

Twenty-Eighth Report
of the
LUNACY COMMISSION



TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND
DECEMBER, 1913

To the Members of the General Assembly
of Maryland:

Gentlemen—Your careful consideration of the requirements of this Commission for appropriations to provide adequate care and treatment for the mentally afflicted of this State is requested. This Commission has studied the question of the needs of the insane and feeble-minded thoroughly and is only asking of the General Assembly a sufficient amount to meet the immediate and insistent requirements for the next two years. This money is necessary to enable the Lunacy Commission to comply with the Law passed by the General Assembly of 1904, which directed that it should provide means for the State care of all the indigent insane and feeble-minded in Maryland.

Leaving this matter in your hands, confident that you will be just and fair to the mentally afflicted of this State, I remain,

Sincerely yours,

HUGH H. YOUNG, President,
State Lunacy Commission.

The ? of State Care versus County Care of the Insane and Feeble-Minded at a Glance

The State Care of the Dependent Insane

"The duty of the State of Maryland to its insane is a cardinal, a supreme, obligation to do all and everything without stint for their benefit that its financial resources possibly permit or enable it to do; to exercise in their interests, through its public officials, every effort and labor they are capable of, and to put into effect all the means and resources at its command to perform most effectually this great debt to humanity, this direct and immediate obligation to its people and this noble duty to all the future."

CONTRAST THE CONDITION OF THE INSANE UNDER THESE TWO SYSTEMS

WHICH WOULD YOU PREFER?

COUNTY AND CITY ASYLUMS

OR

STATE HOSPITALS

Number of insane patients at Bay View on January 1, 1914..... 400

Number of insane patients admitted during 1913.... 365

There was 1 insane patient admitted every day during 1913.

This picture shows the interior of one of the 77 cell rooms where insane women are confined at Bay View. Some of these rooms have an outside window; most of them have not. One-third of the women patients occupy these cells; the other two-thirds sleep in large and fairly comfortable dormitories. Some of these cell rooms are called "strong rooms" and are used for patients who become violent. It is necessary to use these rooms because of the crowded condition of the building and because the State has not provided sufficient beds in State hospitals.



IS THERE ANY QUESTION WHICH OF THESE TWO SLEEPING QUARTERS IS MORE CONDUCTIVE TO THE HEALTH, HAPPINESS AND RECOVERY OF A PERSON SUFFERING FROM A MENTAL DISEASE?



Dormitory for women in Spring Grove State Hospital. Bright, airy. Conducive to a patient's recovery and happiness.

The \$600,000 bond issue will provide 1000 beds and add to the State tax rate. 1/2 cent.

The building at Bayview, where 236 women are confined, is a four-story brick structure, which was condemned by the City Building Inspector several years ago as being unsafe and dangerous. The walls are reinforced by iron girders and the ceiling propped with wooden beams. The building is beyond repair, and is a constant danger to the inmates. It is poorly heated, and inadequate in every way for the care of the insane.

A Statement of Facts Relating to the Insane Department at Bay View

By DR. J. HALL PLEASANTS

President of the Supervisors of City Charities

Attention was called in the last annual report of the Supervisors to the fact that the loans authorized by the Legislature in 1910 and 1912 were not sufficient to provide State Care for all the indigent insane in Maryland, and that relief from the overcrowding at Bay View was not in sight. The State Lunacy Commission, in their efforts to remove all the insane from the various county and local almshouses to State institutions, have not relieved conditions at Bay View. In order to provide State Care for the indigent insane of the State at Bay View and elsewhere, it will be necessary for the Legislature to appropriate at least \$600,000 for new buildings. No question of more urgent importance will come before the Legislature at its coming session than this. The buildings at Bay View for the care of the insane are totally unsuited to modern methods of treatment, and one of the buildings is in such a bad condition that its use should be discontinued as soon as possible. Apart from humanitarian considerations, it is obviously unfair that provision should be made by the State for the care of the indigent insane of the counties in modern State hospitals with funds largely provided by the tax payers of Baltimore, while about 400 insane from Baltimore are maintained at Bay View at the expense of the city.

COUNTY CARE.

Almshouses do not and cannot provide continuous expert medical and nursing service.

Do not and cannot properly classify the insane.

In almshouses steel handcuffs, barred cells, cages and padlocks are used constantly to restrain the insane.

From a humanitarian, economical and medical viewpoint, the conditions could not be worse.

No means of occupation or recreation.

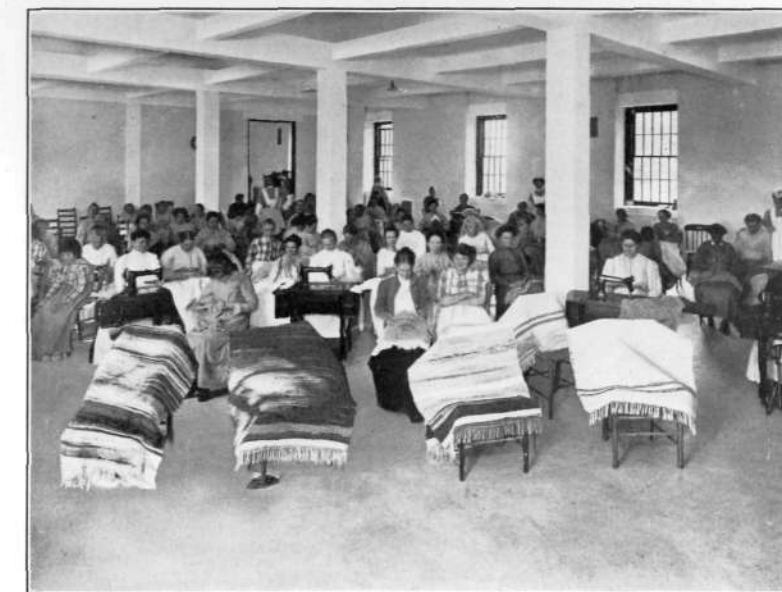


"COUNTY CARE."

View of interior of room in a county almshouse. This poor woman has no occupation or recreation. Has been in this room for eight years, a continual expense and burden to the county. Practically nothing is being done for her mental disease.

← CONTRAST PICTURES. YOU IDLENESS OR MISERY NO HOPE FOR RECOVERY

THESE TWO → WHICH WOULD CHOOSE? OCCUPATION OR CONTENTMENT EVERY OPPORTUNITY FOR RECOVERY.



Sewing Room, Spring Grove State Hospital. Articles made, 10,458. Articles repaired, 13,655. A total of over 24,000 pieces, such as dresses, bed linen, skirts, aprons, etc., handled in one year by patients in this room.

STATE CARE

Provides continuous expert medical and nursing service.

Can and do classify the insane.

Restraint is not used except in rare cases.

Proper care, more economical, modern treatment, conditions ideal.

Industrial shops and recreation provided.

A Brief Statement Showing the Number of Insane and Feeble-Minded in Maryland on September 30, 1913, and the Amount of Money Required for Maintenance and Buildings for 1915-1916:

THE FIGURES GIVEN BELOW ARE THE NUMBER OF CASES ON RECORD IN THE OFFICE OF THE COMMISSION AND ARE ACCURATE.

Total number of insane in State, corporate and private institutions, county asylums, county homes, on September 30, 1913	4,500
Waiting list, Supervisors of City Charities.....	54
Waiting list, Rosewood State Training School.....	200
<hr/>	
Total number of insane in Maryland including private out-of-State patients, September 30, 1913.....	4,754
Patients in private institutions.....	670
Number of indigent insane in Maryland.....	4,084
Number of insane in State hospitals Sept. 30, 1913.....	2,878
An increased population in 4 State hospitals of nearly 800 in 2 years.	
Insane patients not in State hospitals.....	1,206
Insane patients who will be provided for by Bond Issue of 1914.	1,000

Additional accommodations at the following institutions will be provided out of the \$600,000 bond issue of 1914.

Spring Grove, hospital building and farm colony...	150 patients
Springfield, hospital building and tuberculous cottages.	200 patients
Crownsville, complete present building and 2 cottages	250 patients
Eastern Shore, complete present building.....	200 patients
Rosewood, 1 cottage and complete present building	200 patients
<hr/>	
Total.	1,000 patients

City Patients Not in State Institutions.

* Mount Hope Retreat.....	250
Bay View Asylum.....	387
Number on waiting list, Supervisors City Charities.....	54
Number on waiting list for Rosewood.....	150
<hr/>	
Total number of city patients <i>not</i> in State institutions..	841

County Patients Not in State Institutions.

Mount Hope Retreat.....	69
County asylums and county homes.....	246
County waiting list for Rosewood.....	50
<hr/>	
Total number of county patients <i>not</i> in State institutions	365
Total number of insane <i>not</i> in State institutions.....	1,206

MAINTENANCE FOR INSANE AND FEEBLE-MINDED IN STATE HOSPITALS FOR 1915 AND 1916.

SPRINGFIELD STATE HOSPITAL.		
1,500 patients, including repairs, insurance, etc.	\$175,000	1915
1,500 patients, including repairs, insurance, etc.	175,000	1916
SPRING GROVE STATE HOSPITAL.		
850 patients.	79,000	1915
900 patients.	86,000	1916
CROWNSVILLE STATE HOSPITAL.		
600 patients.	60,000	1915
600 patients.	60,000	1916
EASTERN SHORE STATE HOSPITAL.		
200 patients.	35,000	1915
200 patients.	35,000	1916
ROSEWOOD STATE TRAINING SCHOOL.		
700 patients	120,000	1915
700 patients	120,000	1916
Mental Hygiene Committee	2,500	1915
Mental Hygiene Committee	2,500	1916
<hr/>		
Total	\$950,000	

NEW BUILDINGS.

SPRINGFIELD STATE HOSPITAL.		
Completing Reception Hospital.	\$60,000	
2 cottages for tuberculous patients.....	40,000	
Farm colony	40,000	
<hr/>		\$140,000
SPRING GROVE STATE HOSPITAL.		
Completing Hospital Building.....	\$75,000	
Farm colony	40,000	
Cow barn and dairy.....	5,000	
<hr/>		120,000
CROWNSVILLE STATE HOSPITAL.		
Completing the Administration building and congregate dining room, with kitchen and dormitories.....	\$70,000	
Building for criminal insane.....	20,000	
Building for tuberculous cases.....	10,000	
Cottage for Negro Imbecile Children.....	20,000	
Water supply and sewage disposal.....	20,000	
<hr/>		140,000
EASTERN SHORE STATE HOSPITAL.		
Completing present plans, which include 1 large central building, power house and laundry.....	\$100,000	
1 new cottage	30,000	
<hr/>		130,000
ROSEWOOD STATE TRAINING SCHOOL.		
1 cottage for 100 male children.....	\$45,000	
Farm buildings, roads, repairs, etc.....	25,000	
<hr/>		70,000
Total for new buildings.....		\$600,000

This Bond Issue will provide 1,000 beds for the insane and feeble-minded in the 5 State institutions. Unless this money is appropriated the buildings now being constructed cannot be completed and equipped and will necessarily remain idle for over three years.

TWENTY-EIGHTH REPORT
OF THE
LUNACY COMMISSION



792528

CREATED BY AN ACT
OF THE
GENERAL ASSEMBLY OF MARYLAND
APRIL 7, 1886

TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND

DECEMBER, 1913

TO HIS EXCELLENCY PHILLIPS LEE GOLDSBOROUGH,
GOVERNOR OF MARYLAND.

The undersigned, members of the State Lunacy Commission, respectfully submit their twenty-eighth annual report for the year ending November 30, 1913, as required by Article 59, Section 23, Code Public General Laws, 1910.

HUGH H. YOUNG,
JOHN D. BLAKE,
HENRY M. HURD,
THOMAS H. BRAYSHAW,
EDGAR ALLAN POE.

December 1, 1913.

THE LUNACY COMMISSION

STATE OF MARYLAND

President:

HUGH H. YOUNG, M.D.,
Baltimore, Md.

JOHN D. BLAKE, M.D.,
Baltimore, Md.

HENRY M. HURD, M.D.,
Baltimore, Md.

THOMAS H. BRAYSHAW, M.D.,
Glen Burnie, Md.

Attorney-General (ex officio):

EDGAR ALLAN POE.

Secretary of the Commission:

ARTHUR P. HERRING, M.D.

Address official communications to
THE STATE LUNACY COMMISSION,
330 North Charles Street,
BALTIMORE, MD.

FORMER MEMBERS OF THE LUNACY COMMISSION.

THE LUNACY COMMISSION WAS CREATED BY AN ACT OF
THE GENERAL ASSEMBLY ON APRIL 7, 1886, CHAPTER 487.

A. H. BAYLY, M.D., Cambridge.....	President....	1886-1891
JOHN MORRIS, M.D., Baltimore.....	Member	1886-1891
	President....	1892-1902
C. W. CHANCELLOR, M.D., Baltimore.....		1886-1892
THOS. S. LATIMER, M.D., Baltimore.....	Member	1886-1902
	President....	1903-1905
R. W. DASHIELL, M.D., Princess Anne.....		1892-1897
S. C. CHEW, M.D., Baltimore.....		1893-1895
I. E. ATKINSON, M.D., Baltimore.....		1896-1903
CLOTWORTHY BIRNIE, M.D., Taneytown.....		1898-1901
C. W. WAINWRIGHT, M.D., Princess Anne.....		1902-1905
STEWART PATON, M.D., Baltimore.....		1903-1905
CHARLES F. BEVAN, M.D., Baltimore.....	Member	1904-1905
	President....	1906-1908
E. J. DIRICKSON, M.D., Berlin.....		1906-1908
W. G. GAVER, M.D., Mt. Airy.....		1906-1908
JOHN D. BLAKE, M.D., Baltimore.....		1906-
HUGH H. YOUNG, M.D., Baltimore.....	President....	1908-
R. MARKLEY BLACK, M.D., Cecilton.....		1908-1910
HENRY M. HURD, M.D., Baltimore.....		1908-
THOMAS H. BRAYSHAW, Glen Burnie.....		1910-

ATTORNEY-GENERALS.

C. B. ROBERTS, Westminster.....		1886-1887
W. P. WHYTE, Baltimore.....		1888-1890
J. P. POE, Baltimore.....		1891-1895
H. M. CLABAUGH, Baltimore.....		1896-1898
ISIDOR RAYNER, Baltimore.....		1899-1902
W. S. BRYAN, Baltimore.....		1903-1907
I. L. STRAUS, Baltimore.....		1908-1912
EDGAR ALLAN POE, Baltimore.....		1912-

SECRETARIES.

WILLIAM LEE, M.D., Baltimore.....		1886-1897
GEORGE J. PRESTON, M.D., Baltimore.....		1898-1908
ARTHUR P. HERRING, M.D., Baltimore.....		1908-

TWENTY-EIGHTH REPORT OF THE LUNACY COMMISSION

REPORT OF THE SECRETARY.

TO THE MEMBERS OF THE LUNACY COMMISSION :

Gentlemen—I have the honor to submit the report of this office for the fiscal year beginning December 1, 1912, and ending November 30, 1913.

The statistical records embrace a period of twelve months—October 1, 1912, to September 30, 1913—conforming with the fiscal year of all of the institutions under the supervision of the Commission.

The 23d, 25th and 27th reports of the Commission give in detail the condition of the various hospitals, private sanatoria, asylums and county homes under its supervision.

The 24th, 26th and this report—the 28th—present the requirements and requests of the various State institutions in a concise manner, more especially for the purpose of giving the members of the General Assembly a comprehensive grasp of conditions at a glance.

The importance of the State making additional provision for the insane and feeble-minded not in State institutions is shown on a separate folder, while the distribution of the maintenance appropriation and the bond issue is also presented on a separate exhibit.

During the past year a psychopathic hospital building has been started at Spring Grove and at Springfield; the administration building and central kitchen, dining-rooms and dormitories at Crownsville are completed, excepting the plumbing, heating and lighting in the central kitchen building, or "Mess Hall," as it is designated by the architect. The large dormitory at Rosewood State Training School for 250 low-grade children is completed

and will be occupied in the near future. The central dining-room, kitchen and assembly-room at the women's group at Springfield has been completed and occupied. The building also contains quarters for the nurses. The main building, power-house and laundry for the Eastern Shore State Hospital at Cambridge is well under way and should be completed within the year.

To complete and equip the two reception hospitals, the "Mess Hall" and the building at the Eastern Shore State Hospital more money will be necessary, as requested in the bond issue, and unless the General Assembly acts favorably upon this bond issue the buildings will remain incomplete and unoccupied for nearly four years.

CO-OPERATIVE PURCHASING COMMITTEE.

One of the most important things accomplished by the Commission during the year was the organization of the Co-operative Purchasing Committee, by which all supplies are purchased for the five State hospitals for the insane and feeble-minded. The details concerning the work of this committee are given elsewhere.

TRANSFER OF PATIENTS.

The negro patients have been transferred from Montevue Asylum to Crownsville, so that now only about 50 white patients from Frederick county remain in the county asylum. There will be no necessity for the State to make an appropriation to this asylum again. A transfer of 19 negro men was made from Bayview to Crownsville, and all of the negroes from Spring Grove State Hospital were transferred to Crownsville during the past year. The negro patients were transferred from Sylvan Retreat to Crownsville, so that now practically all of the county asylums and almshouses have been relieved of the negro insane, excepting a few at the Somerset County Almshouse, the Washington County Asylum and Cherry Hill Asylum. These will be transferred as soon as the buildings at Crownsville are completed.

The transfer of about 32 white patients from Montevue Asylum to Springfield was made, thereby removing all of the white patients from the various counties, excepting Frederick, that were in the asylum.

The following transfer of patients from the Maryland Penitentiary and the Baltimore City Jail were made during the year:

Maryland Penitentiary:

- H. J.; colored; examined July 19 and finally transferred to Crownsville State Hospital on April 30, 1913.
- R. G.; white; examined May 28, 1913; but transfer not advised.
- D. O.; colored; examined May 28, 1913, and transferred to Crownsville State Hospital.

Baltimore City Jail:

- C. S.; white; examined December 2, 1912; transferred.
- E. C.; colored; examined December 2, 1912; transferred.
- C. H.; white; examined April 30, 1913; transferred.
- J. D.; colored; examined May 8, 1913; not transferred.
- J. G.; colored; examined May 8, 1913; transferred.
- M. P.; white; examined July 19, 1913; not transferred.
- W. L.; white; examined July 19, 1913; not transferred.

MEETINGS OF THE LUNACY COMMISSION.

The Commission has held regular monthly meetings during the year, except during the summer months, when most of the members were out of the city. The regular semi-annual meetings with the Board of Managers of the various State institutions were held. The spring meeting was held at the Hotel Rennert, with Governor Goldsborough presiding. The record of the meeting is given in another part of this report. The autumn meeting was held in the Governor's office with the Board of State Aid and Charities, at which time the appropriations for maintenance and new buildings were discussed. This is presented in a special folder in the front of the report.

CORRESPONDENCE GENERAL, AND WITH PATIENTS.

Numerous letters have been received from patients in the various institutions. Their requests have received prompt and careful attention and the letters placed on file. In nearly every instance it was found, upon investigation, that the patient should remain under treatment.

Reports from the various hospitals and boards of control are received and placed on file. Valuable data relating to the occupation and diversion of patients, the sterilization bills of several States, and the colonization of epileptics and alcoholics has been received. The reports and correspondence relating to the above subjects are always at the disposal of those interested.

VISITS TO INSTITUTIONS.

The State and private institutions under the supervision of the Commission have been visited during the year. In company with Dr. John S. Fulton, Secretary of the State Board of Health, the Secretary visited the county asylums in Western Maryland, at the request of Governor Goldsborough, looking especially into the sanitary and hygienic conditions. As a result of this investigation, Dr. John S. Fulton has sent to the Governor a statement of conditions as he found them, all of which I can affirm. In concluding his report, Dr. Fulton states:

"I do not believe that the medical attendance at almshouses in Maryland is good. As a rule, it seems to me far less than would satisfy ordinary considerations of humanity. At its best, the contracts with physicians require only a limited service. In practice it is found that they come when sent for, and not much oftener.

"I have reached a general conclusion that all of the almshouses should be cleared of their insane, imbecile and idiotic inmates, and that the care of the country poor should not be complicated in future by admitting cases of acute sickness, or of epilepsy, or insanity. Wherever there are large groups of paupers the best arrangements possible should be made: first for their comfort, and then for economy of maintenance. Where three contiguous

counties—as Washington, Allegany and Frederick—have several hundred people to care for, there would be economic advantage in distributing the dependents in such a way as to give each institution a homogeneous group to care for, and employing only trained supervision. The present mode of appointing supervisors is very bad.

“The small almshouses should be abolished. They cost entirely too much for the quality of service which they render. In many instances those who are admitted would have been cared for more humanely and at less cost by making an appropriation for their maintenance, perhaps in the homes where they were found, or in other homes. The private homes of pensioners would, however, require supervision, and this could be part of the duty of a medical attendant, for medical attention must, in any case, be provided for the county's poor.”

THE CO-OPERATIVE PURCHASING COMMITTEE OF
THE STATE HOSPITALS FOR THE INSANE
AND FEEBLE-MINDED.

The purchasing of supplies for the five State Hospitals for the Insane and Feeble-Minded has been done through a central committee, composed of the superintendent of each one of the five institutions represented, including Springfield State Hospital, Spring Grove State Hospital, Crownsville State Hospital, Rosewood State Training School and the Eastern Shore State Hospital. This committee is known as the Co-operative Purchasing Committee and meets regularly twice a month to talk over and discuss matters pertaining to co-operative buying, and once every three months the purchases are made. This is done by preparing specifications on all articles needed, including groceries, dry goods, notions, etc., describing each article specifically, the committee having gone over thoroughly each item and settled on which grade and sample best suits their uses, and thus standardizing, the specifications are made up according, each article or commodity bearing a specification number, such as 1a for granulated sugar, 1b for soft sugar and 1c for powdered sugar, etc., and after specifications have all been prepared bids are advertised and the different merchants interested call at the committee's room and obtain copies of the different specifications, returning same as sealed proposals within a specified time, together with whatever samples are required for the Committee's selection. The committee has carefully selected a standard sample of certain articles of dry goods and notions, boots and shoes, which are always on display in their office for the inspection of the merchants, and the samples the merchants offer are required to match in kind and quality those of the committee's. After all samples are in and on a designated day, the committee opens all bids, which are tabulated, according to certain classifications, *i. e.*, groceries, dry goods, notions, etc., and from these tabulation sheets the award of contracts is made according to the lowest price and samples submitted. After this is done each merchant is immediately notified of awards, and the goods are then ordered out by the various institutions interested.

Practically all the supplies of groceries, dry goods, notions, clothing, etc., for the five State institutions for the past six months have been purchased under this co-operative system, except in a few instances emergency buying was found necessary between the quarterly periods, but as a rule each hospital has been able to so far anticipate their requirements ahead as to make this emergency buying unnecessary.

The plan of co-operative purchasing has proven a most efficient, practical and economic method of purchasing supplies in large quantities, and as against the old method of individual buying has proven a wonderful saving of money. Tabulations of all prices and figures have been kept and comparisons made, and it has been proven by actual figures that the saving to the State hospitals has been of such proportions as to make it practical to permanently establish this committee, which has been done, and the next quarter will see it comfortably located in the Garrett Building, where offices have been established and where the superintendent of each hospital will have certain days to be on hand to attend to such matters as may be necessary pertaining to their different institutions.

This plan of co-operative purchasing has not only enabled the various institutions to standardize, thereby insuring uniform quality of goods, but by combining the amounts necessary for each institution it has enabled them to obtain the best possible prices on each article by reason of the volume of business. This competitive bidding in comparison to the old method of individual purchases has proved a most economic way, as the figures have shown.

This co-operative system of purchasing supplies is employed by other States, but New York and Illinois, we think, have the best systems which we have investigated. We have endeavored to adopt the best features of them both, and in our specification numbers system we have followed very closely the system used by the United States Government in its purchasing department. Of course, the New York and Illinois State Committees have a great many more hospitals to buy for, and they are located in a very much larger area than are the Maryland institutions, and their systems are necessarily more complex to meet their larger require-

ments, but for the number of hospitals we have to serve we feel that the system and methods we have adopted best serve our purpose, and are practical.

The expenses of the committee are nominal and are met by apportioning to each institution an amount based upon their population. The committee feels that a decided step forward has been made in adopting this method of purchasing supplies, and that it will result in a very decided saving to the institutions concerned.

SUMMARY OF STATISTICS

A summary of the population of the insane for 1913 is as follows:

Remaining under care September 30, 1912:

State hospitals.....	2,502
Private sanitarium.....	961
Asylums	655
County homes.....	51

Total 4,169

Remaining under care September 30, 1913:

State hospitals.....	2,878
Private sanitarium.....	989
Asylums	597
County homes.....	36

Total 4,500

Number of insane to the population in 1912...1 to 310

Number of insane to the population in 1913...1 to 287

Total increase during the past 10 years.....1606

Total number of recoveries in 1912..... 367

Total number of recoveries in 1913..... 431

Percentage of recoveries of all admissions, 1912.....23. %

Percentage of recoveries of all admissions, 1913.....22.8%

Percentage of recoveries of entire insane population, 1912.. 8.8%

Percentage of recoveries of entire insane population, 1913.. 9.5%

Number of first admissions, 1912.....1256

Number of first admissions, 1913.....1474

Number of first admissions, insane, 19121113

Number of first admissions, drug 23

Number of first admissions, alcoholic 100

Number of first admissions, not insane 20

Total1256

LUNACY COMMISSION OF

Number of first admissions, insane, 1913.	1288
Number of first admissions, drug.	33
Number of first admissions, alcoholic.	125
Number of first admissions, not insane.	28
	<hr/>
Total.	1474

(Neurasthenics included among insane.)

Number of patients admitted more than once to any institution in the State, 1912.	333
Number of patients admitted more than once to any institution in the State, 1913.	410
Number of transfers from one institution to another in the State, 1912.	354
Number of transfers from one institution to another in the State, 1913.	326
Total number of admissions, 1912.	1589
Total number of admissions, 1913.	1884
Percentage of alcoholics to total number of admissions, 1912	12. %
Percentage of alcoholics to total number of admissions, 1913	12.7%
Total number of alcoholics admitted during 1912.	191
Total number of alcoholics admitted during 1913.	239
Total number of out-of-State patients in institutions in Maryland, Sept. 30, 1912.	379
Total number of patients from Maryland in institutions in this State, Sept. 30, 1912.	3790
	<hr/>
Total	4169
Total number of out-of-State patients in institutions in Maryland, Sept. 30, 1913.	393
Total number of patients from Maryland in institutions in this State, Sept. 30, 1913.	4107
	<hr/>
Total	4500

THE TOTAL NUMBER OF INSANE FROM THE VARIOUS COUNTIES
IN STATE, CORPORATE AND PRIVATE INSTITUTIONS AND
COUNTY ASYLUMS, ACCORDING TO DISTRICTS,
ON SEPTEMBER 30, 1913.

FIRST DISTRICT.

	White.	Colored.	Total.
Cecil county.	44	13	57
Kent county.	24	10	34
Queen Anne's county.	31	6	37
Talbot county.	30	10	40
Caroline county.	30	8	38
Dorchester county.	53	16	69
Wicomico county.	29	10	39
Somerset county.	42	3	45
Worcester county.	36	5	41
	<hr/> 319	<hr/> 81	<hr/> 400

SECOND DISTRICT.

Carroll county.	65	3	68
Baltimore county.	273	19	292
Harford county.	74	18	92
	<hr/> 412	<hr/> 40	<hr/> 452

THIRD DISTRICT.

Garrett county.	34	..	34
Allegany county.	128	9	137
Washington county.	111	9	120
Frederick county.	95	23	118
Montgomery county.	54	25	79
	<hr/> 422	<hr/> 66	<hr/> 488

FOURTH DISTRICT.

St. Mary's county.	21	7	28
Charles county.	16	24	40
Calvert county.	10	6	16
Prince George's county.	44	22	66
Anne Arundel county.	53	38	91
Howard county.	44	15	59
	<hr/> 188	<hr/> 112	<hr/> 300

Total number of county patients.1640

FIRST ANNUAL REPORT OF THE MENTAL HYGIENE
COMMITTEE.

WILLIAM BURGESS CORNELL, M.D., *Executive Secretary.*

The Mental Hygiene Committee completed a highly successful first year on January 7th, 1914. The Committee as at present constituted is as follows:

DR. ADOLF MEYER, Director, Phipps Psychiatric Clinic, Johns Hopkins Hospital.

DR. ARTHUR P. HERRING, Secretary, State Lunacy Commission.

DR. J. PERCY WADE, Superintendent, Spring Grove State Hospital.

DR. J. CLEMENT CLARK, Superintendent, Springfield State Hospital.

DR. ROBERT P. WINTERODE, Superintendent, Crownsville State Hospital.

DR. EDWARD N. BRUSH, Superintendent, Sheppard & Enoch Pratt Hospital.

DR. FRANK W. KEATING, Superintendent, Rosewood State Training School.

MR. J. W. MAGRUDER, General Secretary, Federated Charities.

MR. LOUIS H. LEVIN, General Secretary, Federated Jewish Charities.

MR. N. G. GRASTY, Secretary, Supervisors of City Charities.

HON. T. J. C. WILLIAMS, Judge, Juvenile Court, Baltimore City.

MR. ROBERT BIGGS, President, St. Vincent de Paul Society.

DR. W. B. CORNELL, Executive Secretary.

The objects of the Committee are set forth under the following headings:

1. Prevention of nervous and mental breakdown by early treatment, practical advice and material assistance, when necessary.

2. After-care and re-establishment in the community of patients discharged or paroled from State Hospitals.

3. Social service in co-operation with organized and private charity and the Hospitals.

4. To familiarize the public with the causes and means of prevention of mental disease, feeble-mindedness, delinquency and criminality.

5. To do and effectuate everything possible to improve and elevate the standard of care for the mentally afflicted in Maryland.

During the year 320 cases have been referred to the Committee from the following sources: Springfield State Hospital, Spring Grove State Hospital, Rosewood State Training School, Crownsville State Hospital, Supervisors of City Charities (Bay View), Phipps Psychiatric Clinic, Sheppard and Enoch Pratt Hospital, Juvenile Court, Bureau of Statistics and Information, Magistrates Dean, Supplee and Saylor, and the Northeastern, Central, and Western Police Stations, the Federated Charities, St. Vincent de Paul Society, Henry Watson Children's Aid Society, Federated Jewish Charities, Lunacy Commission, private physicians and others. These cases represent a great variety of problems resulting from mental abnormality.

The existence of the Committee brings together the main institutions and organizations caring for or dealing in any capacity with mental disease, delinquency and defectives, and the frequent meetings and close co-operation of the various interests results in greater efficiency in handling a given mental case, and represents in the end a great saving to the State. The broader phases of the subject embracing the public mental health, and the means to be taken to prevent the alarming increase of mentally defectives have been touched upon, but the major portion of the work has been practical and with the individual.

The Mental Hygiene Committee is similar in general field of work to committees organized and at work in other large centers of population, notably New York and Chicago. The Maryland committee is the first one, however, to have an experienced psychiatrist as executive secretary and field-physician. It is at once apparent that this effects much greater efficiency in the work. The executive secretary acts as a consultant in many cases, par-

ticularly for the charity organizations, Juvenile Court, etc., and no request for an examination and opinion has been refused. Through the courtesy of Dr. J. Clement Clark and the Springfield State Hospital the use of the office at 606 Union Trust Building has been furnished, gratis, to the Committee, and here a steadily increasing number of consultations are held daily; a large proportion of these are with after-care patients on parole from the State Hospitals. In December, 1913, over 80 visitors came to the office during the consultation hours, and the number for January, from present indications, will reach 150, about half of these being patients, the balance charity workers or other interested parties. The close association of the Lunacy Commission in the work has been invaluable and indispensable. Dr. Herring is frequently called upon for advise and assistance.

The executive secretary has made about 600 field visits in the year, examining the patient in the home, or elsewhere. Many of these visits are in the interests of after-care patients, investigating home conditions, etc.

One of the chief services of the executive secretary is as after-care physician for the State hospitals and Bay View. After-care is the supervision and assistance of cases whose circumstances and condition need attention on leaving the hospital. After-care supervision first of all permits certain cases to leave the hospital who otherwise would have to remain there and continue to be a public expense; it also provides a means of readjustment in the community and aims to prevent relapse and a return to the hospital. In case the latter is inevitable, it provides an early return before some rash act or possible scene of disorder on the street or in the home occurs, and an early return to the hospital usually means a shorter stay there. The following cases are illustrative of this branch of the work:

Case No. 100. J. M., 52. Referred by Spring Grove State Hospital and visited at the request of Dr. Wade at the N. E. Police Station. He had been released on parole some days earlier and had been arrested on complaint of the wife. Dr. Wade thought the man could get along if given a chance and kept away from his family. Patient worked as chief engineer in a summer hotel and

has done well since his return to the city, and has been kept living apart from his family. Practically the sole delusions the man has relate to a suspected impropriety of his wife. Without after-care, the man would have certainly returned to the Hospital in May, 1913. Eight months maintenance has up to date been saved the taxpayer, and room for one more needy patient provided.

Case No. 12. H. H., 40. Married. Paroled from Spring Grove in December, 1912. After-care work in this case has been done in co-operation with Miss Gross, who has rendered most intelligent and arduous service. This patient, a most deserving woman, and at the same time medically highly interesting, is subject to hysterical dream states. The case presents most unusual social and domestic complications. After-care has undoubtedly kept this patient out of an institution and partially self-supporting.

Preventive work is no doubt the most important part of the committee's activities—preventing complete mental breakdown and hospital commitment. The following cases are in point:

Case No. 2. J. M., 27. Referred by Phipps Clinic. The illness of the patient had thrown his home into a panic. The man, formerly a draughtsman and artist, wanted to go West and become a cowboy. His family had recently set him up in business with an art and stationery store. They were at loss what to do. They were urged to hold things together as they were. Patient was made to join the Y. M. C. A. and was given gymnasium work four mornings in the week, the other two he was given employment in the occupation class at the Phipps Clinic. For two months this summer he has been in the country. There has been considerable improvement in patient, and it is felt that the social-psychiatric service rendered the family has been of great value, and in addition the patient has so far been maintained outside of an institution, when he certainly would have been otherwise committed.

A number of cases have been obtained homes and employment who otherwise would have remained in the hospital at the expense of the State, one of these, a typical one, is in brief as follows:

Case No. 4. J. P., 44, single. Had been in Springfield about six years, abandoned by friends and relatives, although a mild chronic

case, he was recommended being able to work outside the institution under supervision. A year ago he was obtained work as an attendant and handy man in a private sanitarium. He has been working steadily, rendering satisfaction, and earning \$2.00 per week and his keep. *The committee has already saved 12 months' maintenance in this case, besides making room in the hospital for an active or acute case.*

The Committee has been instrumental in bringing about the deportation of cases who do not belong in Maryland as the following illustrate:

Case No. 37. E. T., 45, single. Complaint was made by a physician that an insane man was annoying him by repeatedly visiting his office. Patient's sister was visited; she promised to take her brother out of the State. They are residents of Virginia. Several months later, the sister came to the office, saying that she and her brother had just returned from Philadelphia, and that the patient was in bad mental condition. Visit was made to patient, who showed marked mental derangement, making threats against certain doctors, people in the house, etc. Patient and his sister were advised, and rather reluctantly agreed, to return to their home in Accomac county, Va. They had only several dollars between them and their transportation was furnished them. They were seen off on boat and the family physician was advised to secure immediate commitment of patient to a Virginia State hospital. Had this patient been allowed to remain in Maryland, it would have cost the taxpayer \$200 a year.

Case No. 57. H. B., 20, single. Arrested for vagrancy. Examined at the Central Police Station at request of Geo. R. McCleary of the Federated Charities. Diagnosis: Imbecile, with criminal traits. Had been in a West Virginia insane hospital. Patient belongs in Virginia. It was found that he had previously been committed to the Maryland School for Boys for larceny and had made his escape from there. Justice Supplee returned patient to this institution, where he was again examined. Mr. Upham, the superintendent, added important facts, e. g., that the boy had fired two mills in Virginia; that he has tantrums of rage and is dangerous. Mr. Upham had previously tried in vain

to have him committed in 1911. The executive secretary furnished one certificate and the local visiting physician the other. Through the co-operation of Mr. Grasty the case was transferred to Bay View and later deported to Virginia. *Here the taxpayer has been saved a lifelong maintenance of an incurable case.*

Case No. 176. P. J. G., 31, single. Native of Prussia; was first arrested for vagrancy in July, 1913, after being only 18 months in the United States. On account of his peculiar conduct and the report received from the office of the German consul in Baltimore and also in Philadelphia, it was thought he might be mentally deranged, and the matter was taken up with the German consul. Nothing was done however, and after several weeks the man was released from custody. He was again arrested August 31st for erratic conduct on the street, in the central part of the city. This time, Mr. Bethke of the Federated Charities referred the case to the Mental Hygiene Committee. The man was examined at the Central Police Station and found to be hallucinated, with delusions of paranoid type. He was returned to jail for two weeks, and the U. S. Department of Immigration notified. A certificate was made out and the man was sent back to his home in Germany. *Beside the humane act of returning this man to his home, the State had been saved maintaining an incurable case for an indefinite number of years.*

The next case illustrates the co-operative work with the Juvenile Court:

Case No. 129. E. F., female, 10. Referred by the Juvenile Court. The little girl had been arrested for turning in a false fire alarm. Visit to the home revealed a slovenly condition. The father and mother were both borderline mental cases, and the mother seemed feeble-minded in addition. E. F. was examined and found considerably retarded. On recommendation, Judge Williams sent her to the Rosewood State Training School. One and possibly two of the remaining children are defective, and these cases, or in fact the family as a whole, is still pending disposition in the Juvenile Court. *The existence of the Committee affords the Juvenile Court the services of a psychologist, and*

gives the presiding judge the advantage of a knowledge of the mental status and intelligence level of an offender.

It is believed that the Mental Hygiene Committee has inaugurated a work of far-reaching importance to the State of Maryland—it is primarily for the State's welfare, and it is now proposed to show what may be saved, financially considered, from what has been actually saved.

Actual. Financial saving in the first nine months only.

In 15 cases which the Committee has been directly interested in placing or otherwise removing from hospitals, i. e., placed in situations where they are self-supporting: 274 weeks of maintenance has been saved in 9 months, or at \$4.00 per week, \$1,096.00. In five cases which it is felt after-care actually kept patients out of the hospital, 89 weeks or \$356.00 have been saved. Eleven cases were obtained treatment in private hospitals or with private maintenance, who would otherwise have become State or City charges, saving 9 months, 119 weeks' maintenance or \$476.00. It is impossible to estimate financially what has been saved the State even in the little prevention work already done. Who can give in absolute terms the value of restored mental efficiency, even though that restoration be only partial? It seems that here we have touched upon almost limitless possibilities. To be practical, however, there were 7 cases in which it is felt preventive work save 162 weeks' maintenance, or \$648.00. This makes a total of 644 weeks or about \$2,600.00 *actually* saved in 9 months, or 100% more than the expenditure incurred in the actual operation of the Committee for the same period.

Probable.

When it comes to the *probable* saving to the State, 12 cases only have been selected, four who have been "placed" and eight who have been deported. The group of four "placed" are chronic cases and probably would have remained in institutions, were it not for the existence of a placing-out system. These cases have already cost the State \$6,600.00 in maintenance. Allowing them,

on the average, 10 years of life, and presuming they remain outside the hospital, the saving alone in these cases will be \$8,000.00.

In cases in which the Committee feels itself directly instrumental in deporting, there were eight undoubted chronic cases, sure to be permanent public charges wherever they are. The average age of these cases was 34; assuming an average 15 years expectancy of life, we estimate we have saved the State 6,240 weeks' maintenance or \$24,000.00, making a total probable saving of \$32,000.00 for 12 cases alone.

The work of the Committee has already outgrown the limitations of one field-worker and an assistant is badly needed to maintain the desired efficiency, this and the other needs of the Committee will require an annual budget of at least \$3,000.

It is proposed to ask the Legislature for an appropriation of \$2,500 a year for the next two years to support this most necessary and urgent work. The appropriation to be made to the Lunacy Commission, who will in turn reimburse the Mental Hygiene Committee.

It is confidently believed that the expenditure will bring to the State in value received an actual saving of many times the amount asked for.

SPRING GROVE STATE HOSPITAL

Catonsville.

BOARD OF MANAGERS:

John S. Gibbs, President, Baltimore county.	Thornton Rollins, Baltimore city.
Arthur D. Foster, Secy. and Treas., Baltimore city.	Gordon T. Atkinson, M.D., Somerset county.
Lawrason Riggs, Baltimore city.	Cecil E. Ewing, Cecil county.
George Warfield, Baltimore city.	Richard F. Gundry, M.D., Baltimore county.
	Samuel E. Reinhard, Baltimore city.

OFFICERS OF HOSPITAL:

SUPERINTENDENT—J. Percy Wade, M.D.
FIRST ASSISTANT—R. Edward Garrett, M.D.
SECOND ASSISTANT—John G. Runkel, M.D.
PATHOLOGIST—Edward G. Altvater, M.D.
DENTIST—J. Morrison Traywick, D.D.S.
STEWARD—S. Thomas Brown.
CLERK—Compton Graham.

Total number of patients in hospital on October 1, 1912.....	704
Admitted during the year.....	189
Discharged as recovered during the year.....	32
Discharged as improved during the year.....	25
Discharged as unimproved during the year.....	18
Died during the year.....	60
Total number of patients in hospital on September 30, 1913.....	730

EXTRACT FROM THE 116TH ANNUAL REPORT OF THE SUPERINTENDENT.

The total number of patients in the hospital on October 1, 1912, the beginning of the fiscal year, was 704. Of these, 320 were males and 384 females, of whom 30 (17 males and 13 females) were private patients, and 674 (303 males and 371 females) were supported by the City of Baltimore and the counties.

During the year 189 (111 males and 78 females) were admitted to the hospital. Of these, 35 (12 males and 23 females) were private patients, and 154 (99 males and 55 females) were public patients.

There were discharged during the year 75 patients, of whom 32 (17 males and 15 females) were discharged as recovered, 25 (13 males and 12 females) as improved and 18 (9 males and 9 females) as unimproved; 60 (22 males and 38 females) died.

The whole number under treatment during the year was 893 (431 males and 462 females). The daily average present in the hospital was, for males, 328.45; for females, 383.45, and for both, 711.90.

The highest number on the rolls for any one day was 763, on August 29, 1913, and the lowest number was 690, on February 28, 1913.

The recovery rate for the year was 20 per cent. of the admissions, and is considered satisfactory, when the large number of hopeless cases received is considered.

Twenty-five patients were paroled as improved, many of whom finally recovered. Paroled patients, when it was considered advisable, were placed in the care of the Mental Hygiene Committee. The object of this committee is the supervision of patients after they leave the institution; to advise them how they may preserve their mental health and obtain suitable employment for the individual case. The results obtained by these methods have been exceptionally good, and it is to be hoped that the scope of work will be extended in the future.

IMPROVEMENTS.

The treatment of the acute mental disorders has made great strides in the last decade. The most successful method has been to provide a special building for these cases, where they can be studied and treated separate and apart from the chronic types.

An appropriation was granted by the General Assembly for this purpose, and the building is now in the course of construction. This Psychopathic Building, when completed, will consist of a center portion for the administrative work and two wings for men and women. It will be constructed of stone quarried on the hospital property, and will be fireproof throughout. It will contain the hydro-therapeutic apparatus and baths; will have operating-rooms, laboratories, sun parlors, amusement-rooms and the diet kitchens conveniently located. All patients will be received here

for examination and study, and will be subsequently removed to the main building should their disease be of a chronic and hopeless type.

Located on the portion of the land recently purchased was a two-story cottage in a fairly good state of repair. This cottage has been renovated, baths installed, heating plant constructed, and a dining-room built. It is now occupied by 40 male patients, who will be employed on the farm in the immediate vicinity.

The Farm Colony, as it is known, is situated about one mile from the main building, and is an ideal location. The patients who occupy it, although given absolute freedom, have made no effort to escape.

There is also a barn on the same property, which has been shingled and put in good repair.

The drugroom adjacent to the main office has been removed, and in its place a washroom has been constructed.

The physicians' office has been transferred to the reception-room, on the main floor. The new quarters are large and commodious, and much better suited for the medical service than the former room.

An auto truck of three and a half tons capacity was purchased to haul supplies from the city and general work on the place.

REQUIREMENTS.

An appropriation of \$75,000 will be required to complete and furnish the Psychopathic Building, now in the course of construction. When finished, this building will provide for the care of 120 acute cases, as well as quarters for physicians, nurses and other employes. It will also, in addition to the acute service, contain operating-rooms for surgical cases and lecture hall for the training of the nurses.

Owing to the close proximity of the hospital to the City of Baltimore and the convenience with which the acute cases can be brought for treatment, arrangements will probably be made with the city to receive all such cases coming under its jurisdiction. This will insure an ample number of admissions to keep the ward filled to its normal capacity.

In addition to the acute cases, provisions must be made for patients suffering from other mental disorders who require custodial care, occupation and diversion. For this class a building of simple and inexpensive construction is best suited. An appropriation of \$40,000 will build a cottage of this style for the accommodation of 100 males.

The present cow barn and dairy is overcrowded and unsanitary. To enlarge and construct a modern dairy on the lower floor of the barn, on the Sunny Side property, will require \$5000.

Five thousand dollars is asked for the purchase of land which the hospital is able to procure. More land is required to raise produce to feed our increasing population.

Three thousand dollars is also requested for the construction of a switch from the railroad to the boiler-house. At present all the coal has to be hauled by teams, which is inconvenient and expensive.

SPRINGFIELD STATE HOSPITAL

BOARD OF MANAGERS:

Hon. Phillips Lee Goldsborough, Governor, President of the Board.	Hon. Murray Vandiver, State Treasurer.
Col. C. Wilbur Miller, Baltimore City, Vice-President of the Board.	Hon. Johnzie E. Beasman, Carroll County.
Hon. John Hubner, Baltimore County.	William S. Evans, Esq., Cecil County.
Hon. Emerson C. Harrington, Comptroller of the Treasury.	William C. Robinson, Esq., Baltimore City.

SECRETARY AND TREASURER OF THE BOARD:

William H. Forsythe, Esq.,
Howard County.

OFFICERS OF THE HOSPITAL:

SUPERINTENDENT—J. Clement Clark, M.D.
 RESIDENT PHYSICIAN, MEN'S GROUP—H. D. Purdum, M.D.
 RESIDENT PHYSICIAN, WOMEN'S GROUP—John N. Morris, M.D.
 ASSISTANT PHYSICIAN, WOMEN'S GROUP—J. G. F. Smith, M.D.
 ASSISTANT PHYSICIAN, MEN'S GROUP—G. Ward Disbrow, M.D.
 ASST. PHYS. AND PATHOL., MEN'S GROUP—C. H. Hamilton, M.D.
 CLERK, MEN'S GROUP—C. Lowndes Bennett.
 CHIEF ENGINEER AND MASTER MECHANIC—Frederick Gebhardt.
 MATRON—Mrs. Bessie Noble.
 CONSULTING OPHTHALMOLOGIST—A. D. McConachie, M.D.
 CONSULTING GYNECOLOGIST—DeWitt B. Cassler, M.D.
 CONSULTING SURGEON—G. H. Richards, M.D.
 STENOGRAPHER—Joseph H. Tomlinson, Jr.

Total number of patients in hospital on October 1, 1911.....	1078
Admitted during the biennial period October 1, 1911-October 1, 1913..	679
Discharged as recovered, October 1, 1911-October 1, 1913.....	117
Discharged as improved, October 1, 1911-October 1, 1913.....	77
Discharged as unimproved, October 1, 1911-October 1, 1913.....	27
Died, October 1, 1911-October 1, 1913.....	214
Total number of patients in hospital on October 1, 1913.....	1344

EXTRACT FROM THE SUPERINTENDENT'S EIGHTH BIENNIAL REPORT.

The recovery rate (15.72 for the men and 16.47 for the women) is small, due to the large number of incurables received.

The large number discharged as improved is due to the inauguration of a long-needed movement of after-care of the insane by the Mental Hygiene Committee of the Maryland Psychiatric Society and the parole of patients in its care.

By "after-care of the insane" is meant the looking after a patient and his surroundings after he has been discharged or paroled from the hospital. It is highly important that a patient who has suffered from an attack of insanity should lead a quiet, orderly life, free from any great care or burden, and that those conditions and surroundings which operated in bringing about the first attack should be, as far as possible, remedied. Where the surroundings were objectionable, a change should be made in residence. Bad associates should be by all means avoided. In order to do this it is often necessary to move to another section of the city, or even leave and take up life in another community. It is oftentimes embarrassing to a patient to have the subject of his confinement in a hospital for the insane discussed; this should, therefore, be avoided.

The bugaboo of confining patients illegally for sinister purposes does not exist. With a now enlightened public as to the nature of insanity and the now open-door treatment, with occupation, amusement and diversion, the time seems ripe for such a movement as has lately been inaugurated by the Maryland Psychiatric Society in forming the After-Care Committee.

We who have charge of hospitals for the insane often hesitate to set at liberty certain patients when their condition seems to have so far improved as to make it useless to keep them longer under treatment for fear that, thus thrown upon their own resources, without oversight and perhaps means of support, they will fall back into old habits of life which gave rise to their insanity; and again, certain patients who have improved and seem to stand still on the border line, not well enough to be discharged, yet hardly insane enough to hold, under a system of after-care, with a skilled alienist to visit them in their homes, to advise them, might be paroled much earlier than formerly, and the State or their friends save the expense of their keep in the hospitals for the insane. We have had, and now have, several such cases. Occasionally the return to their homes—it may seem prematurely—has seemed to be just the thing needed to complete their recovery.

While the plan is in its infancy and only recently has an alienist been appointed to follow up the cases, very much good will be accomplished, and many patients who now languish in institutions restored to their homes and usefulness, as to force a patient upon unwilling relatives, in nine cases out of ten would result in the return of the patient to the institution sooner or later. Forty-one of our patients have been placed out under the care of this committee.

IMPROVEMENTS.

In addition to the ordinary repairs and improvements, two new cottages at the women's group have been completed, furnished and occupied. The new dining-room and kitchen at the women's group is completed, and will be ready for occupancy in a short time. This building is two stories high, and has a floor space of 2400 square feet. In the lower story is a dining-room for patients, which will seat 600 patients without crowding; also a kitchen, vegetable preparation room, store room, refrigerator room, office for stewardess, small dining-room for male help, wash room and toilet. In the second story is an amusement hall, a dining-room and pantry for nurses, reception room and quarters for nurses and dining-room assistants.

The central power house and laundry have been completed and equipped with boilers, dynamos, etc. The laundry has been fully equipped with washers, wringers, electric irons, automatic revolving dryer room, mangles and other up-to-date equipment, and is now one of the best-equipped laundries in the State. An air pump has been installed, and the ice plant has been moved to the power house. The hospital has been furnishing electricity for the town of Sykesville from the power house since December, 1912.

The tunnel connecting the power house with the men's group, which is 5400 feet long, or over a mile, has been finished, the steam and hot-water connections placed, and is working satisfactorily. The excavating for the entire tunnel was done with patient labor.

A cement bridge has been built across the stream running through the property.

The bakery has been enlarged, and an additional bake oven has been placed.

A coal chute has been placed back of the power house and the railroad connected at a point so that coal can be dumped at the power house door.

A central store room, two stories high, containing an elevator, has been built at the women's group, near the terminus of the railroad, facilitating the reception and distribution of supplies. This has been heated and lighted.

The residence for the Superintendent has been finished, lighted and heated on the same site where the old mansion stood, which was destroyed by fire.

An additional well has been driven at the women's group. It is 507 feet deep, and, with the well already there, gives a supply of 110,000 gallons daily.

A cement reservoir, with a capacity of 84,000 gallons, has been built at the women's group.

Stone gate posts, with iron gates, have been erected at the northwest entrance.

A Chandler & Price printing press has been purchased, and all physicians',

supervisors' and attendants' report blanks, charts, notices, booklets, and all job printing, is now done at the hospital, the work being performed by patients.

A ball field was graded near the men's group, and the games of ball played during the summer have been a source of pleasure and amusement to out-patients.

RECOMMENDATIONS.

To meet the demands of the institution for the next two years, I recommend the following appropriations:

\$15,000.00	For new barn.
5,000.00	To complete water system.
10,000.00	To complete sewerage system.
40,000.00	Two tuberculosis buildings.
60,000.00	Finishing Psychopathic Building, lighting, heating, furnishing and equipping same.
8,500.00	One new 600-horsepower boiler.
1,500.00	To build carpenter shops.
<hr/>	
\$140,000.00	Total.

Maintenance for 1,500 patients at \$108 a year, 1915.....	\$162,000.00
Maintenance for 1,500 patients at \$108 a year, 1916.....	162,000.00
For the ordinary repairs and upkeep of property for 1915.....	10,000.00
For the ordinary repairs and upkeep of property for 1916.....	10,000.00
For insurance of property, 1915.....	2,500.00
For insurance of property, 1916.....	2,500.00

CROWNSVILLE STATE HOSPITAL

Croftensville.

BOARD OF MANAGERS:

Hon. Phillips Lee Goldsborough, Governor.	William L. Marbury, President, Baltimore city.
Hon. Murray Vandiver, State Treasurer.	Henry P. Mann, Baltimore county.
Hon. E. C. Harrington, Comptroller of the Treasury.	John T. Daily, Baltimore city.
Hon. J. Harry Covington, Talbot county.	Hon. Thomas Parran, Calvert county.

SECRETARY AND TREASURER:

Hugh H. Young, M.D.,
Baltimore city.

OFFICERS OF THE HOSPITAL:

SUPERINTENDENT—R. P. Winterode, M.D.
ASSISTANT PHYSICIAN—P. L. Keough, M.D.
ASSISTANT PHYSICIAN—A. M. Cross, M.D.
STEWARD—William F. Hunt.

Total number of patients in hospital on October 1, 1912.....	143
Admitted during the year.....	171
Discharged as recovered during the year.....	14
Discharged as improved during the year.....	4
Discharged as unimproved during the year.....	3
Died during the year.....	38
Total number of patients in hospital on October 1, 1913.....	255

LUNACY COMMISSION OF

EXTRACTS FROM THE 1ST BIENNIAL REPORT OF THE SUPERINTENDENT.

PROVISION FOR TUBERCULOUS PATIENTS.

With daily admissions from the most unhygienic environments, placing us in constant danger of infecting our household with tuberculosis, isolation was an immediate necessity. Without means to construct a permanent building, a temporary shack with two compartments and surrounded by a stockade of wire with separate yards, was provided for these cases. The stockade prevents the mingling with other patients, also one sex with another, and still affords freedom and sunshine, so necessary for their recovery. Those who are able are given light employment. The men are taught to weave baskets and the women to make rugs, sew for their needs, and keep their apartments neat and tidy. This building can only be utilized during the spring and summer months, as there are no facilities for heating, except with stove, and this would be quite dangerous. Therefore, the only resort is to return these patients to the wards from which they were taken, and where the risk of contaminating other patients is unavoidable. In our request for money for new buildings, an appropriation has been asked to provide for a permanent building for these cases.

CRIMINAL INSANE.

If we continue to admit patients from penal institutions, as we will, it will be necessary to have a separate building with the windows protected by bars and facilities to provide indoor employment of a non-dangerous type. Otherwise, it would not be just for the management to shoulder the responsibility of detaining these patients without safeguards, and thus when an accident occurs to be subjected to censure. At present these and other dangerous patients mingle, a condition which places employes and harmless patients in more or less constant jeopardy.

COMMITMENT OF PATIENTS.

Our efforts to locate patients are often vain, owing to lack of information furnished when a patient is admitted. It is the exception if patients are brought by any other than the deputy sheriff, who knows absolutely nothing of them or their relatives, having seen them just a few hours after leaving the jail. The certificates of the physicians upon whom we depend for information rarely reach the hospital, and in many cases are filed at the office of the County Commissioners and the order for commitment issued from there being the only paper presented. It would be advisable to have definite legislation enacted, requiring the physician signing the certificate of commitment to answer conclusive questions necessary to supply the hospital with the important data as to his patient's previous history, the presence of homicidal or suicidal tendencies, civil state, residence and postoffice address

prior to coming to the institution. Had we been given such data relating to one of our patients, who recently eloped and after some days' absence killed his wife, this crime would undoubtedly have been averted. The hospital was not even cognizant of the fact that he was married, and still less that he lived in the neighborhood, where the act was committed. The only address shown on our records was that of his father, in an adjoining county to the one from which the patient was committed, and presuming that he was unmarried, would return to his home. All efforts to locate him at this address were fruitless.

Owing to the lack of funds to properly equip a laboratory, we have been unable to carry on any work of this character. It was necessary to avail ourselves of a small corner in the pharmacy where routine work of sputum and blood has been handled. We have had four interesting post-mortems, and should have had many more, but by the time the bodies were held sufficiently long to elicit the whereabouts of relatives, post-mortem changes had taken place and the tissue was of practically no value to the pathologist.

It seems advisable that some legislation be enacted, whereby the superintendent be empowered to hold a post-mortem on any friendless patient dying at the hospital. Furthermore, upon any body which after a reasonable time is unclaimed, and when no response has been made to notification. Even though it be too late for the tissue to be of value for microscopic purposes, a partial post-mortem may serve to confirm or contradict a diagnosis.

It is not necessary to emphasize the importance of a well-equipped and up-to-date library to every hospital, especially when the hospital is located some distance from the city and the staff is dependent upon the contents of its shelves for information. To establish and maintain such a library, I would recommend that a specified sum be invested each month for the subscription to scientific journals and the latest works on medicine and psychiatry.

ROSEWOOD STATE TRAINING SCHOOL

Owings Mills.

OFFICERS OF THE BOARD:

Hon. Herman Stump, President.
 Charles G. Hill, M.D., Vice-President.
 Frank W. Keating, M.D., Secretary.
 Benjamin Bissell, Treasurer.

OFFICERS OF THE HOSPITAL:

SUPERINTENDENT—Frank W. Keating, M.D.
 MATRON—Mrs. Helen Root Lilly.
 BOOKKEEPER AND STENOGRAPHER—Miss Bertha Henninghausen.
 TEACHERS—Miss Mary H. Brown, Principal; Miss Mary B. Loane, Miss
 Annie L. Salter, Miss Marguerite Stem, Miss Grace Steele, Miss
 Mildred Watkins, Miss Adelaide Snyder, Prof. Daniel Feldman.

Number of inmates October 1, 1912.....	386
Admitted from October 1, 1912, to October 1, 1913.....	146
Discharged from October 1, 1912, to October 1, 1913.....	19
Deaths.....	21
Number of inmates remaining October 1, 1913.....	492

Of the 19 cases discharged, 14 had greatly improved mentally, 4 had not improved, and 1 had become violently insane and was transferred to Springfield State Hospital.

EXTRACTS FROM THE ANNUAL REPORT OF THE SUPERINTENDENT.

NEW APPLICATIONS.

One hundred and ninety-seven new applications for admission were filed during the fiscal year (91 males and 106 females), 44 being from the counties and 153 from Baltimore city.

One hundred and fourteen of these new applicants were admitted; 25 were refused admission after examination, no definite mental defects being discovered; 4 were refused as insane; 2 refused as non-residents, 1 refused being in advanced stage of tuberculosis; 11 were notified to come, but parents had changed their minds and refused to send them; 40 had been approved, and will be admitted when the new dormitory building is completed. Practically all those refused admission were from Baltimore city, the county cases being admitted without unnecessary delay.

IMPROVEMENTS.

Chief among the improvements completed during the past year were a new cow stable, a new carriage-house and horse stable, a large farm wagon and implement shed, new and up-to-date hog pen, the extension of the corridors to connect the two school buildings with the administration and kitchen buildings, and the construction of comfortable employes' quarters in the second and third floors of the dining-hall building. The old barn has been painted and repaired and a new board fence erected around the barnyard and painted. Cement walks have been laid between the cottages. The ice machine has been removed from the kitchen building and a satisfactory ice plant established on the second floor of the power house.

Contracts were made in last February for the erection and completion of a large dormitory building to accommodate 200 female custodial cases. The contracts aggregate \$73,026, and with the architects' commission, 5 per cent. added, and a few extras for changes during construction, this building will cost about \$77,000. This does not include furniture and furnishings, which will cost about \$8000.

A contract for the erection of three large second-story porches to King, Stump and Pembroke cottages has been made, and the porches are under construction. The amount of this contract is \$3,249. I have already mentioned in this report that these porches will be a great convenience in the treatment of tuberculosis patients.

MAINTENANCE.

The per capita cost for maintenance the past fiscal year is lower than the year previous, being \$183.95. The reduction has not been accomplished by decreasing the efficiency of any department or withholding anything from the children that would benefit them, but is the result of better facili-

ties and improvement in the heating system and centralizing our culinary and laundry departments.

NEEDS.

While this institution has received liberal appropriations by the General Assemblies of the past few years, still the needs of the institution have not been fully supplied, and the magnitude of the work of adequately caring for the feeble-minded of the State of Maryland has hardly been realized.

I am not overestimating the demands to be made upon this institution during the next two years when I state that it will be absolutely necessary to increase its capacity to 800 inmates if all needy cases applying for admission are to be received.

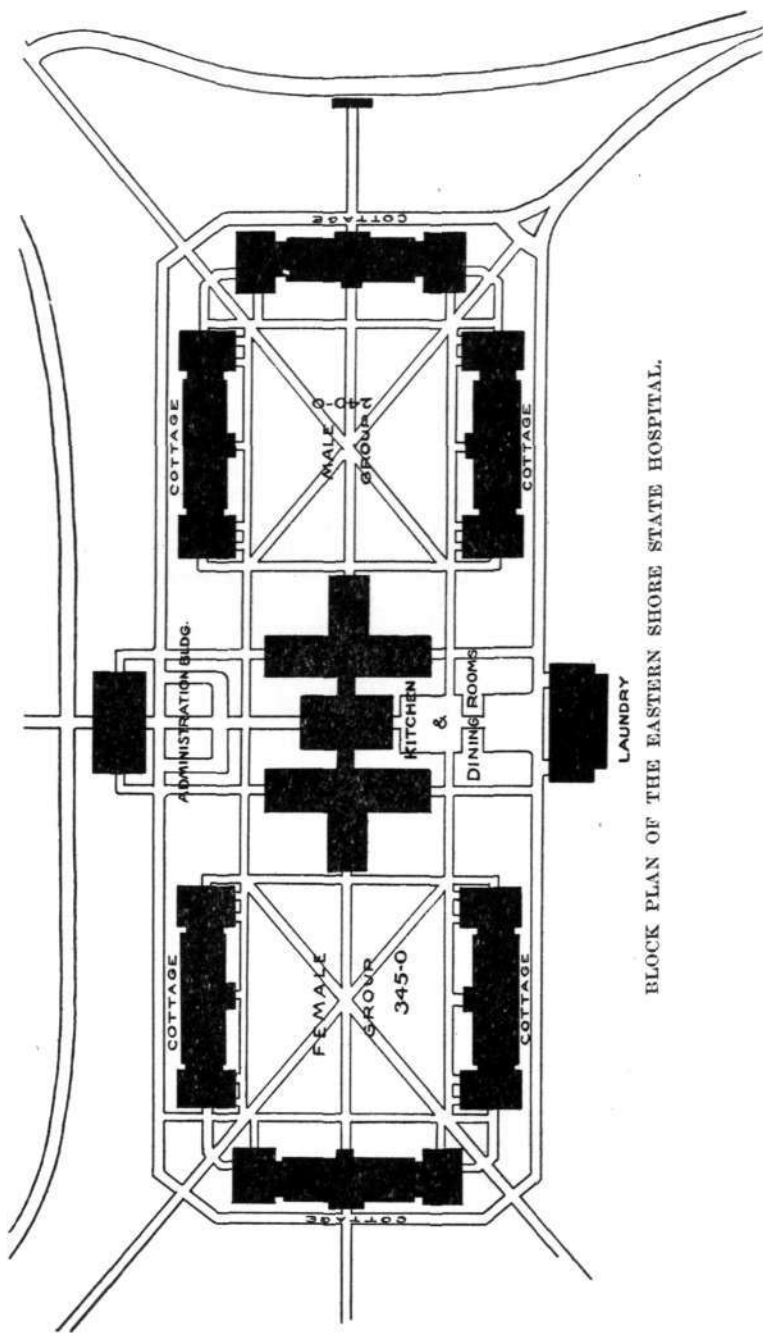
Therefore, I would recommend the enlargement of our custodial department for males to accommodate 100 additional cases, the greater number of applicants for admission now being filed being for this class of cases. A building to accommodate 100 additional cases will cost \$35,000, and the furniture and other necessary equipment will cost \$7500.

The institution requires more out-buildings and a number of small farm dwellings on its land, the latter to enable us to employ the best character of men to properly carry on the farm work. I would recommend the appropriation of \$5000 for the erection of several hay barracks and stabling for the live-stock on the land recently acquired; also \$4500 to erect three small farm dwellings for laborers or farm hands. Every farmer realizes the importance of having an ample number of small houses on his land to accommodate the men he employs and the necessary out-buildings to properly store his crops and house his live-stock. The State should meet this requirement without hesitation.

Replacements and extraordinary repairs to the older buildings of the institution will require the expenditure of about \$8000 during the next two years, and this amount should be included in our requirements for said period when estimates are being made for appropriations.

If my recommendation for the construction of a concrete road leading to the main group of buildings and around the cottages as now laid out is approved, it will require the expenditure of about \$10,000 for the material and grading, our own teams to do the hauling and the inmates to handle the concrete. This would give us two miles of good roads at the institution.

A maintenance appropriation of \$120,000 will be necessary for the fiscal year beginning October 1, 1914, and ending September 30, 1915, and a like amount for the fiscal year beginning October 1, 1915, and ending September 30, 1916. These amounts are required to support 700 inmates during each of said fiscal years.



BLOCK PLAN OF THE EASTERN SHORE STATE HOSPITAL.

EASTERN SHORE STATE HOSPITAL.

CAMBRIDGE.

BOARD OF MANAGERS:

Hon. Phillips Lee Goldsborough, Governor.	Senator John F. Harper, Queen Anne's County.
Hon. E. C. Harrington, Comptroller of the Treasury.	R. S. Dodson, Esq., Talbot County.
Hon. Murray Vandiver, State Treasurer.	Senator Jesse D. Price, Wicomico County.
E. E. Goslin, Esq., Caroline County.	Senator Louis W. Milbourne, Somerset County.
Senator W. W. Beck, Kent County.	John P. Moore, Esq., Worcester County.
William T. Warburton, Cecil County.	

SECRETARY AND TREASURER,

J. Hooper Bosley, Esq.,
Dorchester County.

SUPERINTENDENT,

Charles J. Carey, M.D.

The Eastern Shore State Hospital for the Insane, located at Cambridge, Maryland, was authorized in the Bond Issue Bill passed by the General Assembly of 1912. The Board of Managers, as given above, was mentioned in the bill. The Board at its first meeting elected Governor Goldsborough as President, J. Hooper Bosley, as Secretary and Treasurer, and Dr. Charles J. Carey, formerly assistant physician at the Springfield State Hospital, as the Superintendent. The first duty of the Board was to select a location. A committee consisting of the Governor, Comptroller and Senator Bosley visited numerous sites which had been proposed and finally recommended to the Board one of three desirable farms in the immediate vicinity of Cambridge. The entire Board of Managers with the Lunacy Commission visited these three farms and finally decided upon the Kirwan estate, located about a mile from Cambridge, on the banks of the beautiful Choptank river. This farm consists of about 250 acres, a part of which is wooded, the remainder being first class farm land.

The Board at its next meeting decided to have an architectural competition for plans for the building. Mr. Marshall, of the firm of Hornblower & Marshall, of Washington, D. C., was selected as the consulting archi-

tect. The rules of the American Institute of Architects governing such a competition were adopted and, after the necessary forms were completed, six architects were invited to take part in the competition. A jury consisting of Dr. Hugh H. Young, President of the Lunacy Commission, and Messrs. M. B. Medary, Jr., and E. A. Crane, two well-known architects of Philadelphia, were asked to serve. The drawings were submitted sealed and opened in the presence of the jury; each set of drawings having a number and, accompanying the drawing, a sealed envelope with the number on the outside and the name of the firm on the inside, so that no member of the jury would know the name of the architect in the competition. After the drawings had been carefully studied by the jury and the award made, the jury then submitted a statement in writing to the Board of Managers.

At a later meeting the envelopes containing the names of the contestants were opened. The name of the successful architect was found to be the firm of Parker, Thomas & Rice, to whom the award was given. This firm immediately began the preparation of the working plans for the building; contracts were awarded and ground broken in November, 1913. Dr. Carey assumed his duties in July, and on December 11th, 1913, twenty-four patients, who are from the Eastern Shore of Maryland, were transferred from Springfield State Hospital to the Eastern Shore State Hospital.

The two cottages on the property have been repaired and put in good condition. Sanitary plumbing and new heating equipment have also been installed, thus affording accommodations for the twenty-four patients, the Superintendent and nurses.

Work on the permanent building has been started and it is expected that by the fall of 1914 the building will be completed and ready for occupancy. For the completion of this building \$130,000 is needed and for maintenance for at least 250 patients an appropriation of \$35,000 for 1915 and a like amount for 1916 has been requested of the General Assembly.

MONTEVUE ASYLUM.
Frederick County.

During the past year, the State Lunacy Commission has transferred from Montevue Asylum 35 white patients, 26 men and 9 women, to Springfield State Hospital, and 94 colored patients, 24 men and 70 women, to the Crownsville State Hospital, leaving only 56 patients from Frederick County in the asylum.

The last Legislature made an appropriation of \$10,000 for the State patients in this asylum. Now that all of the patients from other counties have been removed, there is no need for such an appropriation.

BAY VIEW ASYLUM.

During the past year, the State Lunacy Commission has transferred from Bay View 61 white patients to Spring Grove State Hospital, 7 to Springfield State Hospital and 2 to Mt. Hope Retreat, making a total of 70 removed.

SYLVAN RETREAT.

During the past year, the Lunacy Commission removed 10 white patients from Sylvan Retreat to Springfield State Hospital.

MOUNT HOPE RETREAT.

Five patients were transferred from Mount Hope Retreat to Spring Grove State Hospital during the same period of time.

There remain in Mt. Hope Retreat 250 indigent city patients and about 69 indigent county patients.

The General Assembly of 1912 appropriated \$15,250 a year to this institution.

TABLE NO. I.

SHOWING THE STATISTICS OF THE STATE HOSPITALS FOR THE INSANE AND FEEBLE-MINDED FOR THE YEAR ENDING SEPTEMBER 30, 1913.

Institutions.	Remaining September 30, 1912.					Admitted from September 30, 1912, to September 30, 1913.					Showing the Condition of Patients Discharged from September 30, 1912, to September 30, 1913.					Remaining September 30, 1913.				
	White.		Col'd.		Total.	White.		Col'd.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Col'd.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
	Male.	Female.	Male.	Female.	Total.	Male.	Female.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Male.	Female.	Total.
Spring Grove State Hospital.	321	346	2	36	705	110	70	....	9	189	59	68	1	7	135	372	348	1	38	759
Springfield State Hospital....	711	557	....	....	1268	171	132	....	....	303	32	45	15	107	199	784	588	....	....	1372
Crownsville State Hospital...	....	....	143	....	143	....	....	71	100	171	14	4	3	38	59	....	....	165	90	255
Rosewood State Training School.....	205	181	....	....	386	70	76	....	....	146	....	14	6	20	40	252	240	....	....	492
Total.....	1237	1084	145	36	2502	351	278	71	109	809	105	131	25	172	433	1408	1176	166	128	2878

TABLE NO. 2.

SHOWING THE STATISTICS OF PRIVATE AND CORPORATE INSTITUTIONS FOR THE INSANE FOR THE YEAR ENDING SEPTEMBER 30, 1913.

Institutions.	Remaining September 30, 1912.			Admitted from Sep- tember 30, 1912, to September 30, 1913.			Showing the Condition of Pa- tients Discharged from Septem- ber 30, 1912, to September 30, 1913.					Remaining September 30, 1913.		
	Male.	Female.	Total.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Total.
Mount Hope Retreat.....	238	389	627	54	79	133	45	54	4	42	145	227	388	615
Sheppard and Enoch Pratt Hospital.....	60	59	119	79	111	190	48	88	42	8	186	65	58	123
Henry Phipps Psychiatric Clinic.....	....	May, 1913.		73	68	141	13	31	55	3	102	17	22	39
The Richard Gundry Home..	20	12	32	75	26	101	40	52	2	8	102	22	9	31
The Gundry Sanitarium.....	....	44	44	....	24	24	10	18	....	3	31	....	37	37
Relay Sanitarium.....	13	17	30	53	19	72	31	24	9	8	72	13	17	30
Riggs' Cottage.....	6	4	10	7	2	9	....	6	1	1	8	8	3	11
Gelston Heights.....	6	6	12	....	1	1	....	....	1	....	1	5	7	12
Laurel Sanitarium.....	14	35	49	107	41	148	48	64	25	11	148	22	27	49
Patapsco Manor Sanitarium..	7	8	15	63	28	91	42	40	4	3	89	5	12	17
Edgewood Sanitarium.....	7	8	15	16	14	30	2	16	13	4	35	2	8	10
Chestnut Lodge Sanitarium..	2	6	8	16	8	24	1	21	1	1	24	2	6	8
Pinecrest Sanitarium.....	....	July, 1913.		1	8	9	....	2	....	....	2	1	6	7
Total.....	373	588	961	544	429	973	280	416	157	92	945	389	600	989

THE STATE OF MARYLAND.

TABLE NO. 3.

SHOWING THE STATISTICS OF THE CITY AND COUNTY ASYLUMS FOR THE INSANE AND FEEBLE-MINDED FOR THE YEAR ENDING SEPTEMBER 30, 1913.

City and County Asylums.	Remaining September 30, 1912.					Admitted from Septem- ber 30, 1912, to Sep- tember 30, 1913.					Showing the Condition of Patients Dis- charged from Sep- tember 30, 1912, to September 30, 1913.					Remaining September 30, 1913.				
	White.		Col'd.		Total.	White.		Col'd.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Col'd.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Bayview Asylum (Balti- more)	54	51	73	147	325	155	86	59	53	353	41	109	59	82	291	69	77	92	149	357
Montevue (Frederick county)	34	31	24	74	163	5	14	3	6	28	....	1	129	6	136	13	36	2	4	55
Sylvan Retreat (Allegany county).....	42	53	2	3	100	19	13	3	2	37	3	20	15	8	46	36	52	2	1	91
Cherry Hill (Cecil county) ..	12	7	4	7	30	3	2	1	4	10	2	3	4	3	12	12	6	3	7	28
Bellevue (Washington county).....	17	13	3	4	37	....	....	....	....	....	....	....	....	1	1	16	13	3	4	36
Total.....	159	155	106	235	655	182	115	66	65	428	46	133	207	100	486	146	184	102	165	597

TABLE NO. 4.

SHOWING THE STATISTICS OF THE COLORED INSANE ON SEPTEMBER 30, 1913.

	Remaining Sept. 30, 1912.	Admitted Sept. 30, 1912, to Sept.30, 1913	Remaining Sept. 30, 1913.
State and city hospitals.....	401	292	535
County asylums.....	121	19	26
County homes.....	27	....	27
Total	549	311	588

TABLE NO. 5.

SHOWING TOTAL NUMBER OF INSANE IN THE STATE ON SEPTEMBER 30, 1913.

	White.	Colored.	Total.
Number of insane in State hospitals, including feeble-minded	2584	294	2878
Number of insane in county asylums and Bayview.....	330	267	597
Number of insane in county homes.....	9	27	36
Number of insane in private institutions	989	....	989
Total	3912	588	4500

TABLE NO. 6.
PUBLIC CHARGES IN STATE HOSPITALS, MOUNT HOPE AND CITY AND COUNTY
HOSPITALS.

	White.	Colored.	Total.
Spring Grove State Hospital.....	720	39	759
Springfield State Hospital.....	1372	.....	1372
Crownsville State Hospital.....	.....	255	255
Rosewood State Training School.....	492	.....	492
Mount Hope Retreat.....	319	.....	319
Bayview Asylum.....	146	241	387
Montevue Asylum.....	49	6	55
Sylvan Retreat.....	88	3	91
Cherry Hill Asylum.....	18	10	28
Bellevue Asylum.....	29	7	36
County Homes.....	9	27	36
Total.....	3242	588	3830

TABLE NO. 7.

SHOWING THE TOTAL NUMBER OF PATIENTS, WHITE AND COLORED, IN THE FOLLOWING HOSPITALS FROM THE COUNTIES AND BALTIMORE CITY ON SEPTEMBER 30, 1913.

Counties.	Spring Grove State Hospital.		Springfield State Hospital.		Crownsville State Hospital.		Mount Hope Retreat.		Sylvan Retreat.		Montevue Asylum.	
	White.	Colored.	White.	Colored.	White.	Colored.	White.	Colored.	White.	Colored.	White.	Colored.
Alleghany.....	4	..	17	..	..	6	4	..	86	3	..	..
Anne Arundel.....	28	4	15	..	..	34	2	..	..	..	..	..
Baltimore.....	85	5	86	..	..	14	40	..	..	..	..	..
Calvert.....	1	..	5	..	..	5	2	..	..	..	..	1
Caroline.....	3	3	23	..	..	5	..	..	..	..	..	..
Carroll.....	6	1	54	..	..	2	..	..	..	..	..	..
Cecil.....	5	..	8	..	..	..	2	..	..	..	..	..
Charles.....	10	..	4	..	..	24	1	..	..	..	..	..
Dorchester.....	15	4	33	..	..	12	1	..	..	..	..	..
Frederick.....	4	..	18	..	..	17	4	..	..	..	50	6
Garrett.....	5	..	23	..	..	..	..	..	1	..	..	..
Harford.....	25	5	21	..	..	13	4	..	..	..	..	..
Howard.....	8	..	25	..	..	15	2	..	..	..	..	..
Kent.....	4	4	14	..	..	6	2	..	..	..	..	..
Montgomery.....	4	..	37	..	..	25	..	..	..	..	..	..
Prince George.....	11	1	23	..	..	21	..	..	..	..	..	..
Queen Anne's.....	5	..	18	..	..	6	1	..	..	..	..	..
St. Mary's.....	13	1	16	..	..	1	2	..	..	..	..	..
Somerset.....	21	2	4	..	..	6	..	..	..	..	..	..
Talbot.....	4	2	18	..	..	7	2	..	..	..	..	1
Washington.....	18	..	44	..	..	2	..	..	..	..	..	..
Wicomico.....	15	4	11	..	..	6	..	..	..	..	..	..
Worcester.....	4	..	31	..	..	5	..	..	..	..	..	..
Baltimore city.....	419	4	824	..	..	16	323	..	..	..	..	..
At large.....	..	..	..	..	..	8	..	..	1	..	..	..
Total.....	717	40	1372	..	..	255	615	..	88	3	50	8

TABLE NO. 8.

SHOWING NUMBER OF FIRST ADMISSIONS TO THE VARIOUS INSTITUTIONS, STATE, CORPORATE AND PRIVATE AND COUNTY ASYLUMS, FOR THE YEAR ENDING SEPTEMBER 30, 1913.

Institutions.	Number admitted from September 30, 1912, to September 30, 1913.					Number of Insane or Feeble-Minded admitted.	Number of Drug addicts admitted.	Number of Alcohols admitted.	Number of Neuros-thenics admitted.	Number of Non-Insane admitted.
	White.		Colored.		Total.					
	Male.	Female.	Male.	Female.						
Spring Grove State Hospital.	37	28	...	9	74	74	...	...	...	...
Springfield State Hospital...	94	75	...	...	169	163	...	5	1	...
Rosewood State Training School.....	67	74	...	...	141	141	...	...	...	...
Crownsville State Hospital..	...	...	50	18	68	68	...	...	...	...
Mt. Hope Retreat.....	39	54	...	...	93	91	...	2	...	...
Sheppard and Enoch Pratt Hospital.....	58	82	...	...	140	121	1	5	5	8
Phipps Psychiatric Clinic...	70	54	...	...	124	112	...	4	8	...
The Richard Gundry Home.	49	20	...	...	69	27	9	28	3	2
The Gundry Sanitarium.....	...	17	...	...	17	13	...	...	4	...
The Relay Sanitarium.....	25	15	...	...	40	17	6	13	...	4
Riggs Cottage.....	5	2	...	...	7	4	3	...	...	...
The Laurel Sanitarium.....	76	30	...	...	106	67	4	23	2	5
Patapsco Manor Sanitarium.	23	16	...	...	39	11	7	14	6	1
Edgewood Sanitarium.....	5	8	...	...	13	10	...	...	...	3
Gelston Heights.....	...	1	...	...	1	1	...	...	...	...
Chestnut Lodge Sanitarium	10	6	...	...	16	5	...	6	3	2
Pinecrest Sanitarium.....	1	6	...	...	7	6	...	...	1	...
Bay View Asylum.....	136	70	52	45	303	282	2	16	...	3
Montevue Asylum.....	1	2	3	6	12	12	...	...	...	...
Sylvan Retreat.....	12	12	3	2	29	25	1	3	...	...
Cherry Hill Asylum.....	1	2	1	2	6	5	...	1	...	...
Bellevue Asylum.....	...	...	...	...	...	...	...	...	...	...
Total.....	709	574	109	82	1474	1255	33	125	33	23

TABLE NO. 9.

SHOWING NUMBER OF SUBSEQUENT ADMISSIONS TO THE VARIOUS INSTITUTIONS, INCLUDING TRANSFERS FROM CITY AND COUNTY ASYLUMS TO STATE HOSPITALS, FOR THE YEAR ENDING SEPTEMBER 30, 1913.

Institutions.	Number re-admitted and Transferred from September 30, 1912, to September 30, 1913.					Number of Insane Admitted.	Number of Drug Addictions Admitted.	Number of Alcoholics Admitted.	Number of Neurotics Admitted.	Number of Non-Insane Admitted.
	White.		Col'd.		Total.					
	Male.	Female.	Male.	Female.						
Spring Grove State Hospital.	73	42	.....	.....	115	115	.....	.....	.....	.....
Springfield State Hospital..	78	56	.....	.....	134	133	.....	1	.....	.....
Rosewood State Training School	3	2	.....	.....	5	5	.....	.....	.....	.....
Crownsville State Hospital..	.....	.....	21	82	103	103	.....	.....	.....	.....
Mount Hope Retreat.....	15	25	.....	.....	40	40	.....	.....	.....	.....
Sheppard and Enoch Pratt Hospital	21	29	.....	.....	50	47	.....	2	1	.....
Phipps Psychiatric Clinic...	3	14	.....	.....	17	17	.....	.....	.....	.....
Richard Gundry Home.....	26	6	.....	.....	32	11	7	14	.....	.....
The Gundry Sanitarium.....	.....	7	.....	.....	7	6	.....	.....	1	.....
Relay Sanitarium.....	28	4	.....	.....	32	4	7	20	.....	1
Riggs Cottage.....	2	.....	.....	.....	2	2	.....	.....	.....	.....
Laurel Sanitarium.....	30	12	.....	.....	42	23	3	15	1	.....
Patapsco Manor Sanitarium	40	12	.....	.....	52	6	11	33	2	.....
Edgewood Sanitarium.....	11	6	.....	.....	17	11	.....	6	.....	.....
Gelston Heights.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Chestnut Lodge Sanitarium	6	2	.....	.....	8	4	.....	3	.....	1
Pinecrest Sanitarium.....	.....	2	.....	.....	2	1	.....	.....	1	.....
Bay View Asylum.....	19	16	7	8	50	49	1	.....	.....	.....
Montevue Asylum.....	1	1	3	11	16	16	.....	.....	.....	.....
Sylvan Retreat.....	7	1	.....	.....	8	4	.....	4	.....	.....
Cherry Hill Asylum.....	2	.....	.....	2	4	4	.....	.....	.....	.....
Bellevue Asylum.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Total	365	237	31	103	736	601	29	98	6	2

TABLE NO. 10.

SHOWING NUMBER OF ADMISSIONS TO INSTITUTIONS FROM BALTIMORE CITY,
ACCORDING TO WARDS, FOR THE YEAR ENDING SEPTEMBER 30, 1913.

Wards.	ADMITTED.					DISCHARGED				
	White Insane.	Alcoholics. Colored	Insane. Colored	First Admissions.	Subsequent Admissions.	White Insane.	Alcoholics. Colored	Insane. Colored	First Admissions.	Subsequent Admissions.
First	19	2	..	21	2	6	2	..	8	5
Second	21	3	3	27	1	4	3	1	8	1
Third	19	2	2	23	4	6	1	..	7	..
Fourth	26	5	7	38	3	9	5	2	16	..
Fifth	16	..	2	18	1	3	..	2	5	..
Sixth	9	2	..	11	1	4	2	..	6	..
Seventh	29	2	3	34	4	11	2	1	14	..
Eighth	28	2	2	32	5	16	2	..	18	..
Ninth	20	2	2	24	2	7	2	2	11	3
Tenth	36	..	2	38	4	7	..	..	..	..
Eleventh	24	3	5	32	9	11	2	2	15	6
Twelfth	32	2	4	38	18	17	1	3	21	4
Thirteenth	35	2	..	37	6	16	1	..	17	..
Fourteenth	18	2	6	26	12	9	1	4	14	1
Fifteenth	36	2	4	42	8	14	2	2	18	9
Sixteenth	32	2	4	38	10	16	2	2	20	7
Seventeenth	12	1	13	26	7	2	1	6	9	1
Eighteenth	20	1	2	23	8	5	1	..	6	5
Nineteenth	10	1	2	13	2	7	1	2	10	..
Twentieth	32	2	..	34	1	10	2	..	12	..
Twenty-first	15	..	..	15	2	7	..	..	7	..
Twenty-second	14	1	10	25	1	5	1	4	10	2
Twenty-third	13	1	2	16	1	3	..	2	5	..
Twenty-fourth	15	2	2	19	1	2	1	1	4	1
Not located.....	35	3	19	57	..	20	3	10	33	..
Total.....	566	45	96	707	113	217	38	46	301	45

Of 255 white insane discharged—52 died.

Of 46 colored insane discharged—20 died.

Of 113 subsequent admissions—25 were alcoholics.

Total number received, 820.

Total number discharged, 346.

TABLE NO. II.

SHOWING NUMBER OF ADMISSIONS TO INSTITUTIONS FROM THE VARIOUS COUNTIES FOR THE YEAR ENDING SEPTEMBER 30, 1913.

Counties.	ADMITTED.					DISCHARGED.				
	White Insane.	Alcoholics	Colored Insane.	First Admissions.	Subsequent Admissions.	White Insane.	Alcoholic.	Colored Insane.	First Admissions.	Subsequent Admissions.
Allegany	31	5	5	41	7	16	3	1	20	4
Anne Arundel.....	12	4	16	32	1	9	3	6	18	....
Baltimore	74	8	9	91	12	28	7	2	37	9
Calvert	1	..	1	2	..	..	..	..	..	..
Caroline	8	..	3	11	..	3	..	..	3	..
Carroll	22	3	2	27	6	12	3	1	16	5
Cecil	8	1	2	11	2	3	2	1	6	1
Charles	4	..	2	6	1	..	..	2	2	..
Dorchester	8	..	9	17	2	3	..	4	7	..
Frederick	9	..	4	13	5	..	..	1	1	5
Garrett	9	..	..	9	..	1	3	..	4	1
Harford	14	..	6	20	5	4	..	1	5	3
Howard	7	4	4	15	3	4	3	2	9	..
Kent	8	1	..	9	..	2	..	..	2	..
Montgomery	16	3	10	29	..	11	3	1	15	..
Prince George's.....	9	2	3	14	4	7	2	1	10	4
Queen Anne's.....	7	..	2	9	..	2	..	..	2	..
St. Mary's.....	7	..	1	8	..	1	..	2	3	..
Somerset	10	..	1	11	1	1	..	1	2	1
Talbot	7	..	2	9	6	6	..	..	6	..
Washington	24	6	1	31	3	7	5	1	13	1
Wicomico	6	..	5	11	3	3	..	1	4	1
Worcester	7	..	2	9	1	3	..	1	4	1
Total.....	308	37	90	435	62	126	34	29	189	36

Of 160 white insane discharged, 38 died.

Of 29 colored insane discharged, 16 died.

Of 62 subsequent admissions, 8 were alcoholics.

Total number received, 497.

Total number discharged, 225.

SEMI-ANNUAL MEETING
OF THE
STATE LUNACY COMMISSION
WITH
THE BOARD OF MANAGERS

OF THE

Spring Grove State Hospital, Springfield State Hospital, Crownsville State Hospital, Eastern Shore State Hospital,
and the Rosewood State Training School,
on Tuesday, June 24, 1913.

The meeting was called to order by the Chairman, Dr. Arthur P. Herring, who called upon Governor Goldsborough to preside.

GOVERNOR GOLDSBOROUGH: Gentlemen—This meeting has been called in compliance with Section 18 of the lunacy law, which states "there shall be semi-annual meetings which it shall be the duty of the Lunacy Commission and the members of the several boards of managers of the various State hospitals for the insane and feeble-minded in Maryland to attend for the purpose of consultation and the more harmonious and effective administration of this article and the protection and advancement of the interests of insane persons within the State. Such semi-annual meetings shall be held at the offices of the Lunacy Commission or at such other place as said Commission may designate."

The purpose of this meeting today is to consider three questions: First, the medical organization in our hospitals for the insane; second, the methods of purchasing supplies; third, the appropriations which will be asked of the next General Assembly.

The importance of these semi-annual meetings can be realized when we consider that in the State institutions there are in round

numbers 3000 insane and feeble-minded, and that the State is expending for maintenance and buildings about \$500,000 a year. If we include the amount received from Baltimore city and the counties, it brings the total expenditure each year for the care of the insane and feeble-minded to about \$800,000. From present indications there is no likelihood of this amount being diminished. In all probability it will be necessary to ask of the next Legislature about \$1,000,000 for maintenance and new buildings if we expect to care for the insane that are still in the county asylums and provide for the yearly increase, which is about 300 a year.

The first subject to be discussed this morning is on "The Proper Hospital Organization for the Modern Treatment of the Insane," by Dr. Owen Copp, Superintendent of the Pennsylvania Hospital for the Insane and for ten years Executive Secretary of the Massachusetts Board of Insanity. It was due largely to the efforts of Dr. Copp that county almshouses in Massachusetts were abolished, State care of the insane adopted, and a comprehensive and scientific plan outlined for the treatment of the mentally afflicted, which has placed Massachusetts practically in the lead of all other States in affording adequate accommodations for the insane.

It gives me great pleasure to present to you Dr. Owen Copp, Superintendent of the Pennsylvania State Hospital.

THE PROPER HOSPITAL ORGANIZATION FOR THE
MODERN TREATMENT OF THE INSANE.

OWEN COPP, M.D.,

Superintendent, Pennsylvania Hospital for the Insane.

In the city of Baltimore is the newest and probably the most modern hospital for the insane in this country and in the world. In the city of Philadelphia the first hospital for treatment of insanity as a disease was established. I have the honor to be in charge of that oldest of hospitals in this country. You will not expect me, certainly, to present anything that is especially new upon this subject. I am simply going to emphasize and discuss briefly certain general principles which it seems to me are of advantage in advancing the cause of the care and treatment of the insane, and especially in medical work. It is interesting as we read the writings of Rush and the earlier men connected with hospitals for the insane to find them thinking and writing about the same ideals that we are today and to find that they had the same aspirations and were making the same struggles. We with longer experience and with better opportunities have made some advances, but we are working along the same general lines as they. I have great respect for these men and for the foundations which they laid, and it seems to me that around this nucleus and out of this work must come the advancement and benefit which will lead to the greater results of the future. It is important that we should all co-operate, that we should have respect for the old and the old should have respect for the new, and that together, on that foundation, we should all work for the advancement of the newer psychiatry. There is another principle which I think to be fundamental to our higher activities, and that is that we observe economy in everything we do, economy in building institutions, and economy and efficiency in the administration of institutions, because if we waste money, we shall not have it to apply to the higher purposes of our work.

We start with a great difficulty, the separation of what is called the administrative or business side of our work from the medical and scientific side. We see a great increase in the members that are going into our institutions. That does not mean that insanity is to that extent increasing, but that patients are accumulating in the institutions. That increase is bound to go forward. Our institutions as a whole are very much overcrowded. There is no space for new patients. The demands for money are extremely great. We all desire to have the small institutions so that the superintendent in charge can come into intimate contact with his patients and know all its problems intimately from the administrative and scientific and medical side. Those are the conditions which are most favorable to the development of the institutions; there is unity of control and direction; there is the least friction; the least waste of energy in co-ordinating one part with another. Now, while we all desire the small institution, it has been the history of almost every State institution that it has been obliged to enlarge. It is much easier to add one building to an existing institution than to establish a new organization and a new institution, and so, whether we will or not, we are compelled to enlarge institutions, to add to this part and that part, until, as time goes on, we have on our hands a large institution. If we can avoid this I think we ought to do so. But, as I said before, I think that will be found to be an impossibility in the majority of cases. Accepting that as a fundamental fact, the question comes, How can we avoid the evils of the large institutions, and how can we gain the advantages of the small institution? Within certain limits we have control of the classification of our patients and the organization of our hospitals, so that within certain limits we can answer this problem for ourselves. Although we may have a very large institution taking care of a district, and we start with a district to serve a community, and that community should be taken care of by one organization, a board of trustees in charge of all the interests both of the community and of the patients in the hospitals, and under that organization an executive or superintendent. Now, go back a little: We cannot have a hospital by itself: it must be part of a general system, and the conditions under which

that general organization works and the conditions which it prescribes for its institution are of the very greatest importance. It is coming to be rather popular to feel that a general board which has charge of the general problems for the State which has oversight of all the institutions should be a controlling board, which should not only supervise, but should direct and manage institutions. Now, it seems to me that this is a mistake. The general supervisory board, which knows what each institution is doing, which has the power of recommendation, which has its expert to know what they are doing and to advise them as to their work—it seems to me that that is already exercising the strongest kind of control. Under my supervision of institutions in Massachusetts I never found an institution that did not want to do the right thing. It was a matter of finding out what ought to be done and of being supplied with the means of doing it and of being helped, and under those conditions we never failed to get good results. So it was the purpose of the general board to investigate, to find out the best things that were being done and give that kind of information which brought the institutions together and coordinated their efforts, and produced uniform and efficient results. Now, that kind of supervision, it seems to me, develops the individual institution and the man in charge of it and increases local efficiency. After all, it is largely a matter of men as to what we can accomplish, and a system of supervision which increases the efficiency of the men and the organization on the spot seems to me to be the best kind of supervision. The ideals which lead to advancement originate not with a general board, but in the institution and from the workers who are close to the patient and who are solving the problems of their care and treatment, and therefore we must not expect originality from the persons who are working at a distance and at arms' length from the patient. Now, then, having these general conditions of supervision right, and starting with an institution by appointing a board of trustees and a superintendent, and having selected a site for the institution, which is near the center of population to be served, and having provided a large acreage of land, not less than 500 acres, and more if possible, then comes the question of developing the insti-

tution. Now, if we build one great massive building, if we aggregate different parts closer together so that when we start we have a great machine which is in its parts creating friction at every point, which does not allow us to classify our work or classify our patients, then it seems to me that we are going to have a very bad result as the institution grows.

We should differentiate our work, and I think we may differentiate it along three main lines.

The first concerns the medical and scientific work of the institution, and it concerns primarily the first care and observation and study of the patient. This concerns the acute and the new cases and the shortest treatment of the cases that are going to get well. Now, the proportion of such patients does not constitute more than 5 or 10 per cent, of all patients under treatment. That is a relatively small number if you have a large district and large institution. So, taking out that class and providing for them on a separate and distinct foundation, following out what I understand you are beginning here in this State to do, which means that each institution shall have a small hospital, perhaps starting with 50 patients and going to 100, and adding as you find it necessary to keep the patient under proper conditions, as to classification and conditions of treatment. The small hospital should be separate, separate in its organization and pretty separate in its administration. It should be away from other buildings; it should be complete in itself. That part of the institution may be not too far from the other parts, but it may be at a distance. If it were near a city it might be located in the city, and thus become a receiving hospital, somewhat after the plan of the Phipps Psychiatric Clinic, and it would receive patients and study them and distribute them to other parts of the institution or to other institutions, as the case might be. There, of course, you would have in charge a medical man, giving his attention to medical matters, who would direct the laboratories, who would have trained assistants in scientific work, trained clinical assistants, trained nurses and highly developed and efficient nursing corps. That would throw upon him a relatively small amount of executive and business work, which takes him from his other and higher duties.

Having made that differentiation, we have another class which we can withdraw under conditions which are entirely different. We have a class of able-bodied, comfortable patients, who are demented, and at the same time they retain more or less intelligence. We can withdraw that large class from the large institution to an environment quite distinct and also at a distance. It would not be necessary that they should be close to the hospital of which I have been speaking. It might be at a considerable distance. If the acreage of land were sufficient about the hospital it could be located at points more convenient to the hospital.

Now, the essential feature of this part of the institution, which I shall speak of as the colony, is this: It is gathered into small units. A certain portion of land is set apart for each group, a farm, as it were, is marked out, and your whole tract is divided up into little farmstead groups, and there you build practically a small institution by itself and start with perhaps 50 patients, going up perhaps to 100, and there you have a unit which is practically an independent group. You have a man and his wife in charge, with suitable helpers and teachers, to develop the patients, and they would have all the interests of a home and all the occupations and industries which would naturally grow up about such a group. You can aggregate these units. They can be extended almost indefinitely according to the number of patients you have who can live under such conditions. They are healthful and they work for themselves, they produce, they have a freedom of life, they have interests which make really a home life.

Now, we have left another class of patients which constitute the feeble and infirm. We have also delusional and chronic dangerous cases, which have to be taken care of and watched. Such cases can be gathered together in a group by themselves. They can be put in buildings which are more compactly built and more easily administered, because everything has to be done for this class. Nurses must be hired, and at the same time there is more or less that they can do themselves which will prove helpful even under these conditions. This I would call the infirmary part of the institution. If we must have a large institution, it seems to me that by splitting up along these three main lines we can prac-

tically have small institutions under our own control. I do not advocate this as the desirable thing to do, but I simply say that it is a means of escaping the evils of the large, concentrated institution.

Now, there is another point in regard to medical and scientific work. I think that the time will come when the superintendent of a large institution must recognize that he cannot attend to the work in all directions. If he has the general supervision of the institution, if he looks after the business, if he is in touch and in sympathy with the medical and scientific work, that is about all that can be expected of the average man. He has got to have his experts in the business line, he has got to have his experts in the medical and scientific work and in the laboratories, and he must give to each one of these men in their field such a scope and independence that they can develop and do their best work and relieve him of the details and of all but the larger and more engrossing demands.

Now, it is not necessary that each of these subdivisions of a large institution should necessarily be under the same control. If a large-minded and competent man is found to be in charge, that is the ideal arrangement; if he is in sympathy with all of these activities, if he supports them and promotes them, that will give the best results. But if necessary that should be under such a head, a definite organization and with independence in space and in their relation to each other that separate men who are specially adapted to the work may each work under the direction of a board of trustees. I think the important thing in the organization of an institution to get results is to subdivide it into smaller spheres with definite lines of responsibility in order to accomplish definite purposes and to put them on such a footing that they can be worked out without interfering too much with the other parts of the institution.

It is sometimes difficult to select the proper location of a new institution and to develop it along the right lines. Now, if an older board establishes a branch colony, for instance, near a center where patients live, and it begins in a small way and is organized by an experienced board under an experienced superin-

tendent, and as time goes on the demands of that locality increase, it may expand into a fully developed institution and become independent. It seems to me that is the proper way to develop a new institution in a State.

I have been speaking of the functions of a hospital in relation to its patients. Now, I think we are coming to the view that the hospital should be the center of information and teaching of the whole community throughout its district. We talk a great deal about social service, and that means an officer who is trained in such work, who is connected with the institution and who goes out into the community to make various investigations. A new patient is received; a history of the patient is necessary; causes of the mental diseases, the hereditary factors, the environment, the occupation; these are all matters which need to be brought to the attention of the hospital in order to have a full understanding of the case. A social service worker would do such work. Then comes the question of discharge. When the patient goes home with such information one knows the conditions which are to be avoided and the proper advice to be given to the patient. Sometimes there are no friends and no home to go to, and then such social worker comes in to provide substitutes for them. That tends to hasten the discharge of patients from the institution and also helps by the advice which such a worker can give, to prevent relapses and the return of the patient to the institution. So it seems to me that every hospital should have a social service organization which enables it to expand into the community and to be a source of help.

DISCUSSION.

Dr. Adolf Meyer, Director of the Henry Phipps Psychiatric Clinic, spoke of the advisability of placing insane patients in district hospitals with definite districts of population, convenient of access with subsidiary occupational or agricultural branches to suit the varying requirements of different types of patients in different parts of the State, and thus avoid the mistake of attempting to make the self-same provision for all types of State patients.

He believed the conception that the care of the insane must be considered from the point of view of the best service to the community or groups of communities forming a definite district rather than from considerations of economy or otherwise, to be the most important advance which has been made in provision for the insane during the past twenty years.

He thought that we should have in mind other than considerations of economy in locating institutions, and should have regard to the desire of the family to keep in touch with the patient, the difficulty of keeping up the close bond between the family and the patient if the latter is taken too far from home, the danger of estrangement if treatment is prolonged, the expenses of the family in traveling back and forth, and the interference with the regular labor and the income of a poor family in the effort to maintain close relations with an insane member, who may be in a district institution. These facts should be considered in estimating the cost of the treatment of insanity in any State. He deplored the tendency to continue to maintain an institution as a branch of a larger one when it has reached a stage of development which would under an independent organization be desirable. The closer the standard of care in these institutions approaches that of a good city hospital the more effective the work among the insane. There should be intensive work in behalf not of the 5 or 10 per cent. constituting the acute insane, but rather of the 25 per cent. of less hopeful cases who may recover after a period of one year's treatment. He favored an exchange oftentimes between the receiving hospital and the colony hospital of cases which require a little more community life and greater elbow room. In other words, the colony should not be regarded as an asylum for incurables, but as a place of treatment for those patients who are likely to receive benefit there. The public must be told that "we have receiving hospitals for all kinds of mental disorders, and in addition we have other hospitals in the country with a wider space of light and a little more elbow room for those who need more, in which we do not treat incurable cases alone, but all who give promise of receiving greater benefit there."

He did not regard it wise to separate too widely administrative from special work. The majority of physicians in an institution are better able to treat their patients if they become familiar with all branches of the regular work. If the medical and administrative work are conducted in the presence of the whole staff there is better co-operation and more active interest on the part of all. In this manner the spirit of the more enthusiastic worker is felt by his associates and the whole service is improved.

In conclusion he expressed the hope that the Phipps Psychiatric Clinic, although an independent foundation, might be considered a part of the machinery of the State which will act a useful part by furnishing opportunities for all medical officers to study insanity and acquire special knowledge which may become serviceable in staff meetings and demonstrations in all the State hospitals.

DR. COPP: I want to say how heartily in sympathy I am with all that Dr. Meyer has said. I have been so accustomed to seeing the higher medical and scientific work of an institution almost submerged by the administrative side that I think I have been impressed with the importance of emancipating that work more than any other work in the administration of our State institutions. It seems to me the important thing is to give each man a field. You cannot draw any distinct line between the acute and chronic, but the same principles apply, and you are doing the same kind of work in every part of your institution, but you can differentiate that work so that you obviate the main problem. It overlaps and reaches out into every other problem, and every part of the institution is intimately associated and intimately affects the other. You do not want to separate any one class of medical men, but you do want to give time to effect an organization that enables certain men who have a peculiar fitness and peculiar interest in it to give their attention to medical work and scientific work, and that brings up the standard and concentrates it. Then every other man that comes in is inspired and stimulated by it and becomes absorbed in doing the very highest type of work in turn. Unless you have a more or less concentrated organization you cannot have that work in your institution; you cannot have every part of your institution on that high plane. You have got

to take care of your patients, you have got to do your administrative work, and every man has got his part, but they will differ according to their capacities.

Now, the central idea that I want to leave with you is that you must create spheres into which you can put the individual and the individual can have scope to develop. Your institution is composite, and you may not be able to make these sharp differentiations and distinctions that I apparently have been advocating, but you can carry out the principles.

Now, with regard to the community; we start with a community, we start with a district, we start with the center of population; we want to keep the patients near those centers, and the question is, how can we keep them? When we establish a new institution no one has any comprehensive idea where that institution should be. In order that you may get the institution where it ought to be, it has got to be planned. If you come to the Legislature and say, "Here is an old institution; I have got patients near that city or town; can we buy a farm there, and can we send certain of our patients there to till that farm and make a little home colony there of the patients that belong in that community?" That is a perfectly feasible thing; you will find you have that footing, and then you can add another farm, you can add other parts of the institution, and before you know it you have supplied the needs of the community and you have it within your own control. If you start out as a new proposition you cannot do it; other considerations will come in. So that if you are planning a scheme to put a branch here and branch there according to the needs of the community and carrying your patients back to their friends and near their homes, you will accomplish just what Dr. Meyer has in mind, just what we have all had in mind. I have been speaking only of a method of accomplishing and keeping in control and carrying out the principles which we want to carry out.

DR. CLARK: I do not want the gentleman to understand that we do not confer at Springfield Hospital about our patients. I do that every morning I am there. I see the members of the staff and get reports from them about the condition of the patients,

and see the patients if necessary; but as to regular staff conference as outlined, we have not held them, owing to the separation of the two groups, a mile apart. When we get this new Psychopathic Hospital we propose to do that.

DR. HERRING: I would like to say a word before introducing this resolution. Our talk this afternoon is going to be more along the line of business. There are just two questions that I want to say a word about, and the first is the plan which we are considering concerning the future care of the insane and feeble-minded in Maryland. It has been very forcibly brought out that the important point is to study the problem in a State and to find out the districts that need the hospitals. For the past two years we have kept a record of the location of every case of insanity and feeble-mindedness in the city and State, and in the last report of the Commission you will see these maps showing the location of every white insane and colored insane person. We will, of course, need additional provisions for the insane in Maryland in the future, but we will leave that to the next Legislature as to an additional appropriation. Just exactly where we need the hospitals the most is not yet definitely decided. I think we are just in this position in Maryland now: We have not built too many hospitals without knowing just exactly where we needed them. We knew we needed one on the Eastern Shore, and we knew we needed a hospital for the negro insane. Now we need another hospital. I think everyone is convinced that it is not advisable to erect and maintain a large institution, that is, for more than 1500 patients. We probably will have at Springfield about 1500; that will no doubt be its maximum capacity. Now we need another institution, and just where that will be located or where it is most needed is not yet decided. We are studying the situation carefully, and when we ask for a new hospital we will ask to have it located where it is most needed.

Another point is that the hospital should certainly be a very active and potential force in that community. There is a great deal of work that can be done by the hospital and its staff in its immediate vicinity, and the State is divided into certain hospital districts. For instance, the Eastern Shore will send its patients

to the Eastern Shore Hospital, that is, its white patients, and the Sixth Congressional District will probably send all its patients to a hospital in Western Maryland. It is planned now to have all the acute cases in Baltimore city go to the Spring Grove State Hospital, and all acute cases from the western part of the State go to the Springfield Hospital, and the chronic cases or semi-acute cases in the towns in the western part of the State will be divided equally between the two State institutions. Of course, all the negro patients will be sent to the Crownsville State Hospital. That, in a way, is the tentative districting of the State.

Now, a word as to the special work of each hospital. If Dr. Copp had gone into greater detail we could have asked him a great many more questions which would have brought out the benefit he indicated. Dr. Copp's plan was outlined, of course, only in a general way. There is a very active and very direct work which could be done by each hospital, it seems to me, and we might embrace it under two heads, under the strictly medical organization. We are not saying anything, of course, about the administrative work now. The first is the question of staff conferences. The idea of the staff conference, as will be expressed in this resolution, is not an informal discussion or informal talk of the superintendent with the members of the staff, but a regular, systematic meeting of the members of the staff, to be held on a definite date at a definite time, when each admission and each discharge will be presented for discussion, and any other questions which relate to management.

I was especially interested in receiving a report the other day from the Georgia State Sanitarium, the only State institution in Georgia which receives not only the insane and epileptic, but feeble-minded and negro insane; in fact, it receives all forms of defective citizens in the State of Georgia, and they have over 1300 patients in the hospital. A thousand of them are negro patients. During the past year 1108 patients were admitted. Of those, 1081 were brought before the staff at daily staff meetings. They have clinical directors and a staff of about ten physicians. It seems to me especially significant that in the one hospital in Georgia where they have over 3000 patients and over 1000

patients admitted each year, that there should be 1000 of these cases brought daily to the staff meetings.

Then, a second point is that in those special studies that are made of cases at daily staff meetings the work of the Mental Hygiene Committee will be facilitated, and I have here a very brief resume of the work that has been done in the past six months. For example, one hundred and twenty-two cases have been referred to this Committee. Of those, twenty-eight were from Springfield, six from Spring Grove, five from Bay View and the remainder from the City Charities Department, the Federated Charities, and various charity organizations in the city, making a total of one hundred and twenty-two patients. There were twenty-four after-care cases; there were eight boarding-out or family care cases, cases which would otherwise have remained in the institution until the end of their days. This means a very distinct saving, of course, to the State. Then there were nineteen cases under the head of preventive work. Now, while this Committee has been working only six months the figures show really that it has been very active and, without going into the details of the work of the Committee, they also show that we can save a good deal each year to the State by removing patients from the institution and placing them in homes, either in their own homes if they are suitable, or in some other place so that they will not have to spend the remainder of their days in the institution. That is a question that we want to take up a little bit more later on. In order to bring this whole matter to your attention, I want to read this resolution and see if it meets with the approval of those here assembled.

Whereas, In view of the fact that important changes have taken place within the last four years in the care and treatment of the insane in Maryland and in view of the fact that Psychopathic Hospital buildings are to be erected at each of the State Federated Charities, and various charity organizations in the city, the official semi-annual meeting of the Lunacy Commission with the Boards of Managers of the State Hospitals for the Insane and Feeble-Minded, that there should be expressed in a formal

manner our sentiments regarding the modern care and treatment of the insane; be it therefore

Resolved, First, that it is essential for every well equipped hospital to have a competent medical staff;

Second, That one of the members of the staff should be a thoroughly trained psychiatrist, to be known as the Clinical Director, who shall be held responsible for the purely clinical work of the institution, under the direction of the Superintendent;

Third, That there should be regular staff meetings at which all admissions, deaths, and discharges of patients should be presented for discussion, as well as other questions relating to the medical service;

Fourth, That there should be a Training School for the nurses and attendants so arranged that the training in each institution should be as nearly uniform as possible.

Resolved further, That it is the opinion of the members present at this semi-annual meeting of the Lunacy Commission with the Boards of Managers of the State Hospitals for the Insane and Feeble-Minded, that the superintendent of the respective institutions be directed to institute at once regular meetings of the staff, to be held at least three times a week at which meetings the superintendent shall preside and conduct the conference and that as soon as practical a Training School be established in those hospitals which at the present time have no such schools.

GOVERNOR GOLDSBOROUGH: Gentlemen, are you ready for the question? All in favor of the adoption of the resolution as offered by Doctor Herring and seconded by Doctor Hill will please say Aye and those to the contrary No.

The Ayes appear to have it, the Ayes have it, the motion prevails.

The next thing on the program is a symposium on the methods of purchasing supplies and a brief report from each institution.

SYMPOSIUM ON THE METHODS OF PURCHASING
SUPPLIES.

DR. FRANK W. KEATING, Superintendent, Rosewood State Training School: As to the methods we have adopted, I will say that our practice is to make a contract for three months for supplies we wish. We get bids with the submission of samples with the bids, and that matter is taken up by the Purchasing Committee, the samples are gone over with the prices, and if the samples are equal, the man who bids the lowest on an equal sample gets the contract for supplies for the three months. But his samples must be satisfactory, of course, to the Purchasing Committee. The man who submits the lower price with an inferior article of course, is not taken into consideration. We usually buy the best of everything we get. That is the method which we have. Of course, there are a great many small things that we cannot ask bids on, and in regard to those, we go around to the different wholesale places, and, in some instances, retail places, where the quantity to be purchased is very small, and get the very best price we can. I think probably that is the same method that is being used in all the institutions. We never advertise for bids except for building. In case of building, we always advertise. The law requires us to give the contract to the lowest responsible bidder.

In reference to the question of purchases, I would say that I have lately been to a meeting of all the superintendents of the institutions for feeble-minded in the United States and Canada, and in discussing the matter of the purchase of supplies it seemed to be the opinion of all those who had charge of institutions that a great deal could be accomplished by co-operation in buying among institutions. Those institutions where they have a central purchasing agency, do not think a great deal of it. They say you can buy some things a little cheaper, but that it is very unsatisfactory and you get the credit of not doing things at the right time and in the right way, and you cannot do them other-

wise because sometimes it takes a great deal of time to get your supplies and get the things approved, and when they come they are not always what you ought to have and it takes a long while to straighten matters out and by that time you very often have to go in the open market and buy them anyhow. But they all seemed to think that co-operative buying is the thing; that the superintendents and the purchasing committee have monthly or quarterly meetings together and consult together and have co-operative buying. That has worked out admirably in this country and also elsewhere.

DOCTOR J. CLEMENT CLARK, Supt. Springfield State Hospital: As you know, Governor, we have lately changed our system from a monthly requisition bought in the open market to a quarterly purchase, by competitive bidding, by means of advertisements in the daily papers. We like the quarterly system, the prices are a little better and we have saved a little money this year. With the high prices, if we can save any money, it seems to me we ought to do it. While I think possibly, the saving has been a little exaggerated, however, there was a substantial saving. We have a copy of our last quarterly bids tabulated. The contracts were given to the lowest bidders right straight through. I thought it might be well to present this to you. It has the name of the article, of the firm and the price on every item bought. Of course, as Doctor Keating says, there are some items you cannot get competitive bids on, but this is an open game. The bidders are present, if they want to be, and can see for themselves the prices that their competitors quote, if they desire. We now have articles specified pretty much as the Government does, and the merchants tell us that they are complete and that any merchant can bid upon these specifications.

GOVERNOR GOLDSBOROUGH: Mr. Arthur D. Foster, the Chairman of the Purchasing Committee of the Spring Grove State Hospital Board will now make a statement.

MR. ARTHUR D. FOSTER: Very briefly, our plan at Spring Grove is that the purchase of all supplies with the exception of special apparatus for repairs, such as repairing boilers and putting in new boilers and all that sort of thing, is under the super-

vision of a purchasing committee composed of three members of the Board. Each month the steward, with the superintendent, makes up a list of requisitions, and they are passed on by the Purchasing Committee, and, if approved, are ordered. Now, we have competitive bidding on all these things with few exceptions. We will advertise, for instance, for meats, flour and groceries. We will advertise in accordance with the specifications that we will have prepared. Now, take our meats; we know about what our consumption of meat will be for the year and we specify the varieties of cuts and the quantity and quality, and then we have bids from the Western butchers such as Armour and Swift and Nelson-Morris and Schwartzchild, and the local butchers as well, and we have found that our local butchers have come in successful competition with the Western butchers. These meats are to be delivered in weekly deliveries. Some of them are delivered twice a week. Now, with each delivery of meat we have our inspector there to inspect the meats, and if at any time, the delivery of the meat in question does not come up to the specifications, it is rejected and sent back.

In regard to our flour, we advertise for flour, and state in the advertisement that it is to be up to sample furnished by the bidders. They will come out there and get a sample right from the bake room, and then we specify before we award this contract to the lowest bidder, and we take a bond for the faithful performance of the contract, and we specify further that if at any time we have any occasion to think the article is not up to specifications, we shall have the right to call in a sworn inspector from the Chamber of Commerce, who will inspect that flour at the expense of the merchant furnishing it, and, if on his certificate it is not satisfactory or up to the mark, it is taken out and taken back, and that expense is born by the merchant. We have never had any serious cause for complaint. Once or twice we thought our flour was not up to specifications, but it was made good very promptly.

In regard to the groceries, samples are furnished with the bids, and, as Dr. Clark states at Springfield, we have the same plan that the bidders can be present if they want to be when the bids are opened and the contract is awarded.

In regard to our supplies, such as linens and housekeeping articles, we have competitive bids on those goods from houses like John E. Hurst, R. M. Sutton, O'Neil & Company, John A. Horner & Company, and the contract is always awarded to the lowest bidder. In addition to that, we have a steward out there, Mr. Brown, who has been there for a great many years, a man of large experience, and, in going around, if he has occasion to run across an article, take an article such as sheetings, which run into a good deal of money at times in an institution like that; for instance, he will come into contact with a salesman from whom he can learn where there is a certain amount of that stuff, or those goods, that can be bought because it is more or less of a remnant, it can be bought cheaper than it can ordinarily be bought, the steward brings that to the attention of our Purchasing Committee, and if we find we are going to have use for such goods in the next two or three months, we think it desirable to buy it and carry it over, because we make up those articles in our industrial shops ourselves.

We aim to get the best results for the least money. In regard to such things as butter and eggs, we find we cannot do well on them with the future delivery system. We buy them on the market as we need them from month to month. In regard to coal, hard or soft, we advertise and have competitive bidding on that.

When there are any repairs to be made to our machinery or plant, of any kind, they have to be passed on by the Purchasing Committee and ratified by the Board before being made.

In regard to our monthly purchases, they are audited by our Finance Committee and our Executive Committee, and the bills have to be O. K.'d by the Chairman of the Committee before the checks are signed. That is done every month. Whatever is done by the Purchasing Committee during the month is always ratified by the Board at its next general meeting.

Knowing how you feel, Governor, about this central purchasing plan, I have made some investigations of it myself, and have given it a good deal of consideration. I am not prepared to say that our plan is the best plan. I know we are all concerned with one idea in the matter of these institutions, and that is to do the best

we can with a material plan. I very much doubt, however, the wisdom of having the central purchasing plan. I have inquired among the superintendents of hospitals and institutions in other States where this system is in vogue, and I find they are dissatisfied with it. In regard to the meats, if they are purchased by a purchasing agent, and a quantity is contracted for six or twelve months and a good deal of the meat is bad, there is going to be a good deal of friction in having the defective article replaced. The same is true in regard to sheetings, and so forth. And I have been very much impressed from the reports I have been able to get from institutions such as Dr. Keating mentioned in other States, of Michigan, for example, where there is co-operative buying, and I can readily see the great advantage that will accrue from that plan, because we who have this responsibility to deal with can meet together, say, every three months; we are all on our mettle to do the best we can and show the best results, and if I as chairman of the Purchasing Committee at Spring Grove can meet the chairman of the Purchasing Committee at Springfield and we can go over and compare what we are paying for coal, who we are getting it from, and so forth—and the same I might add with reference to meat and flour and other things—then we can get real competition, not only among the people who supply the articles, but among us who consume those articles, and we can readily check up things together, and that, I think, will be of great advantage to us all, as I see it; but I have yet to find anyone who has really been up against the matter of this central purchasing plan who is thoroughly satisfied with it. They tell me that while they save money in some instances, the general result is not satisfactory. I, for myself, am not wedded to one plan or the other. Like the man from Missouri, I am willing to be shown how this central purchasing plan could be an improvement, but I have not yet been able to see how it is an improvement.

GOVERNOR GOLDSBOROUGH: We will now hear from Dr. Winterode.

DR. R. P. WINTERODE, Supt., Crownsville State Hospital: Your Excellency and Gentlemen—At the present time we are purchasing in the open market. We have not sufficient storeroom to

contract for three months at a time, but we are formulating a plan to follow out the method which Dr. Clark has adopted. At the present time we have blanks printed. After obtaining estimates from numerous houses in references to our requisitions, we send an order to the man giving us the lowest estimate, and, of course, the goods are subject to inspection. Our order blanks are printed in triplicate form. One blank is sent to the man from whom we are purchasing. There is a second blank furnished to the storekeeper, without showing the quantity of goods purchased or the price, and he is to fill in this blank. That is the way we handle every article that comes into the storeroom. That enables us to keep tab on the storekeeper. The third requisition is filed with the invoices as they come in. At the present time that is the method we are adopting, and, of course, we are purchasing now as we need supplies, owing to the fact, as I said before, that we have not sufficient storeroom.

I think Colonel Foster's suggestion in regard to co-operation in buying is a very good suggestion. I feel that money could be saved on quite a number of articles if we followed that plan. We buy coal, for instance, and flour, or something of that kind, and I think coal could be bought on an analysis basis by the different institutions. I think we could, perhaps, save money in that way on things that we use in large quantities, and I feel that it would be a very great saving to the institution if we had co-operative buying. We expect to adopt the same method that Dr. Clark has now in the next few months, but we have not room to do that now. The man who has been recently appointed our purveyor has been busy getting up these blanks, and as soon as we have sufficient storeroom to store our supplies for several months we expect to follow the same method.

I think the idea of having meetings to confer with the purchasing agents of the different institutions is an excellent idea, for we certainly could compare our goods and the prices paid, and perhaps save on a good many articles purchased.

GOVERNOR GOLDSBOROUGH: I want to say that so far as I am concerned, I am in favor of any plan where we can buy more goods and good goods for less money. I don't care whether it is

by means of a central purchasing agent or whether it is on the co-operative plan basis. I have learned something about the co-operative plan myself of late, and I have learned more about it this afternoon than I ever knew before, and that was during a few moments' talk with Dr. Copp. I understand that that plan has been very successfully put in operation by the State of Massachusetts, and I would be very glad if he would give us just a few moments' talk in regard to it.

DR. COPP: I suppose we all have the same problems. This one was presented to us six or eight years ago. We began a movement of this sort. We had fifteen or sixteen large institutions. The aggregate maintenance expense amounted to about \$3,000,000 every year, and we started out in this way: The State Board—and, by the way, the State Board was supervisory entirely in its functions—had no control over the institutions except to investigate and recommend. The State Board started out on the basis that what the institutions wanted was the facts in the case. In taking up the financial matter we appointed an expert accountant, financial agent, a man who was accustomed to analyze accounts, and we had two objects in view: One was to establish a uniform method of accounting, and the other was uniform methods of buying and uniform prices. Our first step was that that man went to each institution and every month examined the bills at the institution. From those bills he gets the facts as to the quantities of the different articles. He had, perhaps, one hundred different articles that he reported on every month. Then there was a report submitted as to the prices. At the State Board office we correlated those prices and quantities. We said that such and such an institution bought from such and such a firm such and such an article at such and such a price on such and such a date. That is, we presented all the facts we wanted—we got those facts, I mean. Then we correlated that and had a long sheet in which we had every institution that bought those articles, and all the facts in regard to them. At the head of the list was potatoes, and under that there were arranged vertical lines, so that at a moment's glance the superintendent could see that this institution bought at such a price and that institution bought at

such a price and another institution bought at such a price. Now, we found a great variation in the prices of articles purchased at the same time by the different institutions and under the same general conditions.

To illustrate: We took up sugar, for instance. Now, you would think that that article, being a trust-controlled article, we would have a uniformity of price in buying sugar, but we found that we grouped institutions into two main groups, and there was a *difference of twenty-three cents on the barrel in the price*. We found, in the first place, that one institution was buying in twenty barrel lots or more; others less. Now, there is a certain discount allowed on sugar. A certain quantity means a certain discount. We gave that information to the different institutions, and we found that some institutions were getting a discount of one per cent. for a ten days' payment. We found that about half of the institutions availed themselves of that advantage and about half did not. Then we found that some of our institutions were buying direct from the refineries, some from the wholesaler and jobber, and we found that there was a difference existing even there.

We found in analyzing that simple article, sugar, that there was quite a considerable saving to be had in its purchase by the various institutions.

Those facts that we ascertained, on being communicated to the different institutions, it was perfectly surprising how their cost of maintenance came down. They adopted all those methods. We established uniformity of price on that article and uniformity of method in purchasing it simply by giving them the information we had gathered, and in that manner we went through all the different articles. And, if you will get the State Board's reports of Massachusetts for the last three or four years, you will find the various charts showing that, starting with a marked variation in price, they have come down to a uniform price—that is, as uniform as the market prices are. Now, the next step is this: just as soon as they began to get these comparative estimates, one steward went to another to find out how they would do it and how they were improving on their methods. Then the next step: the stewards came together every month and made a

business of it; they had these facts before them as to what every institution did, and then they began to study methods and times of buying. Now, the result of that very shortly led to their getting together on main articles, like coal. Each institution knows how much coal they want, and an analysis of the coal was gotten up, and that was handed to the Committee of Stewards, and under the general supervision of the financial agent of the State Board they got up their contract. Then they advertised for bids, so many tons of coal to be delivered under such and such conditions to this institution and so many for that institution. No one was compelled to come into that. They all said we cannot save anything on coal; we buy a large quantity, and get just as good prices. Some of them did not come in. The only compulsion was if you can do better, you are at perfect liberty to do it; if you cannot, you should buy under this method. The first year several institutions said they could do better; they thought they could, but when it came to a test they found they could not. Therefore, every institution came in the next year.

Now, there was no compulsion there at all. Here is the advantage that there is in a method of this sort. Every institution is independent. Every institution has the right to do better if it can. They are stimulated to do better. In a way every institution establishes a standard of its own. Every one is stimulated to do the best they can and there is no absolute control. The next year they bought their eggs from practically the whole State at $18\frac{1}{4}$ cents delivered immediately; others as the institution wanted. That is the essence of the scheme that has been going on. It has been going on two years since I have been there, but they are doing more and more of that co-operative work and, I think, with general satisfaction to the superintendents.

DR. HERRING: I have a resolution which I have prepared. It is as follows:

“Be it resolved, That a committee, composed of the superintendent, the steward or the chairman of the Purchasing Committee of each State Hospital for the Insane and Feeble-Minded confer once a month regarding the purchasing of supplies to as-

certain whether or not it is feasible to save money by co-operation of the various hospitals."

The purpose of this conference is to ascertain whether or not we will be able to save anything by a consultation and co-operation among the various hospitals, and if need be, necessary legislation can be asked of the next General Assembly. We may not need that, but we have four or five or six months in which to see whether or not by this plan of co-operation it is feasible and practicable to save money.

The question of a Purchasing Committee or purchasing agent hasn't anything to do with the present state of affairs. It is to study the plan they have in Massachusetts and Michigan. These men can talk over the matter and we may need no legislation.

The resolution offered by Doctor Herring was then seconded.

MR. JOHN HUBNER: I would like to offer an amendment. I would like the amendment to read that the result of that conference be transmitted by the Chairman to the Governor of the State at each meeting. In saying that, I want the Committee to do something. I want to see results. We have been talking on this subject quite a while and I must confess we have not obtained as much benefit as I would like to see, but that Committee, whoever they may be, if they know their report will be scrutinized by Your Excellency, I think it would produce results.

DR. RICHARD F. GUNDRY: I second the amendment.

DR. HERRING: I accept the amendment.

Thereupon, upon vote, said resolutions were adopted.

Following this, each institution made a statement of the amount of money that would be needed for maintenance for the next two years, as well as the amount of money needed for new buildings. This is all set forth in another place in the report. The meeting then adjourned.