunity for speedy treatment—which in some cases is equivalent to missing their only chance for recovery.

Of course, ideal conditions can not always be realized, but, if possible, the psychiatric hospital should be within the city limits or quite near them. The extensive grounds, large gardens or farm, so essential for the asylum or the convalescent home, are not needed for the hospital, although a certain area of ground—from one to three acres—is indispensable. This would supply sufficient space for a small garden where the convalescent patients could sit or walk in the open air. Again, the easier of access the institution is to a fairly large centre of population, the less will be the antipathy of patients towards a residence there, since they will feel that they are not shut up in some remote asylum away from the world and all their friends; and, moreover, they will be spared a long and tedious journey, which is distressing alike to patients and relatives. Such an institution, when situated in a city, will afford the medical profession an opportunity of becoming as intimately acquainted with its organization, its methods, and its

results as is the case with the medical hospital; while at the same time the medical staff will not be isolated and will have every chance of keeping in touch with the advances that are being made in general medicine, of which their own is a most important branch. Again, the mere enumeration of the problems to be solved, involving questions in heredity, the psychological analyses of symptoms, the chemical study of secretions and excretions, improvements in methods of physical diagnosis, ought to be sufficient to emphasize the necessity of placing the psychiatric hospitals in immediate proximity not only to other medical clinics, but also to the non-medical parts of the university. The highest types of clinical and laboratory investigation can only be accomplished in hospitals that are sufficiently close to a good university for the medical officers to feel the stimulating effect of the encouragement and aid given to all forms of investigation; nor is it probable that high ideals in the character of the work to be accomplished will be as readily sustained under other conditions.

(2) *A Limited Capacity.* The capacity of the hospital must naturally depend much upon the demands of the community in which it is situated. It is advisable, however, that it should be relatively small, so that each individual case can be studied carefully in reasonably short time. In asylums for chronic patients there is much less urgency in this matter, but in a case of acute insanity a speedy and as far as possible a correct diagnosis is most important, inasmuch as the future of these patients is in the balance. Roughly speaking, institutions varying in capacity from 80 to 100 beds represent the size which best lends to an efficient organization. Furthermore, the fact that the accommodations are limited will serve to prevent the accumulation of chronic cases which belong elsewhere."

CHRONIC INSANE REQUIRING HOSPITAL CARE.

Taking up the second class in our category, the chronic or in the main, the incurable insane requiring hospital care. This class comprises the great mass of the insane in our institutions. A small proportion of them recover, but the vast majority require hospital care for many years. These patients should have careful medical supervision, and the care of skilled attendants. Many of them have suicidal tendencies, a few homicidal instincts, and they must be under constant observation. It is entirely feasible to enlarge our existing institutions to meet this demand. The Maryland Hospital for the Insane, Spring Grove, should receive the more acute cases, patients that must be kept indoors, that cannot be admitted much liberty, that require hospital care. No pains should be spared to keep the equipment of this hospital up to date in every particular, and well equipped laboratories, both pathological and clinical should be maintained. The institutions for the care of the insane in this country have not yet altogether recognized the facts that the term "asylum" must give way to that of "hospital." Patients are to be thoroughly studied from every point of view, and not merely labeled as was the old method. Springfield Hospital is rather better adapted for the care of the sub-acute and chronic insane. It is of course somewhat discouraging to the staff of an institution to have mainly chronic cases, since the percentage of recoveries must necessarily be small, but the work of caring for this class of cases is a most necessary and responsible one, and requires as much if not more skill and tact than does the management of acute cases.

The third class, those patients who are passing into the terminal stage of insanity and require a minimum amount of care, could also be well provided for at

Springfield. The farm is large, and the hospital is constructed on the cottage system, so that the inexpensive groups of buildings could at comparatively small cost be erected for this class. There is another class, however, that has not been spoken of. I refer to the

NEGRO INSANE.

Maryland is too much of a southern State to allow the mixing of white and colored patients. Springfield takes no negroes, Spring Grove can accommodate only about 60, and the remainder must be kept in county institutions. Not long since a prominent physician from the Eastern Shore of Maryland applied to me for some place for an insane negro. He said that the man was very respectable, and he did not like to send him to the county almshouse. He had applied to Spring Grove, but there was no room. Unfortunately there was nothing to do in this case but to send the man to the almshouse. There is no doubt of the fact that insanity is rapidly on the increase in the negro race, as shown by the statistics of all the southern States, in most of which, separate hospitals are provided. In Maryland there are over 400 insane negroes, and, with the exception of Bay View Asylum, which is for city patients only, no provision is made for them. The few negroes that are taken at Spring Grove are an embarrassment, as it makes double labor. The almshouse is manifestly an improper place for any insane person. With these facts in view it is proposed to ask the present Legislature for an appropriation with which to build and equip a hospital for the negro insane. Not only is this step urged on the ground of humanity—to relieve the suffering of these unfortunates now crowded into almshouses, but in the present stage in the care of the insane in this State it has become absolutely necessary. The Lunacy Commis-

sion most earnestly asks the aid of the citizens of this State to carefully consider this matter and to come to the relief of this unfortunate class of sufferers.

STATE CARE OF THE INSANE.

There can be no doubt of the fact that the only satisfactory method of caring for the insane is for the State to assume this responsible duty. It is obvious that the counties cannot properly care for this class, and State care means better care, and, in the long run, is more economical. The following statement, which appeared in the last report, is published again, as it presents the facts as they exist in this State, and suggests a remedy:

“To anyone at all familiar with the condition of the dependent insane in this State the question of State care *versus* county care hardly admits of discussion. Contrast two well equipped hospitals, Spring Grove and Springfield, institutions any State might well be proud of, with the county asylums and almshouses. In the State hospitals, especially constructed for the care of the insane, we see wards and dormitories well lighted and ventilated, recreation halls for the entertainment of the patients, workshops where the various industries are carried on under skilled supervision, and ample opportunity for outdoor work. The county houses, without exception, offer inadequate accommodations for the patients. In the best of them the lighting and ventilation are faulty, there are no workshops nor recreation rooms, and often no suitable place for outdoor exercise. In many counties, as has been repeatedly pointed out in the various reports of the Lunacy Commission, the buildings are dilapidated and utterly unfit for the reception of decent human beings. Contrast the comfort of the patients in a bright, commodious, well-furnished ward of one of the State hospitals, with the miserable

existence described in one of the county almshouses, where the secretary of the Lunacy Commission found, in a wretchedly dirty room 15x15 feet, seven inmates, five men and two women. Again, the patients in the State hospitals are under the constant care of specially trained physicians, who study each individual case and direct appropriate treatment.

An adequate number of trained assistants look carefully after the needs of the patients and carry out the physician's orders. A record is kept of each case, and every change in condition carefully noted. Every effort is made by medical treatment, and by occupation, to restore the lost mental balance.

In the county institutions the superintendent is a man with no training in this work, the attendants are altogether inadequate in number and with no knowledge of nursing, and there is no resident medical officer, a physician, who has no special experience in the treatment of the insane, visiting the patients at certain times.

Take three illustrative cases. The secretary was asked to investigate a case in a county almshouse, and found locked up in an indescribably filthy room a man, who was cursing and yelling at the top of his voice, to all intents a wild animal. This man was removed to one of the State hospitals, where the secretary saw him shortly after his arrival, and found him well clothed, well behaved, and contented.

The second case was also seen in one of the counties, a negro man, who was chained to a tree in summer and confined in a miserable improvised cell in winter. This man is now at one of the State hospitals, a well-behaved patient and a good worker.

The third case is that of a man who for years was kept in an outbuilding at a private institution. The sec-

retary has seen this man frequently, and he was always entirely nude and generally filthy, a most disgusting sight. This man is now at one of the State hospitals, where he is suitably clothed and behaves himself in a perfectly proper manner. In all of these instances the almost miraculous change was wrought—of transforming an animal into a human being.

The cases mentioned above were all incurable, and illustrate merely what a change of environment will accomplish. From a consideration of the above facts it goes without saying that the chances for recovery are infinitely greater under State than county care.

Is it not, then, manifestly the duty of the State, from a humanitarian point of view, to provide the best care possible, and to offer the greatest chances for recovery to this most unfortunate of all the dependent classes?

Under State supervision, entertainment, occupation, kindly care, scientific treatment; under the county system, no occupation or entertainment, negligent care, the women not safe from outrage, no treatment; which will the people of this State choose?

Looking at the question from the purely economic side, the decision must be in favor of State care. It has been shown that a far greater number of mentally diseased persons will recover under proper environment and treatment. A man has an attack of acute insanity, is placed in an almshouse or county asylum, nothing practically is done for him but keep him a prisoner as though he were a criminal, he gradually degenerates into a state of chronic insanity and must be cared for during the remainder of his life. If under proper treatment such a case recovers, he again becomes self supporting. Statistics on this point are difficult to obtain, but those whose experience is greatest in the

treatment of the insane are confident that a very much larger percentage of recoveries occur in well-regulated hospitals than in county houses. In some of the almshouses of this State there are insane women who have given birth to numbers of children, most of whom are necessarily degenerates, and become wards of the counties. This iniquity is unknown, of course, in our State hospitals. It is easy to see that a concentration of the insane in our State hospitals must of necessity reduce the per capita cost. Most of the counties provide a large farm with a superintendent and physician, who must be paid, for the support of a very few insane patients. The counties of the State are rapidly acquiring hospitals at the county seats, where cases of acute diseases, not mental, can be properly treated, and it would be far more economical to board out the few paupers. Take for example, Dorchester County: an excellent hospital has been erected at Cambridge, and yet the county has a farm of some five hundred or more acres, with a superintendent and a visiting physician, and last year the report from this county shows but 11 cases at the almshouse. A much larger percentage of cases recover under proper hospital treatment, and *concentration would decrease the PER CAPITA COST.*

Let us take a still more practical view of this question.

There are two hospitals for the insane owned by the State, Spring Grove and Springfield. Each Legislature makes a small appropriation to these institutions. The per capita cost for patients is something over \$200 a year. Every patient is paid for by the counties or city of Baltimore at the rate of \$150 a year. The difference between the rate fixed by law and the actual cost of maintenance is thus paid by the State. As a matter of fact then, each county and the city of Baltimore pays a fixed rate for every patient sent to the State

institutions, and also pays from the State taxes the additional amount necessary for the maintenance of such patient. How much simpler and more economical if the burden were evenly distributed.

The report of the Lunacy Commission shows that the dependent insane in the State, number about 2,200, not including about 100 feebleminded, supported entirely by the State. Of this number about 1,000 are in the two State institutions, Spring Grove and Springfield; 300 city and county patients are at Mount Hope; 370 at Bay View; about 500 in the county asylums and almshouses; in round numbers, 2,200. Fully 100 may be deducted from this number, of such patients as are merely senile or slightly feeble-minded, and in no sense require hospital care or treatment. Thus we have about 2,100 dependent insane, 1050 of whom are in the two State Hospitals, 300 at Mount Hope, 370 at Bay View, and about 400 in the county asylums and almshouse.

Cost of maintenance under the present and under the proposed system.

One thousand and fifty patients at Spring Grove and Springfield, for which the city and state pays \$150 per annum per capita (\$157,500.), but the actual cost for maintenance is \$210 per annum, \$220,500; 300 patients at Mount Hope, per capita cost paid by the city and counties is \$150, \$45,000; city patients at Bay View at \$80, \$29,600; about 400 patients in the county asylums and almshouse, the per capita cost estimated at \$60, \$24,000.

The total expenditure then under the present system is in round numbers about \$319,100. This is a very conservative estimate when we consider the large amount of land, the salaries of the superintendents and physicians, and the fact that it is very difficult to dif-

ferentiate between the cost of the insane and the paupers, the former requiring far more care, and consequently costing more. Again, as has been said, the concentration of large numbers of insane in the State institutions will very greatly lower the cost of maintenance. Comparing the *per capita* cost for the support of the insane with that which exists in other States, and carefully estimating the conditions in Maryland, \$150 would be a safe and conservative estimate of the annual cost for the maintenance of an insane patient under the proposed State care. The figures then would show the following.

Under the present system the cost for the support of the dependent insane is about \$319,100. At \$150, a conservative estimate, the 21,000 dependent insane cost the State \$315,000, an actual saving of about \$4,000 a year. A decided saving in expense, an incalculable saving in human suffering. It is impossible to calculate the immense saving in the cure of acute cases, in well regulated hospitals, that would inevitably drift into chronic and incurable conditions if left in the county almshouses without treatment and with indifferent care.

Thus, from the purely economic standpoint, leaving out the great humanitarian motive, the State of Maryland should not hesitate an instant to range herself by the side of the other progressive States and pronounce most emphatically in favor of State care for the unfortunate insane. If the Legislature approves this measure, the following plan can readily be put into operation. Spring Grove is well adapted to the care of the acute cases of insanity. It is easy of access, being so near Baltimore, the buildings are compact, and the resident physician can be called at any moment, and the acreage is sufficient for the care of acute cases, many

of whom must be confined in their room for a time. Several additional buildings would have to be provided, such as a ward for consumptive patients, a hospital ward and a laboratory.

Springfield, located at Sykesville, Carroll County, is admirably adapted to the care of the chronic insane. The farm of some seven hundred acres is one of the best in the State. Already here is an excellent plant with a central administration building. This cottage or "group" system could be almost indefinitely extended. Of course, it would not be necessary to erect such complete and expensive buildings as the present ones. Under State care there would be large numbers of chronic insane that could be perfectly well cared for in inexpensive buildings, in a group by themselves. This "group" system would also allow of a proper classification of cases. There could also be provided a group for the colored insane, who are very poorly provided for under the present system, and also a special provision made for the criminal insane.

If Spring Grove were enlarged to a capacity of 600 to 800 patients and the present capacity of Springfield increased to 1,200 or 1,500 all the dependent insane in the State could be cared for at these two institutions. During the next four or five years these additional buildings could be erected so that by 1909, the time proposed by the bill to be presented to the next Legislature, the State would be ready to receive all its dependent insane.

It is the duty of the State to care for its dependent insane, because under State care (1) the patients are humanely treated (2) a far larger percentage will recover; (3) the cost would be no greater than under the existing system; (4) the plan is feasible, since it neces-

sitates merely the enlargement of the two excellent hospitals for the insane now in existence.

The foregoing statement of the condition of the insane in our State was presented to the last Legislature of Maryland, and the following comprehensive bill was passed.

An Act to repeal Section 2 of Article 59 of the Code of Public General Laws, entitled "Lunatics and Insane," and to re-enact the same with amendments.

Section L. *Be it enacted by the General Assembly of Maryland*, that Section 2 of Article 59 of the Code of Public General Laws, entitled "Lunatics and Insane," be and the same is hereby repealed and re-enacted so as to read as follows :

2. From and after the first day of January, 1909, the State of Maryland shall be charged with the maintenance, care, control and treatment of all dependent insane persons who are at that time residents of the State of Maryland. And as soon as practicable after the said first day of January, 1909, the State Board of Lunacy shall transfer from the several county almshouses and county and city asylums to one of the State hospitals for the insane, such dependent insane persons who are residents of the State of Maryland, as in the judgment of the said Board of Lunacy should be removed ; and all such dependent insane persons, after their removal to one of the State hospitals for the insane, shall be maintained therein at the expense of the State. In furtherance of the purposes of this Act a commission shall be appointed by the Governor, of which he shall be a member ex-officio, consisting of the Lunacy Commission, who shall report to the Legislature on or before the 15th day of January, 1906, such amendments to the present law regulating the care and treatment of the

insane and such other measures, including plans for the enlargement of the present State hospitals or the erection of other State hospitals, as may, to such commission, seem necessary.

Section 2. *And be it enacted*, that this Act shall take effect from the date of its passage.

At a meeting of the State Lunacy Commission, held June 17, 1905, the superintendents of our State institutions, and others interested in the welfare of the insane, were present, and it was decided that the most urgent need was for a hospital for the negro insane. As has been mentioned in another part of this report, a bill will be introduced in the next Legislature providing for this institution.

COUNTY ASYLUMS AND ALMSHOUSES.

Little can be added to the former reports in regard to these institutions. The Lunacy Commission, unfortunately, has only advisory powers, and it was thought that it was a rather useless expenditure of money to send the secretary to the county almshouses, where, in most cases, there were only paupers and demented cases, when the commission had no authority to order cases to be removed to the State institutions. Furthermore, the State institutions are so overcrowded that even if the commission had the authority to order removals, there would be no room for the patients. Fortunately only a comparatively small number of cases that require removal remain in the almshouses. In the so-called county almshouses the case is different, as will be seen by the following report:

COUNTY ASYLUMS.

There are four institutions in the State to which the term "county asylum" can be properly applied, namely,

Sylvan Retreat, in Allegany County; Montevue Hospital, in Frederick County; Bellevue Hospital, in Washington County, and Cherry Hill, in Cecil County. The last Legislature passed a bill abolishing Sylvan Retreat and directing the County Commissioners to remove the insane paupers to some hospital for the insane. Unfortunately, our State institutions were not able to accommodate this number of patients at that time, but it is most earnestly hoped that before long the capacity of these institutions will be greatly increased. The subject of county care of the pauper insane has been so thoroughly discussed in former reports of the Lunacy Commission, and in the daily press, that further comment seems unnecessary. While the counties, in most instances, do the best under the circumstances, it is perfectly evident that the insane receive far better care and treatment in our well-equipped and well-managed State institutions. This question will be discussed at length further on.

COUNTY ALMSHOUSES.

The worst feature in the care of the insane in this State is the county almshouse. The institutions are usually in some remote part of the county and very inaccessible. The buildings are generally in a very delapidated state, and the unfortunate inmates are left largely to their own devices. The farm on which the almshouse is situated is often of large acreage, and frequently merits in both senses of the word the name "poor farm." Superintendents have often complained to me that it is impossible for them to cultivate the farm and also look after the interests of the patients in the almshouse. It is very rare that any assistant is provided. The paupers either can't or won't work, and outside labor must be employed for the farm, so that from an economic standpoint this method is not to be

commended. The predominant element in the almshouse population is the pauper one. Old men and women, white and black, many of whom have seen far better days, are herded together with very little distinction as to sex and without any attempt being made to afford them light, occupation or entertainment. Most of this class are unable to do any hard work, but under suitable care could be occupied. Mentally they are usually below par, but not sufficiently enfeebled to require hospital attention. There are generally in every almshouse a certain number of paralytics, more or less helpless, that must depend largely on the good will of their fellow inmates for attention. The rest of the population is composed of epileptics, imbecils and mild demented. Occasionally are to be found cases of sub-acute or chronic insanity, cases that should certainly be in a hospital for the insane. In most of our almshouses it would seem that the inmates are fairly well cared for.

In none of them is any attempt made to do more than this. The Lunacy Commission has no jurisdiction over the paupers, and it is only permissible to allude to the general conditions which surround pauper and insane alike. Fortunately, as has been said above, in only a few of the county almshouses in this State are to be found persons sufficiently deranged mentally to require hospital treatment. Four counties of the State provide separate accommodations for the distinctly insane patients, namely; Allegany, Cecil, Frederick and Washington. These institutions will be discussed further on. To these may be added a few counties that make some attempt at a separation of the insane from the paupers, such as Queen Anne's and Somerset. The following counties may be said to receive no insane, but send all such cases to the large institutions: Calvert, Charles, Garrett, Harford, Howard, Montgomery, St. Mary's and Worcester. The remaining counties, Baltimore, Caro-

line, Dorchester, Kent, Prince George's, Queen Anne's Somerset and Talbot, always have a few patients that would be better cared for in one of the State institutions. It must be said that the county commissioners generally have of late become more fully alive to their inability to care for insane patients, and are removing them as rapidly as they are able.

CRIMINAL INSANE.

Every year the Lunacy Commission is called upon to remove a number of persons from the Maryland Penitentiary or the Jails of Baltimore City and the Counties, to an asylum for the insane. Again many persons are acquitted in the criminal courts, of crimes by reason of their insanity. This plea has, perhaps, been urged oftener than the facts warranted, and the public has become suspicious of it. If we had at one of our institutions a building devoted to the custody of the criminal insane where there was no chance of escape, the plea of insanity would, perhaps not be pleaded so often, and our people would feel that whether the insanity were genuine or feigned, the alleged lunatic would be in as safe keeping as if he were in jail or penitentiary. Again, it is manifestly improper to place decent insane persons in the same wards with criminals; the insane persons may not object, but the relatives do.

INEBRIATES AND EPILEPTICS.

The epileptics and inebriates, while not technically belonging to the insane group, still must be looked after by the State, and require more careful medical attention than the insane. It is not exactly within the scope of the Lunacy Commission to discuss this subject, but these unfortunates are often to be found among the insane, and receiving merely custodial care. Much can

be done with these patients if only a suitable place could be provided for their treatment. A crying need for the city is a detention hospital for persons mentally affected. There is probably never a day when there cannot be found in the wards of our general hospitals cases of mental disturbance. These cases are held for variable periods awaiting some disposition of their case. None of our general hospitals are prepared to care for such cases. Either the patients are tied down in bed, or they are shut up in some unsuitable room. Quite often they jump from the windows, or attempt suicide in other ways. Then they are a disturbing element in the ward, and their presence is very detrimental to the other patients, and not infrequently they are dangerous. If one of our general hospitals, aided of course, by the city, would provide a small ward where such cases could be kept under careful observation, much suffering would be avoided. As it is, some cases are hurried to an insane asylum when, if they had been held for a week or two, the mental symptoms would subside and thus the unfortunate stigma of commitment to an asylum would be avoided. On the other hand acute cases are often kept in a general hospital for weeks at a very critical period of the disease when proper skilled asylum treatment might have preserved their mental health. This subject has recently attracted a great deal of attention, especially abroad, and splendid results are being obtained under this most humane method. While much is being done by our excellent School for the Feeble Minded at Owings Mills, there are still hundreds of these unfortunate children in the State who can not be cared for there for want of accommodations. I am constantly appealed to by parents to get the unfortunate little ones in the institution, but as yet we can not begin to receive anything like the number that apply.

SHEPPARD AND ENOCH PRATT HOSPITAL.

This admirable institution is making steady progress in all directions. The following extracts from the last report of the Superintendent will give an idea of what has been accomplished, and also will indicate the plans for the future.

“Over sixteen per cent. of the patients admitted during the last year have been received and treated without charge, and that, including with these numerous other patients received at low rates, over thirty-seven per cent. of the admissions have paid an average of but \$2.68 per week. This does not include a considerable number who were received and cared for at rates much below the average per capita cost per week.

Mention of these facts is made, not for the purpose of boasting of what has been done, for the work of the year is but a repetition of what has been going on since the opening of the Hospital, but with the purpose of correcting certain erroneous impressions. In the twelfth annual report of the hospital a statement was made showing that for the six years preceding the one covered by that report twenty-seven per cent of the whole number of weeks care given patients, was at an average charge of less than two dollars and seventy-five cents a week.

The Trustees of the Hospital have contented themselves with expending the funds at their disposal in such a way as to bring the greatest good to the largest number without seeking either publicity or commendation. As is the experience, however, in all work of a semi-public nature, there have been found those who, without taking pains to inform themselves of the facts, have asserted that the objects of the founder of the hospital were not being attained, his wishes not carried out, and that no

patient could find admission here who was unable to pay high and even extravagant rates. If patients have been admitted whose friends desired special accommodation, or who wished to pay the full cost of their care, it has not been to the exclusion of any other case whether able to pay or not, and income derived from such sources has added to the comfort of those less fortunate from a financial stand-point. Moses Sheppard desired an institution so conducted, so supplied with physicians nurses and all that should promote the comfort and happiness of the inmates and bring about their recovery that, it would be, as he expressed it, "an expensive" institution; expensive in its expenditures, however, not in its charge to those needing its care, in the event of their inability to pay, and such has been its record.

Some dissatisfaction has occasionally been expressed because of the declination of a case, but in every instance there have been good and sufficient reasons for such declination—reasons based solely upon the mental state of the patient and the very obvious hopelessness of the malady. In a few instances the sole and admitted object of the applicant has been to obtain an asylum for the comfortable care and custody of a patient with the mental failure of advanced age or a person defective mentally from childhood whose care was becoming a burden. In others the application has been for a patient with mental disturbance which was of long standing or of such a character that the symptoms narrated by the relatives and the family physician at once placed the case in the category of hopeless insanity. It is often difficult to convince the friends or relatives of such as these, and sometimes equally difficult to make the family physician understand, that certain well-defined symptoms of mental failure, sometimes as in paresis, associated with equally well-defined physical symptoms, are as clearly indicative of the nature of the mental dis-

turbance, and as safe guides in a prognosis, as are the classical symptoms of many other maladies. Whatever embarrassment has been experienced in determining what cases to recommend for admission, aside from the ever present one inherent to a decision unfavorable to the wishes of anxious friends, has been caused by the inability to get correct and carefully made histories of cases.

By no means the least valuable of the improvements which we have been able to accomplish has been the establishment of a training school for nurses under the superintendency of Miss Sarah E. Parsons. Miss Parsons joined our staff in July last, and on the first of October the regular course of instruction to nurses commenced. A gratifyingly large number of our old nurses elected to take the course of instruction, and new applicants rapidly appeared after the announcement of the school was issued. The course of instruction, both in the lecture room and in the wards, has progressed far enough to convince the most skeptical of its great value and its assured success."

Officers: Edward N. Brush, M. D., Medical Superintendent; Wm. R. Dunton, M. D., Wm. B. Cornell, M. D., Clarence B. Farrar, M. D., Charles Ricksher, M. D., John G. Fitzgerald, M. D., Assistant Physicians.

SPRINGFIELD STATE HOSPITAL.

This Hospital with its large acreage is capable of almost indefinite extension. While a certain proportion of acute cases are cared for, most of the patients are chronic. As each year or two shows new buildings, the pressure upon the city and county institutions is being greatly relieved. It is to be hoped that in the next few years sufficient appropriations may be made to nearly double the present accommodations. When "State

Care" is fully established, according to the act passed by the last legislature, there should be room for 1,000 to 1,500 patients at Springfield. Some decided improvements have been made during the past year, as will be seen by the following extract from the Superintendent's report: "This year has been one of unusual activity in the matter of improvements. Cottage "E" for the male epileptics has been finished, heated, lighted, furnished and occupied. The separate dining room, relieving somewhat the congestion in the main dining room. Buttercup cottage for female epileptics, has been enlarged, increasing its capacity by twenty more beds, which has relieved to some extent the crowding at the women's group.

The Edwin Warfield cottage has been erected and is nearly ready for occupancy. Temporary canvas tents, with a bath tent, were placed as usual during the summer months. Industrial shop has been occupied, mattress and shoe making added to the tailoring already in operation.

An addition has been built to the green house. A new blacksmith shop erected. A new mangle and a new combined sterilizer and washer have been added to the laundry equipment. The road to Sykesville has been macadamized. The road through the property stoned in weak places, the grounds around Cottage "E" graded, seeded in grass, road around same macadamized, guttered and drained. Telephones placed in new cottage and elsewhere as needed. Besides the above, all buildings have been kept in repair, and painted where necessary.

Amusements have been provided as usual. The band has given concerts on several occasions. They still continue to take lessons from a bandmaster once a month. A dance was given during the Christmas holidays, and dances were held at stated intervals throughout the year.

A sleight-of-hand performance was given by Howard Ramsey, musical sketches by Congdon and Warner, animal show by the attendants, an interesting cinetoscope entertainment by the Lincolns, field sports in commemoration of the Fourth of July, besides numerous tickets bought for certain well-behaved patients to various entertainments at the Lyceum at Sykesville.

The training school for nurses continues to perform valuable service in the preparation of our attendants for the work of caring for our patients. While the class is not large, it is due chiefly to the fact that there has been no compulsion in the matter of taking up the course ; many of our attendants preferring to take things easy, drawing their pay without an effort to become proficient in their calling. In due time the course will be made obligatory as with our increasing number of patients, ample opportunity can be given nurses to learn general nursing in our sick wards. While the medical staff exerts itself in every way to train the attendants, it can not be done without the use of text books, charts, physiological instruments, etc., and in pursuance with this idea, a skeleton and chart were purchased this year, and books and other apparatus should be purchased as occasion requires.

DR. J. C. CLARKE,
Superintendent.

DR. MORRIS,
DR. CAREY,
DR. HILL.
Assistants.

MARYLAND HOSPITAL FOR THE INSANE.

This is the oldest of our institutions for the insane, in fact, one of the oldest in this country. Here the acute cases are cared for, and the nearness of the hospital to

to the city, makes it more available for this class or cases than Springfield Hospital. Certain improvements are to be noted in the extract from the superintendent's last report. Great attention is paid to the occupation and recreation of the patients, perhaps the most important factor in the treatment of a very large class of cases. The superintendent says, "the most important improvements made during the current year have been the erection of the shop for females and the installation of a new electric generator.

The work on the industrial shop was begun early in summer, but before completion it was thought advisable to alter the plans and modify the building so it could be used for the colored women, who are at present located in a very unsuitable and unsanitary structure adjoining the main building. This building, in addition to being totally inadequate for the purpose, is of very inflammable material, and should a fire occur in it, would endanger the main building and lives of the inmates. The new building, which is of stone and cement, will be completed by the first of the year and as soon as the transfer of the colored women is accomplished, the old structure will be demolished and removed.

Frequently gatherings in the assembly room for the weekly dance and various dramatic and musical entertainments are maintained during the winter months. These diversions not only serve as interruptions in the routine of hospital life, but are important factors in establishing habits of control and also instill care in the neatness of person and dress.

The usual trolley party to one of the parks was anticipated for months before the event occurred, and it was necessary to provide extra cars to accommodate all who desire to take the trip.

The fancy dress balls were held during the year and were fully enjoyed as on former occasions.

We are indebted to the Johns Hopkins Glee Club, and Mr. and Mrs. Eberling, Messrs. Shoen and Siegenbottom for the entertainment they afforded the patients by their talent. In addition, a biographic lecture was given by the Lincolns and a chalk talk by Professor Stevens.

More important than any form of treatment or the use of drugs is well selected occupation. All the benefits that may be obtained from suitable out door and indoor occupation has been sought for those under our charge. Although none of the patients are compelled to perform labor distasteful to them, yet under the supervision of the physicians and employees, they are encouraged to direct their attention to some form of employment most agreeable to them.

A new and larger printing press was purchased for the industrial shop and the printing of the hospital paper and the job work for the institution is carried on with increased facility.

The table of labor setting forth the number of days work performed by the patients during the year shows a substantial increase over the previous year, although the number of patients in the hospital is about the same."

J. PERCY WADE, M. D.

Superintendent.

R. EDWARD GARRETT, M. D.,

ROBERT P. WINTERODE, M. D.,

THOMAS A. HURLEY, M. D.,

Resident Physicians.

THE MARYLAND ASYLUM AND TRAINING SCHOOL FOR
FEEBLE MINDED.

This institution is one in which the State should take great pride. It is excellent in every way, and the amount of good done is simply incalculable. It is unfortunate that there is as yet not room enough for all these unfortunate little ones in the State. The following extract from the superintendent's report sets forth most clearly the duty of the State to these afflicted children:

"Our State long ago adopted the policy of providing means of instruction and education, through its public schools, for all children who need it. Under this policy feeble minded children have certainly a good claim to proper means of instruction and education. A high and vigorous individuality possesses innate power of development and fashions extraneous things to itself. Even an ordinary mind has more or less outward control over circumstances, but the weak and feeble minded lack totally the innate power of development. They have little or no individuality; they would merely grow as animals grows were it not for the best outer influences, and even these have to be specially directed. In other words, ordinary children, even if neglected, may tumble somehow into manhood, and probably into intolerable character; but the feeble minded, lacking the vital force of development, if neglected, remain in a mere animal condition. This lack of capacity for progressive self-development constitutes their greater claim and enforces the deepest obligation to give them the special privileges and advantages of instruction which we so readily give to normal children, whose need is great indeed, but not so great as their feeble brethren. Hence the educational character of this institution must never be lost sight of. Not merely, to keep safely and kindly, but to improve, to raise, to educate these dependent chil-

dren, these are the ultimate aims of those who are associated in the labor and responsibilities of this work.

The Administration Building has been completed and furnished and enables us to carry on the work of the institution with more satisfaction and better results, while heretofore it was carried on in uncomfortable and narrow quarters. The building is roomy, well lighted, well heated and is suitably adapted to the purpose for which it was erected. It also gives us additional accommodations for the admission of many more pupils, to whom we can render better care than formerly.

A central heating, lighting and power plant has been installed and is a great improvement over the old system of having a furnace in each cottage. The Power House is amply large for all future needs of the Institution and the boiler plant is large enough to heat two additional cottages.

Another substantial improvement made during the past two years is the new laundry plant, provided and fitted up in the second story of the Kitchen Building. It is a timely and excellent provision for the Institution, and has been pronounced one of the best of its kind. It supplies a long desired and beneficial addition to the Institution and as a result of this change the girls enjoy the work in this department and we get better results than before.

The quarters formerly occupied by the Superintendent have been converted into an Infirmary, where all cases of sickness can now be properly cared for. This is an important addition and one I have long desired.

In view of the large number of applications for admission now on our waiting list, something over two hundred, one hundred new applications having been filed within the past two years, and the growing

demand for the State care of the feeble minded, it is important that due consideration should be given at once to the extension of this plant. The erection of additional cottages for inmates is imperative."

DR. FRANK W. KEATING,
Superintendent.

DR. W. H. H. CAMPBELL,
Attending Physician.

THE INSANE OF THE CITY.

The City of Baltimore takes care of its indigent insane in two ways—namely, at Bay View and in asylums outside the city. There were in the insane department at Bay View, on November 30, 1905, 365 patients. In addition to this the city has 500 beds at Springfield, 250 at Spring Grove and 250 at Mt. Hope. The department for the insane at Bay View which is separate from the hospital and pauper sections, is conducted in a satisfactory manner, but it is unfortunate that it is associated with the "poor house." Patients often object strenuously to going to Bay View for this reason, and it is often impossible to convince them that it is no more a disgrace to go to this hospital for the insane and be cared for by the city, than it is to be supported by the city at one of the other State institutions. Friends of indigent patients, can by payment of \$60.00 a year, have such patients transferred from Bay View to one of the three institutions mentioned above.

PRIVATE AND CORPORATE INSTITUTIONS.

This State is fortunate in having a number of corporate and private institutions for the care of the insane. The Sheppard and Enoch Pratt Hospital has been spoken of above. In addition to this there is Mount Hope

Retreat, conducted by the Sisters of Mercy. This is one of the largest institutions of its kind in this country, having a capacity of six to seven hundred beds. The Richard Gundry Home, near Catonsville can accommodate 30 to 40 patients and the Gundry Sanitarium, at Athol from 20 to 30. There are four other similar sanitoria, Riggs Cottage at Ijamsville, the Relay Sanitarium at Relay, the Beaumont, an institution opened this year near Laurel, and Font Hill Training School for Feeble Minded. These institutions are well equipped and well managed.

TABLE NO. 1.

Showing the Statistics of the State and City Hospitals for the Insane and Feeble Minded.

HOSPITALS.	Remaining Nov. 30, 1904.					Admitted from Nov. 30, 1904, to Nov. 30, 1905					Showing the condition of patients dis- charged from Nov. 30, 1904, to Nov. 30, 1905					Remaining Nov. 30, 1905.				
	White		Col'd			White		Col.								White		Col'd		
	Male.	Female.	Male.	Female.	Total.	Male.	Female.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Male.	Female.	Total.
Maryland Hospital for the Insane (Spring Grove).....	261	235	37	26	559	30	28	3	2	61	18	7	5	31	61	269	230	36	24	559
Second Hospital for the Insane (Springfield).....	353	256			609	108	68			175	42	17	5	55	119	390	272			662
Bay View Asylum.....	49	141	68	100	358	65	44	41	29	79	45	56	27	44	172	50	151	66	98	365
Maryland Asylum and Training School for the Feeble Minded.....	63	46			109	15	35			50		2	2		4	132	98			200
Totals.....	726	678	105	126	1 35	218	173	44	31	466	105	82	39	130	356	811	751	102	122	1786

TABLE NO. 2.

Showing the Statistics of the Private and Corporate Institutions for the Insane.

INSTITUTIONS.	Remaining Nov. 30, 1905.			Admitted from Nov. 30, 1904, to Nov. 30, 1905.			Showing the condition of patients dis- charged from Nov. 30, 1904, to Nov. 30, 1905.					Remaining Nov. 30, 1905.		
	Male.	Female.	Total.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Total.
Mt. Hope Retreat.....	232	357	589	63	101	164	46	41	1	55	143	231	366	607
Sheppard and Enoch Pratt Hospital.....	46	59	105	53	57	110	25	45	28	7	105	47	60	107
Richard Gundry Home.....	18	16	34	80	28	108	20	66	15	9	110	18	16	34
The Gundry Sanitarium.....		27	27		33	33	11	13	3	3	30		31	31
Rigg's Cottage.....	1	2	3	1	3	4	2		1		3	1	3	4
Relay Sanitarium.....	7	9	16	44	17	61	34	8	3	6	51	15	11	26
Font Hill Training School.....	13	6	19	2	1	3				1	1	13	6	19
Totals.....	317	476	793	243	242	483	138	173	51	81	443	325	503	828

TABLE NO. 3.

Showing the Statistics of the County Asylums for the Insane.

ASYLUMS.	Remaining Nov. 30, 1904.					Admitted from Nov. 30, 1904, to Nov. 30, 1905					Showing the condition of patients dis- charged from Nov. 30, 1904, to Nov. 30, 1905					Remaining Nov. 30, 1905.				
	White		Col'd		Total.	White		Col.		Total.	Recovered.	Improved.	Unimproved.	Dead.	Total.	White		Col'd		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Montevue (Frederick County)	39	31	31	32	133	6	7	11	16	40	5	8	...	11	24	41	49	36	44	170
Sylvan Retreat (Allegheny County)	37	46	2	5	90	13	8	...	...	21	...	8	...	4	12	43	49	2	5	99
Cherry Hill (Cecil County)	13	10	5	3	31	4	2	3	1	10	2	2	...	6	10	13	10	5	3	31
Bellevue (Washington County)	13	19	3	1	36	1	...	...	...	1	...	...	...	2	2	11	15	5	2	33
Totals	102	106	41	41	290	24	17	14	17	72	7	18	...	33	48	108	123	48	54	333

TABLE NO. 4.

Showing the Statistics of the County Almshouses in which Insane are Kept.

COUNTY ALMSHOUSES.	Remaining Nov. 30, 1904.					Admitted from Nov. 30, 1904, to Nov. 30, 1905				Showing the condition of patients dis- charged from Nov. 30, 1904, to Nov. 30, 1905				Remaining Nov. 30, 1905.					
	White		Col'd			White		Col.						White		Col'd			
	Male.	Female.	Male.	Female.	Total.	Male.	Female.	Male.	Female.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Male.	Female.	Total.
Alleghany.....	4	5			9	4	5			9				9	4	5			9
Anne Arundel.....	3	3	4	2	12	1	1	5	1	8	1	4	2	7	3	3	4	2	12
Baltimore.....	11	3	4	4	22	2	1		1	25			1	1	11	3	4	4	22
Caroline.....	3	3	3	4	13	1	1	3	1	6		2	1	3	1	3	4	3	11
Carroll.....	36	18	4	2	45	8	10	3	2	23	1	1	4	6	21	18	4	2	45
Cecil.....	9	3	2	1	15	9	3	2	1	15					9	3	2	1	15
Dorchester.....	4	3	2	3	12	1		1		2	1		1	2	4	2	2	4	12
Harford.....	6	2	1	3	12	5	9	2	3	12		2	10	12	4	2	2	2	10
Kent.....	4	3	10	9	26							3	1	4	4	3	10	9	26

TABLE No. 4—Continued.

Showing the Statistics of the County Almshouses in which Insane are Kept.

COUNTY ALMSHOUSES.	Remaining Nov. 30, 1904.					Admitted from Nov. 30, 1904, to Nov. 30, 1905					Showing the condition of patients dis- charged from Nov. 30, 1904, to Nov. 30, 1905				Remaining Nov. 30, 1905.					
	White		Col'd		Total.	White		Col.		Total.	Recovered. Improved. Unimproved.	Died.	Total.	White		Col'd		Total.		
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.					Male.	Female.	Male.	Female.		Male.	Female.
Montgomery	1		1	3	5	3	3	5	2	23			2	2		1		1	3	5
Prince George's	2	1	1	3	7	2	2	5	3	12	4	2	2	8	4	7	9	4	4	24
Queen Anne's			4	4	8			2	2	2	1		2	3			4	4	8	
Somerset	2	3	2	6	13	2				2					2	3	2	6	13	
Talbot	1	2		3	6	3	2	1		6	5		2	7	7	3	1	3	14	
Wicomico	6	6	2	1	15	2	1	1	1	5			5	5	6	6	2	1	15	
Worcester																				
Totals	77	55	44	48	220	43	30	29	16	118	13	924	23	69	81	61	51	48	241	

TABLE NO. 5.

Showing the Statistics of the Colored Insane.

(These figures are given in detail in the preceding tables.)

INSTITUTIONS.	Remaining Nov. 30, 1904	Admitted from Nov. 30, 1904, to Nov. 30, 1905.	Remaining Nov. 30, 1905
State and city hospitals for the insane.....	231	75	224
County asylums.....	82	31	102
County almshouses.....	88	45	99
Total.....	401	151	425

TABLE NO. 6.

*Total Number of Insane in the State—Comparison Between the Years
1904 and 1905.*

YEARS.	Admitted.	Discharged or died.	Remaining Nov. 30, 1905
1904.....	1,138	1,029	2,938
1905.....	1,139	916	3,188