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STATE CHARITIES AID ASSOCIATION  
OF NEW YORK

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SEVENTEENTH ANNUAL REPORT

OF THE

State Charities Aid Association

TO THE

STATE COMMISSION IN LUNACY

---

NOVEMBER 1, 1909

---

NEW YORK CITY:  
United Charities Building  
105 East 22d STREET

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## TABLE OF CONTENTS

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	PAGE
Officers, Managers, Committee on the Insane and Sub-Committee on Prevention and After-Care.....	3
State Hospital Prevention and After-Care Committees.....	4
Visitors of the State Charities Aid Association to State Hospitals for the Insane..	6
Census of State Hospitals and Licensed Private Asylums for the Insane.....	8
Annual Report of Board of Managers:	
Recent Legislation.....	10
Additional Accommodations for the Insane.....	11
Occupation and Entertainment.....	17
Care of the Alleged Insane Pending Commitment.....	18
Insane Aliens.....	23
Fourth Annual Report of Sub-Committee on Prevention and After-Care.....	38
Manhattan and Central Islip Committee.....	39
Willard Committee.....	41
Hudson River Committee.....	43
Work of agent.....	43
The Relation of the State Hospitals to Prevention and After-Care.....	45
The Relation of the State Hospitals to their Districts.....	49
Cost of the Work.....	52
Reports of Visitors to State Hospitals:	
Middletown.....	53
Buffalo.....	55
Binghamton.....	57
St. Lawrence.....	61
Gowanda.....	63
Central Islip.....	65
Appendix. Suggestions for Visitors to State Hospitals.....	69

# STATE CHARITIES AID ASSOCIATION

## OFFICERS—1909—1910.

MR. JOSEPH H. CHOATE .....	President
MRS. WILLIAM B. RICE .....	Vice-President
MR. GEORGE F. CANFIELD .....	Vice-President
MISS LOUISA LEE SCHUYLER .....	Vice-President
MR. EDWARD W. SHELDON.....	Treasurer
MRS. HENRY OOTHOUT.....	Librarian
MR. HOMER FOLKS .....	Secretary
MISS MARY VIDA CLARK.....	Assistant Secretary
MR. JOHN A. KINGSBURY.....	Assistant Secretary
MR. BAILEY B. BURRITT.....	Assistant Secretary

## MANAGERS.

*Term Expires 1910.*

MRS. TUNIS G. BERGEN, MISS M. KATE BRICE, MISS HELEN C. BUTLER,	MR. GEORGE F. CANFIELD, MR. JOSEPH H. CHOATE, MR. CH. ARLESS. FAIRCHILD MR. ELIHU ROOT.
---	--

*Term Expires 1911*

DR. CHARLES HITCHCOCK MR. FRANCIS C. HUNTINGTON, MR. CHARLES H. MARSHALL, MRS. WILLIAM B. RICE.	MR. JOHN A. McKIM, MISS RUTH MORGAN, MRS. HENRY OOTHOUT,
--	--

*Term Expires 1912*

MR. EUGENE PHILBIN, MR. EDWARD W. SHELDON, MISS LOUISA LEE SCHUYLER, MR. THEODORE L. FROTHINGHAM.	MR. P. TECUMSEH SHERMAN, MR. FELIX M. WARBURG, MRS. MARY HATCH WILLARD,
--	---

## COMMITTEE ON THE INSANE.

MR. GEORGE F. CANFIELD, *Chairman.*  
MISS MARY VIDA CLARK, *Secretary.*

DR. CHARLES L. DANA, MR. CHARLES S. FAIRCHILD, MR. HOMER FOLKS, DR. CHARLES HITCHCOCK,	MR. FRANCIS C. HUNTINGTON, MR. WILLIAM CHURCH OSBORN, DR. FREDERICK PETERSON, MISS LOUISA LEE SCHUYLER.
---	--

## SUB-COMMITTEE ON PREVENTION AND AFTER-CARE.

MISS FLORENCE M. RHETT, *Chairman.*  
MISS MARY VIDA CLARK, *Secretary.*  
MISS E. H. HORTON, *Agent.*

MRS. HENRY WHITNEY MUNROE, MISS LOUISA LEE SCHUYLER, MRS. PAUL TUCKERMAN.	MRS. JAMES ROOSEVELT, MRS. FRANK SULLIVAN SMITH,
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# STATE HOSPITAL PREVENTION AND AFTER-CARE COMMITTEES

---

## MANHATTAN AND CENTRAL ISLIP COMMITTEE.

*Appointed for Manhattan, February 15th, 1906.*

*Appointed for Central Islip, February 5th, 1907.*

MISS FLORENCE M. RHETT, *Chairman*, 122 East 34th street, New York.

MRS. ALBERT H. HARRIS, *Secretary*, 135 Central Park West, New York.

### FOR MANHATTAN STATE HOSPITAL.

MRS. HERBERT L. SATTERLEE, 37 East 36th street, New York.

MISS SHIPPEN, 320 Lexington avenue, New York.

### FOR CENTRAL ISLIP STATE HOSPITAL.

MRS. JOHN C. O'CONNOR, 24 East 33d street, New York.

MRS. WILLIAM ROBISON, Massapequa.

### *Ex-Officio Members.*

### FOR MANHATTAN STATE HOSPITAL.

MRS. HARRISON KERR BIRD, 24 West 40th street, } *Managers.*  
MRS. FRANCIS P. KINNICUTT, 39 East 35th street, }

DR. WILLIAM MABON, *Superintendent*, Manhattan State Hospital, New York.

### FOR CENTRAL ISLIP STATE HOSPITAL.

MRS. AUGUSTUS FLOYD, Mastic, *Manager*.

DR. GEORGE A. SMITH, *Superintendent*, Central Islip State Hospital, Central Islip.

## WILLARD COMMITTEE.

*Appointed April 10th, 1906.*

MRS. W. W. HOPKINS, *Chairman*, Geneva.

MRS. H. A. PORTER, *Secretary*, Ovid.

MRS. H. K. ARMSTRONG, Penn Yan.

MRS. JOHN DAVENPORT, Bath.

REV. J. W. JACKS, D. D., Geneva.

MRS. GEORGE MAGEE, Watkins.

MRS. PHOEBE A. VARY, Newark.

### *Ex-Officio Members.*

MRS. MILO M. ACKER, Hornell, } *Managers.*  
MR. FRED J. MANRO, Auburn, }  
MRS. EDWIN C. STEWART, Ithaca, }

DR. R. M. ELLIOTT, *Superintendent*, Willard State Hospital, Willard.

**HUDSON RIVER COMMITTEE.***Appointed May 22d, 1906.*

MRS. JAMES ROOSEVELT, *Chairman*, Hyde Park.  
 MISS MARY REYNOLDS, *Secretary*, 229 Mill street, Poughkeepsie.  
 DR. ISHAM G. HARRIS, Hudson River State Hospital, Poughkeepsie.  
 MRS. THOMAS H. HOWARD, Hyde Park.  
 MRS. JAMES D. KEITH, Poughkeepsie.  
 MR. LEWIS R. PARKER, Albany.  
 MISS EDITH WILKINSON, 297 Mill street, Poughkeepsie.

*Ex-Officio Members.*

MISS MYRA H. AVERY, Poughkeepsie,  
 MISS CATHERINE A. NEWBOLD, Poughkeepsie, } *Managers.*  
 DR. WILLIAM B. GRANGER, Bronxville,  
 DR. CHARLES W. PILGRIM, *Superintendent*, Hudson River State Hospital, Pough-  
 keepsie.

**BINGHAMTON COMMITTEE.***Appointed November 8th, 1906.*

MR. CHARLES E. LEE, *Chairman*, Binghamton.  
 MISS CLARA A. HOLMES, *Secretary*, Binghamton.  
 MISS ANNA B. PRATT, Elmira.  
 MR. FREDERICK HASKINS, Binghamton.

*Ex-Officio Members.*

MRS. HENRY OLIVER, ELY, Binghamton, } *Managers.*  
 MR. JERVIS LANGDON, Elmira,  
 DR. CHARLES G. WAGNER, *Superintendent*, Binghamton State Hospital, Bing-  
 hamton.

## VISITORS TO STATE HOSPITALS

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### WILLARD STATE HOSPITAL.

MR. A. B. HOUGHTON, Corning.  
MRS. ARTHUR E. VALOIS, Valois-on-Seneca.

### HUDSON RIVER STATE HOSPITAL.

MR. FRANK B. LOWN, Poughkeepsie.  
MR. LEWIS R. PARKER, 25 North Pearl street, Albany.  
MISS MARY REYNOLDS, 229 Mill street, Poughkeepsie.

### MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

MR. D. C. McMONAGLE, Middletown.  
MR. H. W. MUNROE, Tuxedo.  
MRS. H. W. MUNROE, Tuxedo.  
MR. PAUL TUCKERMAN, Tuxedo.  
MRS. PAUL TUCKERMAN, Tuxedo.  
MR. H. K. WILCOX, Middletown.

### BUFFALO STATE HOSPITAL.

MRS. BERNARD BARTOW, 481 Delaware avenue, Buffalo.  
DR. CHARLES SUMNER JONES, 697 Delaware avenue, Buffalo.  
MISS ADA M. KENYON, The Buckingham, Allen and Mariner streets, Buffalo.  
HON. GEORGE A. LEWIS, 258 Elmwood avenue, Buffalo.  
MRS. J. J. McWILLIAMS, 277 Linwood avenue, Buffalo.

### BINGHAMTON STATE HOSPITAL.

MR. FRED H. HASKINS, Binghamton.  
MISS CLARA A. HOLMES, Doubleday Building, Binghamton.  
MR. CHARLES E. LEE, Front street, Binghamton.

### ST. LAWRENCE STATE HOSPITAL.

CAPTAIN FRANK CHAPMAN, Ogdensburg.  
MR. ANDREW IRVING, Ogdensburg.  
MRS. ANDREW IRVING, Ogdensburg.  
MR. GEORGE W. KNOWLTON, Watertown.  
MRS. GEORGE W. KNOWLTON, Watertown.

### ROCHESTER STATE HOSPITAL.

PROF. SAMUEL A. LATTIMORE, 595 University avenue, Rochester.  
MRS. JOHN S. MORGAN, 12 Arnold Place, Rochester.  
MRS. DANIEL B. MURPHY, 541 University avenue, Rochester.

**LONG ISLAND STATE HOSPITAL.**

MRS. ARNOLD G. DANA, 140 Columbia Heights, Brooklyn.  
 MR. ALBRO J. NEWTON, 140 Columbia Heights, Brooklyn.

**KINGS PARK STATE HOSPITAL.**

REV. JOHN C. YORK, Huntington, Long Island.

**MANHATTAN STATE HOSPITAL.**

MRS. ALBERT H. HARRIS, 135 Central Park West, New York.  
 MISS ALICE PINE, 45 Fifth avenue, New York.  
 MISS FLORENCE M. RHETT, 122 East 34th street, New York.

**CENTRAL ISLIP STATE HOSPITAL.**

Rev. W. H. GARTH, Islip, Long Island.  
 MRS. JOHN C. O'CONNOR, 24 East 33d street, New York.  
 MR. JOHN H. VAIL, Islip, Long Island.

**GOWANDA STATE HOMEOPATHIC HOSPITAL.**

MRS. WILLIAM BOOKSTAVEN, Dunkirk.  
 MRS. JOSEPHINE DODMAN, Westfield.  
 MR. FREDERICK P. HALL, Jamestown.  
 HON. W. E. WHEELER, Portville.

**CENSUS OF STATE HOSPITALS AND LICENSED PRIVATE ASYLUMS FOR THE  
INSANE, OCTOBER 1, 1909.**

Utica .....	1,388	
Willard .....	2,377	
Hudson River .....	2,943	
Middletown .....	1,763	
Buffalo .....	1,954	
Binghamton .....	2,238	
St. Lawrence.....	1,887	
Rochester .....	1,380	
Gowanda .....	1,006	
Long Island.....	778	
Kings Park.o.....	3,108	
Manhattan .....	4,515	
Central Islip.....	4,025	
	29,362	
Matteawan and Dannemora (criminal insane).....	1,127	
Twenty-four licensed private asylums.....	1,052	
	31,541	
	31,541	

**CENSUS OF INSTITUTIONS FOR THE INSANE, OCTOBER 1, 1908.**

Thirteen State Hospitals.....	28,399
Two State Hospitals for Criminal Insane.....	1,073
Twenty-four licensed private asylums.....	1,035
	30,507
	30,507

**COMPARISON OF FIGURES FOR 1908 AND 1909.**

Increase in thirteen State Hospitals.....	963
Increase in two State Hospitals for Criminal Insane.....	54
Increase in twenty-four licensed private asylums.....	17
	1,034
	1,034

SEVENTEENTH ANNUAL REPORT  
OF THE  
State Charities Aid Association  
TO THE  
STATE COMMISSION IN LUNACY

---

NEW YORK, *November 1, 1909.*

*To the State Commission in Lunacy:*

In accordance with chapter 635 of the Laws of 1893, and amendatory acts, the State Charities Aid Association herewith respectfully submits to your Honorable Commission its seventeenth annual report. The report contains, as usual, much matter which is not new to those to whom it is addressed, but which it seems to us desirable to include for the benefit of the large number of persons to whom it is sent who are not equally familiar with these subjects.

The table on the opposite page shows the total number of insane persons in State Hospitals and licensed private asylums on October 1, 1909, to have been 31,541, an increase of 1,034 over the previous year. Of this total number, 29,362 patients were in the thirteen State Hospitals (not including Matteawan and Dannemora), being 963 more than on October 1, 1908. This figure is over 300 less than that of last year, but greater than the average annual increase for the past ten years, which is 833.

The Association's legally appointed visitors to State Hospitals now number forty. They have continued to do admirable work during the past year and have presented interesting annual reports, which appear on pages 54 to 69 of this publication. We do not necessarily endorse every recommendation made by our visitors, but we believe that the Commission and the public should know how these institutions impress representative men and women in their localities.

## RECENT LEGISLATION.

With the exception of the usual appropriation and supply bills, the most important bills affecting the insane introduced in the Legislature in 1909 failed of passage.

The Insanity Law was to some slight extent revised, and was made a part of the new consolidated laws.

Chapter 77 of the Laws of 1909 authorized the sale or exchange of the lands formerly used as a rifle range at Creedmoor which by chapter 473 of the Laws of 1908 were transferred to the jurisdiction and control of the board of managers of the Long Island State Hospital and the State Commission of Lunacy for the purpose of a site for the Long Island State Hospital. The Law of 1909 provided that the Creedmoor property might be sold or exchanged for other lands situated on Long Island to be used for the same purpose, and the unexpended balance of the appropriation of \$229,569 made by the Legislature of 1906 for the alteration of the Long Island State Hospital was reappropriated for the erection of buildings on the new site, if such site should be secured. A bill authorizing the State Commission in Lunacy to select a new site for a State Hospital for the Insane in the southeastern part of the State and making an appropriation of \$175,000 therefor, as well as authorizing the appropriation thereto of any sums arising from the sale or exchange of the Creedmoor site, was also introduced and failed of passage. Consequently, in the last days of the session of the Legislature, a section was added to the supply bill authorizing the use of the unexpended balance (\$186,693.48) of the appropriation made for the Long Island State Hospital in 1906 for "the acquisition of a site or sites for a State Hospital in the southeastern part of the State." The State Commission in Lunacy used the greater part of this money for the purchase of the site at Lake Mohansic in Westchester county. The Creedmoor property still remains to be disposed of.

An item in the appropriation bill authorizing the expenditure of \$100,000 for new buildings for the insane on the Comstock site in Washington county was fortunately stricken out. A bill was passed for the transfer of this property to the State Department of Prisons, and the State Commission in Lunacy is now under no further necessity of considering Washington county as a site for a State Hospital.

Two important bills which failed of passage were those introduced at the instance of the State Commission in Lunacy, one transferring from the poor law authorities to the health officers the responsibility for the care and treatment of the insane and the alleged insane pending the examination as to their mental condition prior to their transfer to institutions for the insane, and the other increasing the powers of the State Commission in Lunacy to cover the inspection and to some extent the regulation of places where the insane and the alleged insane are detained and cared for prior to their transfer to institutions for the insane. It is to be hoped that these bills will be introduced in the Legislature of 1910. Their provisions are further considered in the section entitled "Care of the alleged insane pending commitment," on pages 18 to 23 of this report.

#### ADDITIONAL ACCOMMODATIONS FOR THE INSANE.

The annual increase in the number of the committed insane can be estimated with sufficient accuracy to justify—in fact, to demand—the adoption of rational plans for the development of existing hospitals and the establishment of new ones for a considerable time in the future. It would be wise and economical to consider this problem for a period of several years, and make proper provision for the expected increase during this period, rather than to provide each year for the actual increase which has already accrued and for which no advance provision has been made. It would seem to be profitable to study the situation for a period of five years, for instance. With that in view, the following brief and tentative summary is submitted

#### STATEMENT OF GENERAL PROBLEM.

The problem of the State Hospitals may be briefly stated as follows

Overcrowding existing October 1, 1909, as estimated by the Commission .....	1,719
Probable increase in number of insane from October 1, 1909, to October 1, 1914.. s..... s.....	5,000
Total .....	<u>6,719</u>

Beds to be provided by appropriations already made, as estimated by the Commission.....	1,754
Beds to be provided by October 1, 1914, by appropriations to be made .....	4,965
	<hr/>
Total.....	6,719
	<hr/> <hr/>

It is our judgment that about 1,200 patients of the approximate 5,000 to be provided for during the next five years should be accommodated on the grounds of existing State Hospitals, and that for the remaining 3,800 two new State Hospitals should be built.

**NEW BUILDINGS, ADDITIONS, ETC., AT EXISTING STATE HOSPITALS.**

The most important appropriations required by the existing State Hospitals are for the following purposeso

1. Hospital for acute cases.
2. Additional accommodations for chronic cases.
3. Additional homes for officers and employees.
4. Enlargement of service plants.
5. Additional land.

*1. Hospitals for Acute Cases.*

Some years ago the wise policy was adopted of providing specially equipped buildings for acute cases on the grounds of existing institutions. At the present time the Willard, Kings Park, Central Islip, and Gowanda State Hospitals are the only ones where such buildings have not been provided for. Appropriations for this purpose are required as followso

Willard for .. o. o. o. o.....	100	patients	\$100,000
Gowanda, for .....	100	“	100,000
Central Islip, for.....	200	“	200,000
Kings Park, for.. o.....	200	“	200.000
	<hr/>		<hr/>
Total .....	600	“	\$600,000
	<hr/> <hr/>		<hr/> <hr/>

## 2. *Additional Accommodations for Chronic Cases.*

The most important buildings and additions for this class desirable on the grounds of existing State Hospitals are as followsa

Willard: Pavilion for thirty-five tuberculous men.....	\$16,000
Hudson River: Addition for forty disturbed patients.. a....	20,000
Rochester: Infirmary building..... a.....	82,000
Additional cottages at Lake Farm.....	15,000
Pavilion for contagious diseases..... a.....	6,000
Central Islip: Extension of wards for disturbed cases.....	20,000
	<hr/>
Total.....	<u>\$159,000</u>

This will provide for about 300 patients, and some 300 more can be accommodated in space to be vacated by officers and employees in these hospitals in the near future.

## 3. *Additional Homes for Officers and Employees.*

Some years ago the wise policy was adopted of providing separate homes for the physicians, nurses, and other officers and employees. With the large increase in the number of patients more accommodations of this sort must be provided. Whenever any considerable increased provision for patients is made there should go with it a corresponding increased provision for officers and employees. The most important and immediate needs are as followsa

Hudson River: Nurses' homes for 100 in connection with main building and cottages..... a.....	\$70,000
Additional staff quarters..... a.....	35,000
Rochester: Nurses' home for 100.....	85,000
Manhattan: Nurses' home..... a.....	100,000
	<hr/>
	<u>\$290,000</u>

(At Kings Park additional accommodations for employees are needed, but it would probably be desirable to reconstruct for this purpose existing buildings now occupied by patients and not well adapted to their needs rather than to erect new nurses' homes.)

#### 4. *Enlargement of Service Plants.*

With the additions made recently in the accommodations for patients at Hudson River, Middletown, Binghamton, and Rochester a great strain is put upon all departments of the general plant, including administration buildings, assembly halls, power houses, industrial buildings, laboratories, etc. About \$300,000 was asked for last year for this purpose and about the same amount will probably be asked for this year, not including \$120,000 for congregate dining rooms at Kings Park and Central Islip, in connection with the large new buildings for chronic cases which are to be constructed at these hospitals.

#### 5. *Additional Land.*

At least eight of the State Hospitals need more land. Several of them have at the present time opportunities to purchase land which may be lost entirely in the course of a few years through purchase by private parties or through an increase in price which will make purchase by the State impracticable. Already the State has lost much by delay. No adequate purchase of land has been made during the past decade, and while there has been an increase in the number of patients amounting to 8,517 from October 1, 1898, to October 1, 1909, the additional acreage acquired during this period amounts to only 226 acres. The population of the State Hospitals October 1, 1909, was 29,362, the acreage 7,916. The hospitals which now rent land are as follows

Utica .....	100 acres
Willard .....	50 acres
Buffalo .....	10 acres
Binghamton .....	200 acres
St. Lawrence.o.....	294 acres

Appropriations are needed for the purchase of additional land, as follows

Utica: Campbell Farm of 300 acres.....	\$60,000
59 acres adjacent to and partly surrounded by State Hospital land .....	35,000
Hudson River: 66 acres.....o.....o.....	16,600
Middletown: 200 acres and buildings.....	15,225
Buffaloo 35 acres and buildings.....o.....	6,500
Binghamton: 250 acres.....o.....	7,000

St. Lawrence: 294 acres..... a..... a.....	\$14,700
Rochester: Michel Farm, 61½ acres and buildings.....	12,300
300 acres near Lake Farm.. a.....	30,000
Gowanda: 80 acres .....	8,000
	<hr/>
Total (acreage, 1,645½)..... a.....	\$205,325
	<hr/> <hr/>

#### SUMMARY OF REQUIREMENTS IN CONNECTION WITH EXISTING STATE HOSPITALS

Four hospitals for 600 acute cases.....	\$600,000
Accommodations for chronic cases.....	159,000
Accommodations for officers and employees.. a.....	290,000
Enlargement of service plant and congregate dining rooms..	420,000
1,645½ acres of land..... a..... a.....	205,325
	<hr/>
	\$1,674,325
	<hr/> <hr/>

Chapter 139 of the Laws of 1908 requires that within ten years of that date a modern hospital for the insane shall be erected on Ward's Island. The wording of the law is somewhat ambiguous in that it does not indicate whether the existing buildings which, with a capacity of about 3,600, are accommodating over 4,500 patients, are to be razed to the ground and new buildings erected in their place, or whether new buildings are to be added to the present plant. Whichever of these courses may be decided upon, the present census should not be materially increased, and if additional buildings are to be erected, they should provide only for the present overcrowding. The size and cost of this new construction will have to be considered in the course of a few years, probably a million dollars for a thousand patients.

If it should be decided to retain the Long Island State Hospital on its present site thorough alterations will have to be made, requiring an appropriation of about \$500,000 according to the plans of the architect and the State Commission in Lunacy.

Except for the additions above referred to, *no considerable additional accommodations for patients should be made on the grounds of existing State Hospitals.* The nine State Hospitals which do not receive patients directly from the metropolitan district already have a larger capacity than is required by the number of insane in their

districts. With the additional accommodations already provided for by appropriations already made, the Manhattan, Central Islip, and Kings Park State Hospitals will each be caring for from 3,500 to 4,500 patients.

#### RECEPTION HOSPITAL IN NEW YORK CITY.

During the next few years the State should build the reception hospital for the insane in New York City provided for by chapter 760 of the Laws of 1904. The city of New York has done its part in acquiring the site and leasing it to the State, and it now remains for the State to erect the buildings. A hospital for 200 patients, the number specified in the law establishing the institution, will cost at least \$500,000.

#### NEW BUILDINGS ON NEW SITES.

Unless measures for the prevention of insanity should become effective (and while we believe that a movement to this end is already beginning, it is hardly to be expected that results will be apparent during the next five years), provision will have to be made before 1914 for about 5,000 additional patients and 1,000 additional officers and employees to care for them. If 1,200 are accommodated on the grounds of existing State Hospitals, as we have recommended, for the 3,800 remaining at least two new State Hospitals should be built and equipped. Buildings should be erected for about 2,000 on the site recently acquired by the State in Westchester county, and to provide for this number of patients and the officers and employees who are to care for them, with all the administration and service plants required, will probably cost about \$2,000,000. For the remaining 1,800 accommodations should be provided on another site either in Rockland county or to be secured on Long Island in accordance with the provisions of chapter 77 of the Laws of 1909, which authorizes the sale or exchange of the rifle range at Creedmoor and the purchase of lands on Long Island to be used as a site for the Long Island State Hospital. Probably \$1,000 per capita is the least that can be planned for in erecting and equipping an entirely new institution. This would mean for the 3,800 patients \$3,800,000. Adding the \$1,674,325 indicated on the preceding page as required in connection with existing State Hospitals and the \$2,000,000 probably desirable for the Manhattan and Long Island State Hospitals, and the proposed reception hospital, the total amount needed for additional accommodations for the insane during the next five years is \$7,474,325.

## SUMMARY OF APPROPRIATIONS NEEDED, 1910-1914.

Hospitals for acute cases. . . . . s. . . . .	\$600,000
Additional accommodations for chronic cases. . . . .	159,000
Additional homes for officers and employees. . . . . s. . . . .	290,000
Enlargement of service plants. . . . . s. . . . .	420,000
Additional land . . . . .	205,325
New buildings on Ward's Island. . . . .	1,000,000
Buildings for Long Island State Hospital. . . . . s. . . . .	500,000
Reception Hospital in New York City. . . . . s. . . . .	500,000
New buildings on new sites. . . . .	3,800,000
Total for State Hospitals. . . . .	<u>\$7,474,325</u>

## OCCUPATION AND ENTERTAINMENT.

The emphasis which is being increasingly laid on the therapeutic value of employment and diversion is one of the most promising features of the new psychiatry. During the past few years several of the State Hospitals have organized and successfully maintained "occupation classes" for different wards. The new attitude towards occupations is to treat them less as a means of getting necessary work for the hospital performed and more as a means of producing definite mental changes in the condition of the patient. The handicrafts which have been so widely revived in recent years, such as weaving, basketry, lacemaking, modeling, and work in brass, leather, and other mediums can be very easily introduced in the wards of State Hospitals, and when taught and pursued in classes they gain added interest from the sociability and friendly competition of work in common. Games, folk dances, calisthenics, and other forms of healthful recreation and exercise supplement the more productive occupations and help both body and mind to work normally.

It is not only the curable patients who benefit by the special instruction and direction along these lines. Excellent results have followed the introduction of specially adapted occupations and amusements among patients tending toward dementia. It has been found that in this way mental deterioration can be greatly retarded, and that patients not of the curable class can be very considerably improved. The work in this State has received much impetus from the successful course of instruction for State institution attendants which has now been carried on for two summers by the Chicago School of Civics and

Philanthropy, to which representatives of the hospitals in this State have been sent. It is to be hoped that the New York School of Philanthropy will in another year see fit to offer such a course in connection with its summer session, for the greater convenience of the large number of State institution employees in this part of the country. In no way can the care and treatment of the sick and defective be more greatly improved than by stimulating professional interest in the work among those who are in immediate care of the patients. The zest and enthusiasm with which they take up their duties after a course of instruction which enables them to see their work in its larger humanitarian and scientific relations directly and beneficially affect the patients, and result in the improvement and cure of many who otherwise would have deteriorated under the deadening influences of long continued institutional life.

#### CARE OF THE ALLEGED INSANE PENDING COMMITMENT.

The committee of physicians connected with the State Hospitals which has been inquiring into the methods of caring for the alleged insane held for examination as to their mental condition has submitted a second report, which contains the following disconcerting summary of the present situations

“The reports from the hospitals indicate clearly that the care of insane persons preceding their commitment has not been materially improved in any part of the State during the year. No statement was asked for from Bellevue or the Kings County Hospitals, but there is no reason to believe that the conditions in the districts from which patients are received at these hospitals have been changed. In the rest of the State a larger proportion than given in the previous report of this committee was received from jails, lock-ups and station houses: more than 18 per cent, or 511, of whom 98 were women, were received from these places. The reports relate the same violations of the law, the same locking up of women in the care of men without attendance by persons of their own sex, the same unsanitary surroundings, and the same exposure to discomfort, misery, and harsh and injurious measures described in the committee’s original report.”

The instances which the committee gives to illustrate this statement recall the worst abuses of the old almshouse care of the insane, abolished in 1890 with the passage of the State Care Act. This last remaining remnant of the abuses of the local system of care of the insane should be abolished during the coming year.

Two bills introduced in the Legislature of 1908, but which failed of passage largely owing to the lateness of their introduction and to the great pressure of other business in the Legislature, will probably be introduced again in the session of 1910. They are both designed to remedy existing evils in connection with the temporary local care of the alleged insane, and should become law and be put into effect as soon as possible.

The first of these is a bill for the transfer of the powers and duties connected with the commitment of the insane from the poor law officials to the health officers. The connection of the poor law officials with the insane is a remnant of the old system of local care of the "pauper insane" in poorhouses and poorhouse asylums. Not the poverty but the insanity of the patient is now considered the question of prime importance. All the insane are now entitled to State care, and the question of reimbursement for maintenance is decided in accordance with the extent of the financial ability of the patient or his friends to pay for the care afforded by the State. Insanity is now generally recognized as a disease, and as such is entitled to professional treatment from the outset. It is, of course, especially important that cases of mental disease should have proper medical attention in the earliest stages when the chances of recovery may be greatly strengthened by proper care or greatly jeopardized or even completely destroyed by improper care.

Mental diseases, like contagious diseases, require to a considerable extent the taking of precautions for the protection of the patient and the safety of the public, which involve the segregation of the patient and his removal from his home. In connection with contagious diseases, the duty of securing proper care for the patient and suitable protection for the community devolves upon the local health officers, who are better fitted than any other local officials to deal with cases of disease, whether the disease be physical or mental. Health officers are to be found wherever there are poor law officials, but, unlike the latter, the former are selected because of their qualifications for the work they are to do. They hold an annual conference where they can be easily reached and informed, and they are accustomed to State supervision and direction. They are generally physicians of professional ability equal to and above the average of those in their respective communities.

An indirect advantage that would be derived by vesting in these officials the rights and duties in connection with the insane which now be-

long to the poor law officials would be the opportunity for giving a large body of medical men experience in connection with this important class of diseases. This experience is wasted on laymen who, after their term of office expires, have no further use for it, but physicians who have gained this experience in connection with their official duties would find it of great value in their subsequent private practice. Thus there would be secured the double advantage of providing better care for the insane pending their examination and commitment and also giving to specially selected general practitioners throughout the State an interest in and knowledge of nervous and mental diseases. This would be invaluable in disseminating a better understanding of the principles of psychiatry among the profession generally, which is now for the most part so illy equipped in this specialty.

An improvement in the public attitude towards the insane would probably result from the dissociation of the mentally ill from the jurisdiction of the "poor masters" and the assumption of the responsibility for the care of such patients by the properly constituted public health authorities. In our opinion there would be everything to gain and little, if anything, to lose from such a change.

The other bill which the State Commission in Lunacy devised last year with a view to ameliorating the condition of the insane pending their examination and commitment empowered the Commission to inspect all places where such cases are detained, and in certain respects to regulate their care. It was provided that no place could be regularly used for the detention of the alleged insane pending the examination into their mental condition and their transfer to State Hospitals if found to be insane until this place had been approved by the Commission as to its suitability for such a purpose. The Commission was required to examine into and prescribe the qualifications of the persons employed to care for such cases. When the conditions were unsuitable the Commission was required to recommend to the proper local authorities what changes should be made, and these local authorities were required to remedy the defects pointed out by the Commission so as to make the place conform to the Commission's requirements. While such a law as this might be somewhat less simple to put into operation than the law to transfer the jurisdiction over the insane and the alleged insane from one class of local officials to another class, such a law would doubtless effect much improvement and would help to disseminate proper principles regarding the care of these cases throughout the State.

The first bill described refers exclusively to the localities outside of New York City and the second bill would have in effect a very limited application to New York City, as the places where such cases are confined are few, and for the most part properly regulated. The changes which should be made for the benefit of this class of cases in New York City are here treated separately.

#### THE ALLEGED INSANE IN NEW YORK CITY.

In New York City an effort has been made by the Association's Committee on Hospitals to secure better provision for transporting persons who are suspected of being insane to the psychopathic wards of Bellevue and Kings County Hospitals. It has been ascertained from the statistics of the psychopathic wards at these hospitals that in 1907, 61.7 per cent of the men and 48.5 per cent of the women who came to the psychopathic ward of Bellevue Hospital were brought there by a police officer either with or without a patrol wagon, and that in 1908, 56.4 per cent of the men and 47.8 per cent of the women came in a similar way. Thirty-three per cent of the men and 17 per cent of the women who came to the psychopathic ward of Kings County Hospital in 1907 were also brought there in a similar manner.

This seems decidedly objectionable. In the case of seriously sick or injured persons a physician and the aid of a hospital is considered necessary, and the police department is called upon only so far as may be necessary to facilitate the work of the hospital attendant in removing the person by restraining and keeping in order a too curious crowd. The insane person is not always tractable, and for this reason, together with the fact that there has been no provision for trained hospital attendants to handle these cases, the custom has grown up of depending upon a policeman and a patrol wagon. Unfortunately this was extended in many cases, and the police station and the jail were used as a place of confinement for such persons. The establishment of psychopathic wards in connection with our general hospitals has made such confinement inexcusable, and it has to a large extent disappeared.

Now that there are hospital facilities for the detention of insane persons, the next logical step necessary to carry out the policy of substituting the physician and the hospital for the policeman and the prison is for the hospital to provide a means of transportation and a trained attendant to remove such cases to the hospital.

The objections to the present practice, stated briefly, are:

1. A policeman by reason of his training, which constantly requires him to be stern in suppressing disorderly and criminal persons, acquires stern and rough habits of dealing with people, and for this reason is the very person who should not handle an insane person.

2. The uniform of the policeman, regardless of the gentleness which its wearer may possess, is at once associated by the insane patient with an attempt to lock him up and deprive him of his rights, which acts very frequently to aggravate and make violent a case otherwise tractable, thus interfering with a calm medical observation and treatment of the case and tending to bring on rather than ward off serious insanity.

3. The use of a patrol wagon greatly exaggerates this effect. A patrol wagon is intended to convey criminals and should not be used to convey sick persons. This is especially true where the disease is insanity.

It will be noted that the percentage of persons brought to the psychopathic ward of Kings County Hospital by a police officer is much smaller than that for Bellevue Hospital. This is due to the fact that Kings County Hospital has had an ambulance and a trained attendant which it has sent out in certain cases. The Commissioner of Public Charities has been urged to extend the use of this ambulance to include all the cases which do not come to the hospital voluntarily. The Board of Trustees of Bellevue and Allied Hospitals also has been urged to secure an ambulance for this work, and the following recommendations have been made to the authorities of both Bellevue and Kings County Hospitalss

1. An ambulance with a trained attendant should be made available during twenty-four hours of the day, and should be used to convey *all* persons who are insane, or who are suspected of being insane, to the hospital, provided such persons cannot be persuaded by their friends to go to the hospital voluntarily.

2. Trained nurses should be provided who should at the same time be deputy peace officers. In the case of a person "apparently insane or conducting himself in a manner which in a sane person would be disorderly," such a nurse would, in accordance with the provisions of section 88 of chapter 27 of the Consolidated Laws of 1909, apprehend the person and take him to the psychopathic ward for the determination of the question of his sanity, thus eliminating or reducing to a minimum the necessity of calling upon the police authorities.

It is believed that the adoption of these recommendations will go far towards removing the necessity for police officials in cases of

persons who are insane or suspected of being insane, and will remove altogether the necessity for patrol wagons in such cases.

An amendment to sections 658 and 836 of the Criminal Code is now being prepared by the State Charities Aid Association which will aim to improve the procedure of cases of persons who are arrested for minor offenses, such as disorderly conduct, indecent exposure, attempted suicide, etc., by providing that they may be committed to the psychopathic wards of Bellevue and Kings County Hospitals for the determination of their sanity in all cases where any question as to their sanity arises. This will also direct the authorities of the psychopathic ward to report back to the judge, in case the person is found to be sane, the fact of his sanity. The person will then be returned to the jurisdiction of the court and tried on the original charge. This is already done in some instances in the borough of Brooklyn, but apparently without legal warrant. The general custom in the boroughs of Manhattan and the Bronx is to discharge the original complaint and then institute a new proceeding under section 88 of chapter 78 of the Laws of 1909. The objection to this is that if the person is found to be sane he is given his liberty and there is no opportunity to try him on the original charge. In many cases this results in a miscarriage of justice, and magistrates hesitate to send such persons to the psychopathic ward for this reason. It is believed that the plan adopted in some instances now by magistrates of Brooklyn should be made the universal custom, and the amendment is an attempt to legalize and extend this practice.

### INSANE ALIENS.

As we have made no report on this subject for two years, it may be of interest to rehearse briefly the history of our interest in the methods of deporting insane aliens from this country to the country from which they came before giving an account of the work of the past year.

In May, 1904 our visitors to one of the state hospitals for the insane were told that it had incidentally come to the attention of the hospital that in several cases insane aliens deported by the United States Government did not reach their homes as promptly as they should, and apparently, in some cases, never reached their homes. A number of such cases were inquired into by us, and the results of these inquiries were given in our twelfth annual report to the State Commission in Lunacy of November, 1904, pages 29 to 35. The Association thereupon

suggested to the then Commissioner of Immigration, the Hon. William Williams, that if the Immigration Law would permit, the steamship companies be requested to take insane aliens not only to the point of embarkation but to the point of departure. Commissioner Williams replied in July of 1904, that the law did not require steamship companies to take aliens further than the port of embarkation, and expressed the hope that Congress might remedy the defect and enact legislation compelling the steamship companies to return insane aliens to the original point of departure.

The subject was further inquired into by us, as was also the practice of the State of New York, which also deports a considerable number of insane aliens who have remained in this country for a period of three years, and are therefore not deportable by the federal authorities. We learned that the State makes it a rule to send a competent attendant of the same sex as the insane patient to the point of departure, receiving from his or her parent, relative or other responsible person a receipt for the patient.

In January, 1906, the Board of Managers of the State Charities Aid Association adopted the following preambles and resolutions:

“**WHEREAS**, Numerous cases of hardship in connection with the deportation of insane aliens, and their temporary care awaiting deportation, have come to the notice of this Association, therefore,

“*Resolved*, That it is the sense of the Board of Managers of the State Charities Aid Association that such changes should be made in the Federal statutes regulating immigration, and in the administration of those statutes, as will accomplish the following resultss

“1. That insane aliens deported from this country to the country from which they came, shall be accompanied by a suitable attendant to their final destination in the country from which they came,

“2. That insane aliens whose health would be likely to be seriously impaired by immediate deportation, shall be detained until such time as they can be deported without undue danger;

“3. That insane aliens, or aliens under observation to determine their mental condition, shall be cared for apart from the sane, and in accordance with modern scientific methods; and

“*Resolved*, That the Committee on the Insane be instructed to take such steps as may be necessary to carry this resolution into effect.”

As a result of the efforts of this Association, in the general amendment of the Immigration Law, in February, 1907, the following provisions were included:

(a) In Section 12: That "the name and address of the nearest relative in the country from which the alien comes" should be secured at the point of embarkation and included in the ship's manifest.

(b) Section 19: That an insane alien whose health or safety would be unduly imperiled by immediate deportation might be held for treatment until such time as such alien could be safely deported.

(c) Section 21: "That when in the opinion of the Secretary of Commerce and Labor the mental or physical condition of such alien is such as to require personal care and attendance, he may employ a suitable person for that purpose, who shall accompany such alien to his or her final destination, and the expense incident to such service shall be defrayed in like manner."

This amendment became law February 20, 1907.

No amendments of the rules of the immigration service having been framed to carry into effect these new provisions, this Association addressed to the Secretary of the Department of Commerce and Labor, in May, 1907, a communication calling attention to the case of the patient from the Long Island State Hospital for the Insane turned over to the immigration authorities for deportation, who was placed in a closed room in a strait-jacket, without an attendant, and in the morning was found to have escaped from the strait-jacket and to have committed suicide. This was made the occasion of urging the adoption of suitable amendments to the rules, providing for carrying into effect the new provisions of the Immigration Law of February, 1907.

The rules were amended by the Secretary of Commerce and Labor on June 22, 1907; Rule 37, relating to the deportation of aliens requiring attendance, reading in part as follows:

"Rule 37. Deportation, attendant.—When deportation is to be effected under sections 20 and 21, and the mental or physical condition of the alien under order of deportation is such as to require, in the opinion of the investigating officer and of the physician (if practicable, an officer of the Public Health and Marine-Hospital Service) having personal knowledge of the condition of the alien's health, the care of a personal attendant while en route to final destination, the reasons for such belief shall be stated when reporting the hearing had under the warrant of arrest, so that proper provision may be made for the detail or employment of an attendant; and the following instructions will be observeds

"(a) Immigration officers will exercise due care to insure the employment of attendants in all cases where the precaution is actually necessary, and in none other. Efficient, responsible persons only shall be employed as attendants, and the incurrence of unreasonable or unnecessary expenses must be avoided.

“(b) Attendants will accompany aliens to final foreign destination, and will, when proceeding abroad, be required to travel under the same conditions as the aliens, and when returning will travel second class. They will be required to submit, after completion of the detail, a written report, giving briefly any items of interest connected therewith, and showing when, how, and under what circumstances the final disposition of the deported alien was accomplished.”

This Association entered into correspondence with the then Commissioner of Immigration, the Hon. Robert Watchorn, in regard to securing qualified attendants, urging that persons experienced in the care of the insane be employed, and offering various suggestions as to how the services of such persons might be secured. The amended rules were put into effect October 17, 1907, and as we are informed and believe, removed, in a very large degree, hardships and abuses which occurred under the previous arrangement.

On September 25, 1907, an article appeared in the New York Times under the title, “Find Fault with the Deportation Rule,” stating that the officials of the steamship companies complained bitterly of the expense which they were required to incur under the provisions of the new law, and that they were going before the Secretary of Commerce and Labor to ask him to rectify what they considered an unjust imposition. A public statement was issued by us calling attention to the facts which led to the enactment of the amendments of the Immigration Law and of the rules. On October 17, a communication was addressed by us to the Hon. Oscar S. Straus, Secretary of Commerce and Labor, referring to the statement that the steamship companies would ask for a hearing upon the reasonableness of the rules, and asking that if a hearing were appointed this Association be notified and be permitted to send a representative. We were thereupon notified that such a hearing would be had on the 22nd of October, and invited to send a representative.

There were present at this hearing representatives of a large number of steamship lines, several Commissioners of Immigration, the chief medical officers of several of the larger ports, and a representative of this Association. The representatives of the steamship companies alleged that the sending of an attendant was unnecessary, that the steamship companies had always made provision for the oversight of persons needing attendance; that foreign governments would not permit attendants to accompany insane aliens through their territories in many cases, and that the system was working very badly. The repre-

representative of this Association urged that before any amendments to the rules and laws were formulated, the Secretary of Commerce and Labor secure authoritative and reasonably complete information concerning the actual operation of the system then in effect, including:

(a) A report from attendants who had been sent to accompany insane aliens to their point of original departure, as to whether they had been permitted so to do, or whether they had encountered any unusual obstacles in the course of their duties; and

(b) Through the Department of State, an expression from foreign governments as to whether they did object to the attendants designated by the immigration service accompanying insane aliens to their destination.

Commissioner Watchorn said among other things that there had been many abuses in the past; that not one instance but many of serious abuse had led to the amendment of the Immigration Laws, that he had a record of at least one hundred cases of neglect, hardship, cruelty, suicide, or other evidences of insufficient care of insane aliens afforded by the steamship companies.

Our representative urged among other things

1. That the experiences of the State of New York had not indicated that any insuperable difficulties were encountered;

2. That the State of New York sent only graduates of the Training Schools for Nurses as attendants, and that they were paid \$3 per day, while the Federal authorities paid only \$2;

3. That the Federal authorities required attendants to advance sums amounting to one or two hundred dollars, and to wait sometimes for a period of weeks or even months before receiving reimbursement, while the State authorities advanced such sums;

4. That the State's attendants were permitted, when returning, to travel second class, while this privilege had been denied or objected to in the case of Federal attendants, and that in no instance had a State attendant been interfered with or prevented from fulfilling his duties by a foreign government.

At the afternoon session Secretary Straus announced that he had decided to refer the complaint of the steamship companies and would appoint a special committee for the investigation of the matter, and named as such committee, Commissioner-General Sargent, Commissioner Watchorn, and Dr. Stoner, chief medical officer of the Immigration Service at Ellis Island. He requested the committee to con-

fer with the representative of this Association before making its report.

On November 19 the Secretary of this Association received a telegram that the committee above referred to would meet on the following day at 10 a. m. The Secretary, on account of a previous and imperative engagement, was unable to be present in the morning, but attended the afternoon session. He was told that the subject had been fully considered at the morning session; at which time the representatives of the steamship companies submitted detailed expressions of their views, wherein they offered, themselves, to provide attendants for any aliens deported who might need special attention. The Commissioner-General, who was chairman of the committee, stated that a full copy of the minutes of the morning session would be sent to this Association in order that we might express our views upon them before the committee had reached conclusions and reported to the Secretary of Commerce and Labor.

No minutes of the meeting were received, however, and on December 11, we received a notice that the Committee would meet in Washington on the following day, December 12. It was impossible for our representative to be in Washington on the following day, as he had an important engagement in Albany, but he sent a letter to Commissioner Watchorn, acting chairman of the committee, on account of the illness of Commissioner-General Sargent, giving an account of the experiences of a number of attendants formerly employed at the Manhattan State Hospital who had recently accompanied patients to their homes in Europe as representatives of the United States Immigration authorities. In the case of six attendants it appeared that in only one instance was there any interference by any representative of a foreign government,—in that case an alien from Russia was required to be turned over at the Russian frontier to a representative of the Russian government.

On December 14, this Association received from Commissioner-General Sargent a record of the proceedings of the conference held November 20, which he had not theretofore sent, together with a report of the departmental proceedings of December 12, which showed that on December 12, the departmental committee recommended to the Secretary of Commerce and Labor that the suggestions of the steamship companies be adopted, tentatively at least, and that the Secretary of Commerce and Labor forthwith approved the report and promulgated the

amendments of the rules. These amendments were indicated by the Secretary as being regarded as tentative in character. The amendments of the rules provided, in substance, that if the condition of an alien was such as to require special care and attention, the Commissioner, when delivering such alien to the vessel by which deportation was to be effected, should furnish the steamship company with full particulars (Form No. 597) with accompanying receipts and returns. This form includes four sections:

(A) The statement of the alien's condition, signed by the Commissioner of Immigration,

(B) The receipt given by the master (first or second officer) of the steamship acknowledging the delivery of the alien into his care.

(C) A statement by the master and chief physician of the vessel regarding the daily condition of the alien and the care given during the voyage, stating into whose custody the patient was given at the end of the trip, and including a receipt for the alien from the person to whom the alien was delivered (generally a representative of the steamship company at the port of debarkation).

(D) A certification by the agents of the steamship company that the alien was delivered to the place of final destination to the person named therein and including a receipt by such person for the alien.

The promulgation of these regulations was in effect an abrogation of the amendment added by Congress to Section 21 of the Immigration Law in February, 1907. That amendment provided that the Secretary of Commerce and Labor might employ a suitable person to accompany an alien requiring personal care and attendance to his final destination. The rule promulgated by the Secretary is in substance to the effect that there are no aliens requiring such personal care and attention; that the Secretary of Commerce and Labor will not employ any persons for this purpose, and that he turns over the entire matter to the steamship companies, requiring from them as evidence of the performance of their duties the return of forms C and D above indicated.

On July 12, 1909, two representatives of the State Charities Aid Association visited Ellis Island for the purpose of making some preliminary inquiries as to the operations of the rule above referred to. Commissioner Williams stated that he was not personally familiar as yet with its operations, but that the visitors were at liberty to examine the records of the department.

It appeared to be a matter of considerable difficulty to examine the reports of C and D above referred to. Form 597 including C and D is issued without the keeping of any stub, and no one is able to say how

many forms have been issued nor apparently to give the names of the patients who have been considered as requiring special care and attention. It appears also that certain of the records pertaining to aliens deported after landing in this country are kept by one bureau of the law department, others pertaining to aliens deported without being admitted by another department. Making further inquiries as to the records of such cases in the law department, the visitors were informed that the final resting place of the records of patients deported after having been landed is the office at Washington, that it would be extremely difficult, if not impossible, to ascertain how many of these forms had been issued and for what particular aliens they had been issued, that when the form is used the portions A and B are retained at Ellis Island until portions C and D are returned by the steamship companies, when the entire record is forwarded to Washington. When asked what happened when portions C and D were long delayed or never returned, the officials stated that in case any one made an inquiry as to a particular alien for whom blanks had been issued, and it was found that blanks C and D were missing, the steamship company was written to. In the absence of any inquiry there appears to be no "follow up" system by which C and D are sent for. Asking to see the copies of A and B remaining on hand for which C and D had not been returned, the visitors found that there were 255 cases from January, 1908, to February 23, 1909. It is possible, of course, that in some cases C and D may have been returned and forwarded to Washington in error without A and B, but it appears in approximately 250 instances that C and D have not been returned. It happens also sometimes that the steamship company (which is given a duplicate of the entire set of forms), makes the mistake of returning its copy of A and B together with C and D. When this is done the blanks returned by the steamship company, being complete, may be sent to Washington and the copy of A and B remain on file at Ellis Island, although it is the intention to remove such records. Without comparison of the Ellis Island records with those at Washington, it is impossible to ascertain with certainty how many of these records are incomplete. It is likely, however, that the number of cases in which blanks C and D, which are the important ones and constitute the only record of the patient after leaving the port of New York, are missing, is very considerable.

The visitors examined some 15 copies of C and D which had been returned by the steamship companies and either were about to be forwarded to Washington, or had been left in the files at Ellis Island. In a very considerable number of cases these reports were incomplete or inconclusive. It was stated also that great difficulty had been met in securing the return of forms C and D properly filled out.

In order to ascertain more accurately than could be learned from these forms the actual methods of the steamship companies in deporting insane aliens, records were made of sixty-eight cases out of two hundred and fifty-five on file relating to persons deported after being landed. These cases were selected largely at random. About one-fourth of them were taken in the order in which they came. Then the bulk of the others were hastily gone through and those were selected which represented different nationalities, or where obviously more than ordinary care was needed, as when Form A stated that the patient was "suicidal," "in need of constant care," "required tube feeding," etc. Subsequently letters were written to the relative or friend to whom the patient was consigned, or where the name of such person was omitted, to the patient directly. These letters were written in the language that the patients or their friends were supposed to speak and were accompanied by return envelopes stamped with the stamps of the country where they were presumably to be posted. The letters of inquiry asked the following questions:

"1. How and by whom was the patient cared for on board the steamer from New York?

"2. To whom was the patient delivered on arrival at the European port where the steamer landed?

"3. On what line or lines of steamers or railroads and in whose care was the patient conveyed from the European port of landing to the final destination inland? Was the patient in the care of a person of the same sex? Describe the care given the patient on this part of the journey.

"4. In what condition did the patient reach home?

"5. Was all the money, baggage and other personal effects with which the patient left the United States received at the patient's final destination?"

The following table shows the fate of these letterse

Cases	Letters Written	Returned "Not Found," etc.	Answers Received
Austrian . . . . .	9	2	2
Belgian . . . . .	1	1	
Danish . . . . .e . . . . .	1		
English . . e . . e . . . . .	7	2	3
French . . . . .	2		1
German . . o . . . . .	6	3 (1 dead)	2
Greek . . . . .	3		
Hungarian . . . . .	4		1
Italian . . . . .	17	2	7
Russian . . . . .	9	3	3
Spanish . . . . .	3		
Swedish . . . . .e . . e . . . . .	1		
Swiss . . . . .e . . . . .	2	1	
Turkish . . . . .	3		1
	68	14	20

Less than one-third of them were answered; nearly one-fifth were returned to the sender marked "unknown," "not found," or words to that effect. Apparently about half of them reached their destination and have remained unanswered.

These letters were sent out in August, 1909, and this table is brought up to March, 1910, so presumably nothing more is to be expected from them.

Subsequently a similar inquiry was made into the cases of insane aliens excluded and deported without being landed in this country. Of the ninety-four aliens who were excluded for insanity during the fiscal year ending June 30, 1909, forms were issued for only thirty-eight, these being the cases certified by a medical officer of the United States Public Health and Marine Hospital Service as requiring "special care and attention." Of these thirty-eight the records of two provided no address to which it seemed possible to write. Letters were written to or in behalf of the remaining thirty-six, and the results are shown in the following table:

	Cases	Letters Written	Returned "Not Found," etc.	Answers Received
Austrian . . . . .	3	3		1
English . . . . .	17	16	5	7
German . . . . .	5	5	1	3
Hungarian . . . . .	2	1		1
Italian . . . . .	4	4		3
Norwegian . . . . .	1	1		
Swedish . . . . .	1	1		1
Danish . . . . .	1	1		
Finnish . . . . .	1	1		1
Russian . . . . .	2	2	1	1
Syrian . . . . .	1	1		1
	<hr/>	<hr/>	<hr/>	<hr/>
	38	36	7	19

In the case of insane aliens deported without being landed forms A, B, C, and D are all kept at the Ellis Island office instead of being forwarded to Washington. Forms C and D were missing as late as September, 1909, in twelve cases, or about one-third of the total number. Information was secured regarding a considerably larger proportion of these cases than of those deported after being landed, namely, one-half instead of less than one-third. Letters were sent out in September and in some cases several letters were sent either at that time or subsequently regarding individual patients. In fact, all the people whose names were given as relatives or friends were written to in the languages that they were supposed to speak with inclosed stamped envelopes for return.

The persons corresponded with were not apparently of a class to appreciate the importance or the bearing of such an inquiry and very largely failed to give specific answers to the questions asked. If they replied at all they usually either made very general statements or took the opportunity to write about the subsequent history and the needs of the patient rather than to communicate the facts regarding the details of the patient's journey home. Many of them were apparently obliged to secure the assistance of friends or public letter writers in answering our letters, and probably many of those who did not respond were too illiterate to write themselves and too poor to pay for the services of others.

Notwithstanding the fragmentary and unsatisfactory character of the letters received, they illustrate certain defects in the system. With a view to considering what these defects are as shown by this corres-

pondence, it has seemed best to report on the letters, classifying them in this way rather than by nationality, and quoting from a few of the most specific and significant. It is to be remembered that all these were of the class certified by physicians to require "special care and attention."

#### 1. FAILURE TO REACH FINAL DESTINATION.

A. V., Russian Lithuanian laborer, aged 39 years, deported June 16, 1909. The following unsigned letter was received in January, 1910, in answer to a letter addressed to the patient's destination given in Russia. "We notify you that A. V., deported by you on June 16, 1909, has not yet arrived here. His money and baggage have not arrived either, and we have no information concerning him."

K. C., German baker, aged 56 years, deported January 9, 1909, to go to his brother in Germany. A letter from this brother dated October 1, 1909, says: "My brother did not reach me; I had no idea of his condition, as I have had no news of him for a year and a half and did not know his address."

#### 2. LACK OF ATTENDANCE TO FINAL DESTINATION.

L. A., English actress, aged 46 years, deported April 28, 1909. A letter from the patient, dated October 4, states: "I arrived safely. The doctor and captain were very kind to me on the steamer. The stewardesses were the reverse. An agent belonging to the company gave me half a crown and was kind enough to see me started from Plymouth."

D. B., Irish stationary engineer, aged 45 years, deported January 9, 1909. A letter from the patient's sister states, "The patient was cared for on board the steamer from New York by the steward department. A sailor accompanied the steward at night with the patient. He was delivered to the officials of the steamship office in Londonderry and came home from Derry by himself under no one's care and at his own expense. The official to whom he was delivered in Londonderry found him lodging for a night and gave him £1 of the patient's own money to pay his fare home. He saw no more of this official and made his way home himself in care of no one. Patient reached home all right. All money, baggage and personal effects with which patient left the United States was received at his final destination except the £1 which was given him in Derry to pay his way home as mentioned."

M. M., an Austrian servant girl aged 16 years, deported July 16, 1908, to go to Hungary. A letter from the Immigrant Inspector in charge at Chicago, dated October 13, 1908, stated, "Her brothers have called here a number of times, stating that the father has not heard anything about the young woman." Apparently she arrived finally, for a letter from the notary public in her home town, dated September 16, 1909, states, "I beg to inform you that M. M., safely arrived. No special attention given to her on her voyage, but received good treatment. From Hamburg to her home travelled alone without escort. Arrived safely and in good condition. All her money, baggage, papers and other valuables received. At present lives with her parents who are taking care of her."

F. P., Austrian Bohemian laborer, aged 26 years, deported November 10, 1908, to go to Bohemia. He was delivered to the City Hospital at Rotterdam, November 20, 1908, and on November 26, the medical director signed a declaration attested by the American Deputy Consul General that an assistant physician had examined the patient before his departure on November 26, and that his mental and physical condition were such that he could without any danger proceed on his way home. A letter of January 10, 1909, from a friend in Cleveland, Ohio, said that he had received a letter from Austria, dated December 20, 1908, and stating that the patient had not reached home.

This correspondent further writes in January, 1910, as follows: "We know that F. P., left Rotterdam, November 16, 1908, and that he reached his home before New Year, 1909. This is all the information I was able to get. I have written many letters to his parents asking for details, date and time when the said F. P., has arrived at home, but the answer was always the same: 'F came home before New Year, 1909, and we were very happy to see him at our home again.' That is all, no date, no details. The parents of F. P., are satisfied that their son is at home and do not care how he came home."

### 3. UNSUITABLE ATTENDANCE. (MALE ESCORTS FOR FEMALE PATIENTS.)

E. S., German servant girl, aged 25 years, deported May 26, 1909, accompanied by her younger sister. A letter from her father of December 5, 1909, makes the following statements: "For the care of the patient there was only male service on board (two sailors). From the port of landing she was sent with another female patient and in com-

pany with her sister E. and two sailors by railroad to Hamburg. Heard after I had received her she was sent back by the same ship and by the same express.

“She felt deeply the fact that there was only male service for her care and still more that she was kept in a dark room (my youngest daughter says it was really only a dark hole). Her food she received from the steerage and also coffee. When her sister E. remonstrated with the captain about this, she was to have milk and eggs, which she received a few times. Both girls stated that the captain and the physicians were very obliging. She arrived here in very poor condition.

J. de M., a French lady, a teacher, aged 39 years, deported January 16, 1908. She was sent to her sister, a Sister of Charity in a hospital. A letter from the sister states, “My sister, J. M., was very well satisfied with the care that she received during her voyage. I do not know who took care of her. Not being free to leave my position here I had asked someone to receive the patient on her arrival at Havre. This person was unable to perform this service and the captain of the steamer would not hand her over to anyone but me. I asked him to have the goodness to let her leave for Paris where one of my relatives would take care of her. A man from the steamer accompanied my sister to Paris on the railroad and handed her over to my relative from whom he required a receipt. The patient had her senses sufficiently to take care of herself and until the first of June her condition was maintained. Then I was obliged to have her sent to an institution for the insane where she is still. Her money has been sent her, but her baggage did not arrive until several days after, and the keys were then lacking, also some articles which probably were left in America.”

#### 4. IMPROPER CARE OR NEGLECT.

R. C. W., English cabinet maker, aged 40 years, deported April 20, 1909. The patient's wife wrote that on his arrival the patient was taken to one of the steamship company's homes in Liverpool and was taken to his home in Staffordshire in charge of a male attendant from this home, who looked after him on the journey by rail. He reached home, “very dirty, very uncared for, and very miserable. We did not recognize him.” His travelling trunk and what money he had was sent to his home by the steamship company. His wife continues: “He came back exactly as he went, with the exception of his socks,

which were odd ones and not his own. His hand bag had not been unfastened and not even a pocket handkerchief had been changed. He was dirty and uncared for and miserable."

R. O., Italian farm laborer, aged 31 years, deported June 22, 1909. The patient's mother writes: "During the second part of the voyage he received nothing to eat and he reached his destination ill. I cannot describe the terrible impression we all received on seeing my son; he looked like a skeleton and we could hardly recognize him." (He had been away from home a little over two months.)

V. Z., Austrian man, aged 27 years, deported February 23, 1909, to go to his mother in Bohemia, who writes that she does not know how the patient was taken care of on the steamer or on his arrival in Europe or on what railroad he traveled home, because, "We did not know he was coming home. When received his hands were bound and with him arrived a man who spoke only German and we could not understand each other. The patient arrived to the house to his caretaker, A. Z. He was badly worn out and his hands bound. We have received no money and no trunks and the belongings which the patient brought from the United States to his home were in a poor condition. No good suits of clothes, only rags, and the watch he brought home is not the watch which he took when he went to America. This watch is different and broken." The writer concludes, "He is a poor man, unable to work, and very sick."

#### 5. LOSS OF PROPERTY.

M. K., German girl, aged 21 years, deported October 1, 1908. The patient herself writes September 14, 1909, in part as follows: "I had no money on the journey. My baggage and my trunk I also did not have on the journey. I have been in my home for six months and have not received my trunk and my baggage. Could you be so kind as to look after these things and send them to me, and let me know."

The patient's record at Ellis Island shows that she was deported with "probably \$60."

S. M., Turkish-Syrian housewife, aged 40 years, deported May 22, 1909, to Syria, accompanied by two children aged 12 and 10. A letter from the Rev. Howard S. Bliss, D.D., president of the Syrian Protestant College of Beirut, Syria, of whom inquiry was made about this case writes, "She was not treated well on her return passage accord-

ing to the account of her people. She had certain articles stolen from her. She is now in our insane asylum here in Beirut, called Asfuriyeh, an admirable institution conducted by Americans and English."

The above instances of improper care and treatment constitute about a third of the cases regarding whom we have secured information and they seem to us sufficient to indicate that a system under which such abuses are possible is not one that should be regarded as satisfactory. It is to be remembered that each of these cases belonged to the class medically certified as "requires special care and attention."

In our opinion the operation of this system emphasizes the lack of any effective and adequate provision of special care and attention for insane aliens. There is no evidence that conditions are substantially different from those which prevailed before the enactment of Congress in February, 1907, or the amendment of rules in July, 1907. In view of the fact that the modification of the rules in December, 1907, was avowedly experimental, the amendments being officially labeled "tentatively at least" we recommend that careful inquiry be made by the Department of Commerce and Labor as to the actual operation of the rules as amended in December, 1907, and we renew our recommendation that the law which had in view the provision of suitable attendants for insane aliens to accompany them to their final destination in the countries from which they came should be put into effect at an early date.

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## FOURTH ANNUAL REPORT

### Of the Sub-Committee on Prevention and After-Care.

Our last year's report referred to the extension of the work through the formal adoption by the committee of a plan for supplementing the assistance of persons who have recovered from mental disease by the adoption of measures for the prevention of insanity in individual cases. Our Manhattan and Central Islip committee has been the only one to take up such work to any extent as yet. An account of this work and of a few of the cases will be found in the annual report of that committee which follows.

One of the most interesting developments of the past year is the extent to which those engaged in hospital social service have recognized our

work as closely allied to theirs and have sought our cooperation. Our relations with the active workers in this significant and rapidly growing new line of social work are most cordial, and we feel that our own work will gain in stimulus and in breadth of view through this close connection with a movement so fundamental in its principles and so comprehensive in its scope as that of hospital social service.

The committee regrets that it cannot report the formal organization of any additional state hospital district committees during the year. Progress has been made, however, in the direction of organizing several such committees. Two members of the committee, with the secretary and the agent, while in attendance at the National Conference of Charities and Correction in Buffalo in June, interested a number of people living in that locality in work of this sort, especially along preventive lines, and it is expected that an effort will be made to organize such work in Buffalo in the near future. Visitors of the Association to the Middletown State Hospital are assisting the committee in interesting people in Middletown in the organization of a committee for the Middletown State Hospital district and it is expected that such a committee will be ready for work in the course of a few months.

The annual reports, which have been received from the state hospital district committees are here reproduced in part to show their methods of work and some of the results achieved.

#### MANHATTAN AND CENTRAL ISLIP COMMITTEE.

The committee has held monthly meetings during the winter months, and with the cooperation of the sub-committee has been able to help many patients discharged recovered from the Manhattan and Central Islip State Hospitals, and to undertake the assistance of a few persons who had never been insane, but who seemed to be in danger of a mental breakdown. The committee hopes to take under its supervision an increasing number of these preventive cases from New York City.

The large number of patients discharged recovered from the Manhattan and Central Islip State Hospitals which are referred to the committee, has made it difficult as yet to develop very extensively this newer field of work, with its even greater demands on the time and strength of the agent than are made by the after-care branch of the work. A beginning has been made, however, by entering into cooperation with the Psychopathic Department of Bellevue Hospital, and caring for several preventive cases which had come to the attention of the physician in charge. It is anticipated that with the further extension and development of the Social

Service and Convalescent Relief Department of Bellevue, all such cases arising at this hospital can in time be cared for by its own physicians and nurses. It will then be possible for us to cooperate with other hospitals and dispensaries where such cases are likely to be found. Our services will be offered first to those hospitals which are now developing their social service work, but where the force employed is not yet sufficient to cover the field. By assisting in the care of nervous and mental cases we hope to be able to give substantial aid to these hospitals.

The following account of a few typical cases gives an idea of the character of the work:

#### PREVENTIVE CASES.

No. 1.—An elderly woman referred to the Committee as needing immediate care to avert a complete nervous breakdown. The doctor wished her sent at once to the country where she could have fresh air and nourishing food. Upon investigation it was found that she was unwilling to go away unless her daughter and her little grandchildren could be cared for. The daughter's husband was out of work, and the family were dependent upon the old mother, and she had used up her last cent. With the assistance of another society, the Committee established the family in new rooms, paid a month's rent and gave them a new start in life. The husband went back to his work, and then the old grandmother went to a convalescent home where, in a month, she regained her health and spirits. This family needs constant supervision, but having that they do very well.

No. 2.—A young girl who came to the attention of the Committee through the Agent's visiting the family to plan for the return home of an elder sister who had been a State hospital patient. The girl was sent to a school to learn a trade, and was aided financially while studying. It was found necessary to attend to her teeth, have her tonsils cut, and provide her with glasses. All this was done by the school, the financial aid being given by another society, but the girl did not make the progress expected, as she failed to grasp what was required of her. A member of the Sub-Committee kindly sent her to the country for ten weeks during the summer, and the fresh air and the wholesome food improved her general health very much. She is inclined to hysteria, but it is hoped that this may be overcome. She is again at school, and her teachers are all much interested in her welfare.

#### AFTER-CARE CASES.

No. 1.—A man who became insane from over-work and worry. His wife died soon after he went to the hospital and his children were sent to an institution. The Committee assisted him to get work where he is happy, and is giving entire satisfaction. He visits his children regularly, and is looking forward to the time when he can have them with him again.

No. 2.—A young girl, a cripple, without family or friends, who had been in the hospital a long time. A place was found for her with a man

and his wife, but she was lonely and found even light housework hard. She was anxious to work in a candy factory with a girl she met at the hospital. It seemed best to let her have her own way, so after ascertaining about the factory and finding that she would have a comfortable room with the girl friend and her mother, it was decided to let her try it. She seems to like her work and is very happy to be out in the world again.

No. 3.—A young woman whose little girl was placed out for adoption without her knowledge while she (the mother) was still in the hospital. Upon her discharge she insisted upon having the child, although she was assured that the child was in an excellent home where she would always be well cared for. After great trouble the little girl was restored to her mother, who worked very diligently to support her. The couple who took the child have kept in constant touch with her and her mother, and this summer invited them both to make a visit. They have remained in the town where their friends live, and the mother is still working, but if anything happens to her, the little girl will be in good hands.

No. 4.—A middle-aged man (a foreigner) of fair education. He was difficult to place, but finally a situation was found for him with some of his own countrymen, where he is happy and giving satisfaction.

No. 5.—A motherless young girl, broken down from drudgery and no recreation. She gained rapidly at the hospital, and when she was sent home her father and sisters were cautioned against allowing a return of the trouble. A friendly visitor has had the case in charge, and she reports the girl as bright and well, going out with her sisters, having a weekly allowance of spending money, and doing well in every way.

No. 6.—A woman, handicapped by rheumatism, who had been in a State hospital for seven years. She seemed entirely well mentally, and a place was found for her in the country where her mistress took a great interest in her, but she was not able to do the work. Later she was placed in a hospital for treatment, and was then boarded in the country. An attempt was made to send her to the Farm Colony (as she was not able to support herself) but the examining physician pronounced her a hospital case, and she was sent to a city hospital where she remained for six months. This summer she was transferred to the Farm Colony, where she has a nice room to herself, and where she has made herself beloved by everyone. She is comparatively young and still hopes to get well enough to earn her living, but it is very doubtful, as her hands are crippled. The Agent keeps in touch with her, and the members of the Committee are much interested.

#### WILLARD COMMITTEE.

The committee has held its two regular meetings at the hospital May 7, 1909, and October 8, 1909. Nine members were present at the first meeting and eight visitors, including the President of the Board of Managers and six members of the hospital staff. At the second meeting nine members were present and eleven visitors, including President Stot-

hoff of the Managers, Mrs. Elliott, Dr. Whitwell of Buffalo, Rev. H. A. Porter of Ovid, and seven members of the staff.

Twenty-six cases were referred to the committee during the year. Of these eight were alcoholic, seven manic-depressive, three dementia praecox, two epileptic, one each of melancholia, paranoia, neurasthenia, senile psychosis, toxic exhaustion, constitutional inferiority.

The following is a fuller report of a few typical individual cases referred to the committee during the year. Employment has been found for three, homes have been secured for two, one has died, and one has been returned to the hospital. The committee has also kept in touch with many cases referred to it in former years.

1. Alcoholic insanity with possible condition of general paresis. Paroled September, 1908, (parole extended to November 1, 1908) to care of brother and referred to Mr. Manro, who reports that he got him work, and he is now steadily employed and having no bad times with liquor. He did go to Syracuse and drive a hack there for a time, but his health gave out and he had to go back to Auburn.

2. Alcoholic. Admitted November 1, 1908. Paroled April 20, 1909. Referred to Mrs. Acker, who reported,—“He should be a superior sort of Irish Catholic, but for drink. His wife died at Willard, and his two daughters are very bitter against him, and have wholly cast him off, which may have had something to do with his drinking too much. He is now employed in a second-rate hotel, doing well and letting liquor alone. If the daughters would be kind there would be some hope. I am trying to bring them to a better mind, but without encouragement.” (Later)—“He has a good job and is doing well.”

3. Alcoholic Insanity. Admitted January 1, 1909. Paroled April 20, 1909, to his mother. Referred to Mrs. Magee who interested friends near his home, who reported him doing well and not drinking, but now gone to Pennsylvania to work at his trade, a glass worker.

4. Alcoholic Insanity. Admitted February 9, 1909. Paroled April 17, 1909, to his wife. Referred to Mrs. Acker, who reported,—“This man was a respectable railroad switchman, but crippled by the loss of a hand. He bought a saloon and got to drinking. While he was in the hospital his wife opened a boarding house. He is now assisting her, keeping straight and doing well. I have tried to interest the neighbors in his welfare.” (Latest Report)—“Continues to keep straight and is of much assistance to his wife and is re-established in the respect of the community, but people are after him all the time to go back to the liquor business.”

5. Senile psychosis. Admitted January 7, 1909. Paroled May 17, 1909, to son and daughter-in-law. Referred to Mrs. Armstrong, who, having first seen the patient in the hospital before her discharge, afterward called upon her and also upon her son and daughter-in-law many times. The insanity seems to have been brought on by this only son's marriage, which left her alone. She is now boarding with a very kind

woman who is much interested in her case, is extremely quiet, but physically seems to be doing well. Mrs. Armstrong is trying to minister to her in various ways and when her home was sold persuaded the son to retain enough of the old furniture to furnish his mother's room.

6. Alcoholic. Admitted August 12, 1908. Recovered and allowed to go home May 17, 1909, as he has a brother who is a physician. He, however, was ill and another brother declined to receive him. Referred to Mrs. Stewart who interested a Methodist minister in the case. Is now with his brother, the physician, and has not relapsed.

### HUDSON RIVER COMMITTEE.

During the past year the Hudson River Committee has held one meeting. The secretary and other members of the committee have visited the hospital several times to see and talk with patients about to be discharged.

One woman, formerly a physician's assistant, who was committed suffering with melancholia because of her mother's illness, has been placed in a physician's family in Poughkeepsie and is doing well.

One patient was referred to the agent of the central committee. This was a middle aged woman far from home and friends. She was met in New York and cared for during the week she was in the city and then assisted to get to a place near her old home, where she wished to get work. After many vicissitudes, during which the agent kept in close touch with her, she found a good home and pleasant work.

The committee at present is trying to find places in domestic service for three women who were committed because of alcoholism, but are now ready to be discharged.

### WORK OF AGENT.

The agent of the sub-committee, Miss E. H. Horton, devotes most of her time to assisting the Manhattan and Central Islip committee, as the number of patients discharged recovered from the two hospitals which this committee serves is very large, and the number of patients requiring assistance is probably greater than the number discharged from all the other eleven state hospitals. While a great majority of the patients have comfortable homes to which they return there are many even of this class who need advice and help, while the number who are homeless or who come from homes of poverty and who need a considerable amount of assistance in securing suitable employment and proper home conditions is sufficient to more than occupy the full time of an agent.

The following table gives in statistical form a statement of the work of the agent during the past year. The initials refer to the hospitals from which the patients have come to the agent.

**STATISTICAL REPORT OF THE AGENT FOR THE YEAR ENDING  
SEPTEMBER 30, 1909.**

Number of patients under supervision October 1, 1908, (M. S. H., 48), (C. I. S. H., 10), (W. S. H. 1) (L. I. S. H., 2).....	61
Number of patients referred to Agent during the year:	
a. Discharged from hospitals, (M. S. H., 41), (C. I. S. H., 3), (H. R. S. H., 1), (K. P. S. H., 1).....	46
b. Remaining in hospitals, (M. S. H., 5), (C. I. S. H., 2).....	7
c. Preventive cases.....	3
	<hr/> 56
Total cases under supervision during year.....	<hr/> <hr/> 117
Number of patients passed from supervision for following causes:	
Doing well in their own homes, (M. S. H., 17), (C. I. S. H., 2), (L. I. S. H., 1).....	20
Doing well in situations, (M. S. H., 13), (C. I. S. H., 4), (W. S. H., 1).....	18
Removed from city, (M. S. H., 4), (C. I. S. H., 2), (L. I. S. H., 1).....	7
Moved and not traceable, (M. S. H., 15), (C. I. S. H., 4).....	19
Died, (M. S. H., 1).....	1
	<hr/> 65
Number of patients remaining under supervision September 30, 1909:	
In situations, (M. S. H., 12), (C. I. S. H., 2), (K. P. S. H., 1), (Preventive, 2), (H. R. S. H., 1).....	18
In hospitals, (M. S. H., 11), (C. I. S. H., 5).....	16
In their own homes, (M. S. H., 16), (C. I. S. H., 1), (Preventive, 1).....	18
	<hr/> 52
Total.....	<hr/> <hr/> 117
Number of visits made in behalf of patients, (M. S. H., 408), (C. I. S. H., 73), (L. I. S. H., 1), (H. R. S. H., 8), (K. P. S. H., 1), (Preventive, 126).....	617
Number of visits to State hospitals, (M. S. H., 32), (C. I. S. H., 3), (L. I. S. H., 2), (K. P. S. H., 1).....	38
Number of visitors to office.....	141
Number of visits to office.....	247
Number of situations obtained for patients.....	34
Number of individual patients placed.....	28
Number of patients sent to the country.....	7
Number of country outings including relatives of patients.....	17
Number of patients and relatives aided with board, clothing or money, (M. S. H., 7), (C. I. S. H., 4), (H. R. S. H., 1), (Preventive, 8).....	20

The 17 outings were given through the courtesy of a member of the Central Committee and through the following associations: Henry Street Settlement, St. Andrew's Convalescent Home, N. Y. Association for Improving the Condition of the Poor; through the Bellevue Hospital Social Service and Convalescent Relief Department patients were sent to the Isabella Heimath, New York, St. Eleanora's Home, Tuckahoe and St. Elizabeth's Home, Spring Valley.

The following is a list of societies and hospitals that have very kindly cooperated with the committee during the past year:

Alliance Employment Bureau.  
 Bellevue Hospital.  
 Catholic Home Bureau.  
 Charity Organization Society.  
 Convalescent Home, South Lee, Massachusetts.  
 Hebrew Immigrant Aid Society.  
 Henry Street Settlement.  
 Isabella Heimath.  
 Joint Application Bureau.  
 Legal Aid Society.  
 Manhattan Trade School for Girls.  
 New York Association for Improving the Condition of the Poor.  
 New York Infirmary.  
 St. Elizabeth's Home, Spring Valley.  
 St. Eleanora's Home, Tuckahoe.  
 Students' Aid.  
 Special Employment Bureau.  
 United Hebrew Charities.

## THE RELATION OF THE STATE HOSPITALS TO PREVENTION AND AFTER-CARE.

The Sub-Committee on Prevention and After-Care, and the various State Hospital District Committees have been brought closely in touch with those departments of the state hospitals which are most concerned with the cure of the patients. While we have been impressed with the large amount of admirable work which the hospitals are doing in this direction, we have become increasingly convinced that they should do more for the prevention of insanity and for the study of its causes, both in general and in specific cases. This need is well expressed by Dr. Adolf Meyer, Director of the New York State Pathological Institute, in his address at an annual meeting of our Willard Committee. In speaking of the work for discharged patients and of preventive work, or so-called prophylaxis, he says:

"The more I see of after-care and prophylaxis the more clearly do I see that it is in the interest of the hospital to be the leading element of the

after-care organization and prophylaxis organization in its district. To my mind the hospital has been too much a continuation of the almshouse, doing the best that it can for the cases that were brought in and dumped down. To-day we know that even with the best of care we cannot rest there. The hospital is the place where the experience is collected such as creates obligations and the hospital ought to be under the responsibility to use that experience."

We agree with Dr. Meyer that the prevention of insanity and the after-care of the insane should be considered functions of the state to be performed in larger part through the agency of the state hospitals. This should not and would not interfere with the activities of the voluntary committees. On the contrary, the work of such volunteers would be greatly increased and made more effective by the cooperation of professional workers in this field. It has always been our belief that volunteers should have associated with them paid workers devoting their whole time to the duties for which volunteer workers can necessarily spare only a very limited amount of time from other duties. As yet the only State Hospital District Prevention and After-Care Committee which has had the services of a paid agent is that which serves the Manhattan and Central Islip State Hospitals, receiving patients from the City of New York. The need that we point out for additional professional service is more especially for such service at the up-state hospitals.

The experimental work in this important field, carried on during the past four years by the State Charities Aid Association, has done much to prove the need for the great enlargement of the work and for its more extended establishment on a professional basis as one of the recognized functions of the state hospitals. The work that needs to be done cannot, in our opinion, be done with the completeness and thoroughness that is desirable without the employment of at least one paid agent in each district. Nor does it seem to us proper that the state should rely entirely on the cooperation of volunteer agencies for the performance of duties so important and so exacting. While the state hospitals have cooperated with the Association in this work to the extent of their ability, they have not as yet been equipped to take so large and active a part in the work as would seem to us desirable. There are many precedents already existing for the extension of hospital work into the new fields which we propose that the state hospitals should enter.

One of the interesting developments of recent years in connection with the work of general hospitals is the increasing realization of the necessity of what has been called Social Service, or Convalescent Relief Work.

Great hospitals like the Massachusetts General, in Boston, Bellevue, in New York, the Johns Hopkins University Hospital, in Baltimore, and the University of Pennsylvania Hospital, in Philadelphia, have organized Social Service Departments equipped with trained agents who visit the homes of the patients while they are in the hospital and after they have returned, try to prevent their being again subjected to the influences which caused their disease, and assist them in re-establishing themselves under normal conditions of life and labor. This work is based on the perception that disease is frequently caused by adverse social, moral or industrial conditions, and cannot be permanently cured unless these conditions are changed. Through the hospital social workers the physicians frequently gain much valuable information regarding the causes of the patient's trouble, and sometimes a clue to a successful course of treatment is secured by such a knowledge of the patient's environment.

If general hospitals need this social service work, surely state hospitals need it also, and if possible even more urgently. Diseases of the brain and nervous system are more closely related to social conditions and more likely to be directly caused by unfavorable elements in a person's environment than is the case with other diseases. In connection with no other disease is an understanding on the part of the physician of the patient's previous manner of life more essential to intelligent treatment, and in no class of homes could a social worker undertake more preventive and ameliorative work than in these homes where either an inherited family tendency or an existing mode of life has already sent at least one member of the household to an institution for the insane.

If a city hospital like Bellevue with its rapidly changing population can undertake to look after its patients in this way, our state hospitals with their more slowly changing population and even greater need for such work, should find it a profitable and not too difficult venture.

Each of the thirteen state hospitals should, to a considerable degree, feel itself responsible, not only for the proper treatment of the committed insane of its district, but for the prevention of insanity and the dissemination of sane ideas on the subject throughout the district which it is supposed to serve. In no way could a state hospital more greatly increase its value to the people of its district than by the employment of an agent who would travel about the district representing the hospital in the homes of the people. Such an agent should visit the homes of newly committed patients to secure for the physicians having charge of their treatment such facts regarding their home conditions and family history as would throw light on their disease. The first-hand news of the patient which such an

agent could bring to the patient's family and friends would frequently console and cheer the relatives and increase their confidence in the humanity of the institution which would take the pains to send a friendly visitor to seek them out in their homes. As we have often stated, the former patients and the families of patients whom our agent visits, generally associate her with the hospital and receive her visits as a flattering indication of interest on the part of the institution. How much more pleased and grateful such people would be if a visitor did indeed come to them directly from the hospital with welcome messages and helpful suggestions. It should not be beyond the scope of such a visitor to study the home from which a patient has been taken to the hospital, with a view to discovering such elements in the family heredity and environment as may cause other similar catastrophes and do what could be done towards their prevention. Every patient may be considered a danger signal showing where an accident has occurred and where others may occur if the cause of danger is not removed. It is not safe to disregard these signals of distress and danger. We should do what we can to avoid the repetition of an accident in the same spot. An agent who has visited from time to time the home of a patient who is under treatment in the hospital and has kept in touch with the relatives and friends, can readily continue these friendly relations when the patient is sent home and can be of much help during that crucial period in the patient's experience when normal relations with life and work are being resumed.

There are many other ways in which a social worker could be of inestimable service to a state hospital. By seeking the acquaintance of Superintendents and Overseers of the Poor, Judges, Examiners in Lunacy and others having to do with the commitment of the insane, by discovering cases which should be sent to state hospitals and which are kept at home through the ignorance of relatives, and by explaining to such relatives and friends the methods of the hospital and the ease of commitment; by speaking in public and in private of the needs of the insane and the nature, cause and prevention of insanity, and by other methods arousing and enlightening public sentiment on the many important phases of this subject. In all these ways a social worker could strengthen the bond between the hospital and its district until the people come to see the hospital as a source of help and enlightenment and a refuge in time of special need.

## THE RELATION OF THE STATE HOSPITALS TO THEIR DISTRICTS.

Hospital Social Service as specifically described is only one of many ways in which a state hospital can serve its district. Dr. Meyer says that "each hospital must be the center of organized work in its district."

There are many ways other than what is specifically known as Hospital Social Service in which a closer connection between the state hospitals and their districts can be effected. They may be summarized as follows:

1. Closer relations between state hospital physicians and physicians in their districts.

2. Dispensaries at state hospitals.

3. Dispensaries in different parts of districts.

4. Educational campaign.

1. *Closer relations between state hospital physicians and physicians in their districts.*

Some hospitals have made considerable effort to interest general practitioners in their districts by inviting them to the hospital both individually and by societies. This can be accomplished by inviting medical societies to hold meetings at the hospital; by requesting family physicians to personally accompany the patients they send to the hospitals and to visit them during their stay, and by securing their attendance at staff meetings at which the cases in which they are interested come up for discussion. This is a valuable means of securing a better understanding on the part of medical men of the work of the hospital and the class of cases that it is equipped to treat, and also of the nature and symptoms of mental disease—a branch of medical knowledge in which most physicians have had very little training or experience. Many state hospital physicians make a practice of attending meetings of medical societies in their districts, and frequently present papers on special features of their work, and thus interest and inform the other members of the societies. All such efforts for closer mutual understanding and cooperation between state hospital physicians and general practitioners should be encouraged and extended.

2. *Dispensaries at state hospitals.*

During the past year the St. Lawrence State Hospital has opened a dispensary at the hospital, where during certain hours each week, hospital physicians are in attendance to give gratuitous professional advice to persons from any part of the district who may choose to call and solicit such advice either for themselves or for their friends. It is reported that

during the six months that this dispensary has been at the disposal of the public 34 persons have called at the hospital, which seems a very gratifying showing when it is remembered that the hospital with which this dispensary is connected is located on the northwestern boundary of the state and is in no sense central to the population of its district. It is to be hoped that other hospitals will follow the example of St. Lawrence, now that the success of the plan has been demonstrated. An interesting account of the work of this dispensary is given in the annual report of the St. Lawrence State Hospital for this year.

### 3. *Dispensaries in various parts of the district.*

An even more effective way of reaching the people of a state hospital district would be to open dispensaries in several of the principal centers of population in the district. As Dr. Meyer put it in his address at the annual meeting of the Willard Committee: "We ought to have enough physicians to go to a locality and look up a situation instead of having them grind year in and year out in the wards and at the desks."

In many cases the State hospitals are remote and difficult of access from important and thickly populated parts of their districts. It would be better and more economical for the hospital to send its physicians to the different cities and towns than for the people from these localities to visit the hospital. It would seem to be practicable for a state hospital to assign one of its trained and experienced physicians to dispensary service for certain hours weekly or fortnightly, in each of the principal towns in its district. If one physician were assigned to work in the same place for a long period of time, he would become acquainted with the people of that place and would win their confidence. General practitioners would bring patients to him for consultation. Persons in an early stage of nervous and mental disease could secure expert advice in time to prevent a breakdown. The progress of other cases could be noted from visit to visit. Relatives and friends of the patient could be seen and advised regarding the home treatment of the case, and preventive work of inestimable value could be done. The friends of patients in the hospital would have an opportunity to get frequent news of the patients by visiting the physician, and he would have a valuable opportunity to visit the homes of many patients and study the conditions that produced the trouble, thus gaining important information regarding the history of the case which would often be of great service in its treatment. In localities with general hospitals or dispensaries a special service of this sort would doubtless be welcomed in many instances.

If the physicians engaged in such dispensary duties could have the assistance of social service agents and of local volunteer committees of citizens in the different localities who would work along lines suggested by the physicians for the prevention of insanity and the after-care of the insane in these particular localities much education of public sentiment and much effective work would doubtless be the result.

If State Hospital physicians were assigned to such duties a small increase in the number of the staff would probably be necessary but the slight additional expense to the State would be amply compensated for by the greatly added attraction of the service to ambitious and capable physicians whom it is now difficult to secure in sufficient numbers, largely because of the monotony of much of the professional work as carried on at the present time.

#### 4. *Campaign of education.*

The success of the campaigns for the education of the people carried on by those interested in the prevention and care of tuberculosis suggests the desirability of adopting similar measures for the dissemination of information regarding the symptoms, nature and care of mental and nervous diseases. During the past few years great advances have been made in our knowledge of abnormal psychology and of the causes of insanity. The public should more largely have the benefit of the knowledge which is now in the possession of a small number of experts in these fields. Many of the most important facts are capable of popular presentation. The great majority of people do not sufficiently understand the relation of insanity to such physical conditions as alcoholism and venereal diseases, and of such mental conditions as worry, over-strain, bad mental habits and morbid ideas. Through popular lectures and exhibits of charts, Pictures and succinct statements of important facts presented in graphic form these matters should be explained to the public. From such a campaign of education people might learn to recognize in themselves and in their relatives and friends the dangerous symptoms which now generally go unrecognized and unheeded until some startling outbreak or catastrophe suddenly opens the eyes of those who have long been blinded by ignorance and fear. As Dr. Meyer said in his Baltimore address:

“A thinking person must marvel at the thought that mental disorders are allowed to progress without skilled help on an average with a period of partial incapacity lasting from three to six and more months before admission, and with all this our state and private receptacles have no organized connection. Chronic diseases are not properly handled by

mere patching up. It is necessary to go to the root of the evil, even if we come too late for prevention in a special case, to straighten out the environment and to prepare the patient to be able to meet reasonably those difficulties which cannot be removed. That must in part be the duty of the state, but it can only fulfill it in cooperation with the friends and with the communities which must be taught to be or to become a healthy environment fit for any one to live in, even for those with not especially favorable endowment. To simply deplore from year to year the increase of insanity, and to get into periodic panics over the necessity of building more hospitals, is not doing the work at the right spot, and to the best advantage. But to reach this modern goal we have to make proper provision and see that the work is actually done. We are inevitably pushed to the conclusion that each hospital must be the center of organized work in its district, with the help of the profession and all those who will take an efficient interest in public and individual health."

#### COST OF THE WORK.

The total expense of maintaining the work of this committee has heretofore been only about \$1,500 a year. This covers salaries, traveling and office expenses, and provides clothing and relief for the people who are assisted. The work is supported entirely by voluntary contributions, and the Committee appeals to all who are interested in it for donations or annual subscriptions. Cheques should be drawn to the order of the Chairman, Miss Florence M. Rhett, 122 East 34th Street, New York City.

In conclusion, the Board of Managers, in behalf of the State Charities Aid Association, desires to express to your Honorable Commission, and to the Managers and Medical Superintendents of the State Hospitals, its sincere thanks for the kind response to requests for information, for the courtesy with which all suggestions have been considered, and for the readiness with which the co-operation of the Association has been welcomed in its endeavor to promote the welfare of the dependent insane of the State.

For the Board of Managers,

HOMER FOLKS,  
*Secretary.*

MARY VIDA CLARK,  
*Assistant Secretary.*

# Reports of Visitors to State Hospitals

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## MIDDLETOWN STATE HOMEOPATHIC HOSPITAL.

The most recent meeting of the visiting committee of the State Charities Aid Association for the Middletown State Homeopathic Hospital was held at the hospital on November 20, 1909.

There were present Messrs. Wilcox and McMonagle and Mr. and Mrs. Paul Tuckerman.

The census of the hospital on that date was 1,794, of whom 612 were male and 1,182 female patients. As usual, this is beyond the normal number for which the hospital was intended, and overcrowding was the result. There were in all 92 male patients and 172 female patients in bed. The committee were informed that six persons in the last six months had committed themselves voluntarily.

The new building for acute cases was progressing satisfactorily. It is estimated to cost \$100,000 and to hold 100 patients, men and women; no one ward to hold more than ten patients. Provision has been made for a complete hydropathic treatment. This building is on the site formerly occupied by cottages, which have been moved away to an equally good situation, and promises to be most satisfactory for the purpose for which it is intended.

A new building, to be occupied as a nurses' home, is also nearly completed, and will provide comfortable living rooms for 150 nurses, both male and female.

New day rooms have been added to Ward 12, which is a much-needed improvement and enables a number of patients to remain throughout the day in the open air.

It is desired by the hospital authorities to have an addition built to the building for chronic patients for the purpose of providing small dining rooms. As it is now, the 536 patients in this building are obliged to take their meals in two large dining rooms, and it is reasonable to suppose that the inevitable noise and confusion of so many persons eating in one room cannot be otherwise than undesirable. The committee felt at the time this building was erected that it was a mistake to make the wards and dining rooms so large,

however desirable this arrangement might be from the point of view of economy.

The question of increasing the salaries of male and female nurses is now under consideration, we understand, by the State Commission in Lunacy, and we desire to express our approval of such an increase. The welfare of the patients must inevitably depend very largely on the character of the nurses, and there is no form of illness which calls for such an amount of self-control, tact, and kindly sympathy as insanity. Furthermore, experienced nurses of this character readily command high salaries outside of public institutions.

The following table indicates the amounts now received, with the proposed advances, and it is the opinion of your committee that the increase will be more than made up by the improved character and longer service of the nurses

POSITION.	WAGES PER MONTH.			
	MINIMUM.		MAXIMUM.	
	Present wages.	Proposed change.	Present wages.	Proposed change.
Charge nurses, men.....	(\$35.00)	\$40.00	(\$41.25)	\$47.00
Charge nurses, women.....	( 28.75)	34.00	( 35.00)	40.00
Nurses, men.....	( 31.25)	35.00	( 37.50)	43.00
Nurses, women.....	( 25.00)	30.00	( 31.25)	35.00
Charge attendants, men.....	( 31.25)	35.00	( 37.50)	43.00
Charge attendants, women.....	( 25.00)	30.00	( 31.25)	35.00
Attendants, men.....	( 22.00)	26.00	( 30.00)	34.00
Attendants, women.....	( 16.00)	19.00	( 22.50)	25.00
Special attendants, men.....	( 37.50)	43.00	( 43.75)	50.00
Special attendants, women.....	( 31.25)	35.00	( 37.50)	43.00
Dining-room attendants, women.....	( 17.50)	20.00	( 22.50)	24.00

Increase of wages from minimum to maximum shall be at the rate of two dollars per month for each six months of continuous service. An attendant or nurse performing night service for a period of one month succeeding the first day of the month shall be entitled to two dollars per month in addition to regular wages.

Ten per cent increase per month shall be paid to nurses or attendants engaged in the immediate care of patients on wards for disturbed, untidy, tubercular, suicidal, or acute cases.

Time did not permit us, on this visit, to inspect more than a part of the occupied buildings, but we found there the usual cleanliness

and good ventilation, and take pleasure in expressing once more our confidence in the ability and high character of the management.

Respectfully submitted,

SUSAN TUCKERMAN,

PAUL TUCKERMAN,

H. K. WILCOX,

D. C. McMONAGLE,

*Committee.*

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### BUFFALO STATE HOSPITAL.

Only for the great extent of the buildings, a stranger approaching the State Hospital in Buffalo would have no idea of the purpose of its existence. The grounds are so extensive and kept with such kindly care; the trees and shrubs are so flourishing, and in their season the flowers so bright and placed with such skill in the most effective places, that the impression one receives is of a private estate kept for the owner's home. Yet this is all for the use and benefit of the inmates.

Many of the patients have been in the hospital until they have no other home, and the feeling of certainty in the care and comfort that is theirs has a quieting effect. The wards are light and pleasant, the chairs and sofas comfortable, and during the past year new carpets have added much to the "homes" appearance of several of the wards. In fact we feel confident that many of the charges at our hospital were never so comfortable as at the present time. Many of the women have their knitting or crocheting, some do patchwork, and some plain sewing, and all display their wares with interest and pride. It is a lesson in the philosophy of life not to be quickly forgotten by a thoughtful person who has all the avenues of usefulness and pleasure open wherein to spend his time.

Naturally your committee turns to the material aids that assist the superintendent and his staff in the great work they accomplish in keeping their charges so comfortable and comparatively happy.

Our hearts have been made glad by the new tuberculosis ward, so long on our list of requests. The new building, though apparently small, can be enlarged easily and with small expense, as need requires. It is perfectly ventilated and heated, has a small kitchen for the preparation of special diet, and a wide veranda for out-of-doors use. As this ward is only for the women patients, we need another for the men, which should be built very soon and with a large accommodation.

The next need in this same line is a ward for those afflicted with contagious diseases. This would need to have accommodations for nurses as well, but should not be an expensive building, on the theory that after ordinary use it should be replaced by a fresh building.

Another great improvement has corrected what your committee felt, and did not hesitate to state, was an error in the erection of the Elmwood building. New dining rooms and kitchen have been added to this building, giving new wards of the best type over these necessary rooms, and removing the odor of food from the old wards. This odor was offensive to the patients who were confined to their beds in these wards and lingered like a ghost in spite of the utmost care of the attendants.

Some of the verandas asked for last year have been placed on the wards and add much to the comfort of the patients, who are unable to go about the grounds in inclement weather. These new verandas are broader than the old ones and therefore more convenient. We ask that other wards be supplied with the same kind, replacing the old, which are not ornamental and scarcely useful.

The coal conveyor, which has been on our list of requests for the past three years, has not yet been installed. We still feel that it is a necessity and hope that the State will grant it, instead of condemning the patients to do the work, often in the most severe weather.

There seems to your committee no way to provide safety for the electric wires except to place them underground. A conduit could easily be constructed, which would save the expense of repairs to the wires caused by the storms of our severe winters, besides relieving the eyes of the view of the unsightly poles and wires that are now a blot on the landscape.

The new house for the steward and his family is fast approaching completion, and he hopes to occupy it the coming April. This will take his children away from the ward of the much-disturbed women, but it will not be of any benefit to the women who are the most unfortunately placed of the patients. The ward is within a short distance of the street where the children of the neighborhood gather to make game of and otherwise annoy the patients. It would be a great gain for the hospital if a separate ward were furnished for these patients. It could be built back of the Elmwood building and be served from the new kitchen just added to that building. Your committee most earnestly recommend that such a ward be built for this specific purpose.

The experiment of the past year of taking some of the patients to the farm at Wilson was repeated this past season with the same beneficial results. The patients had more work and were placed more on their own responsibility than is possible even on the grounds provided by the founders of our institution. The percentage of cures among these patients has been most gratifying and the evident benefit of all very marked.

This farm of thirty-five acres is now for sale at a very reasonable price and we believe that it should become a permanent possession of the Buffalo Hospital, giving it a place of refuge where its unhappy tenants can find rest and peace, where the eye is not stopped in its outward look by the grim walls of factories, or its upward search by the smoke of a great city. We think the State would receive a great interest on the small amount of money invested by the return to an active participation in the work of the world of many who would share the pleasure of a return to a nearly normal life. The privilege of a stay on the farm is eagerly sought by the patients, every accommodation being used from the early spring until very late in the autumn, nearly every man begging for an extension of his time and returning with regret to his city home.

We wish to say in conclusion that every year our confidence in the superintendent and his staff increases, and we are convinced that the work of this department of the public service is honestly supervised and conscientiously performed.

FANNY H. BARTOW,  
 GEO. A. LEWIS,  
 ESTHER K. MCWILLIAMS,  
 CHAS. SUMNER JONES.  
 ADA M. KENYON,  
*Secretary.*

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### BINGHAMTON STATE HOSPITAL.

October 26th was the day on which your committee made their latest visit to the beautiful hill top at the extreme eastern limit of our city, where the principal buildings of the Binghamton State Hospital are located.

We were glad to find Fairmount, the new building for acute cases, in full working order. During this its first year it has met a most

unfortunate experience in an epidemic of diphtheria. The disease was introduced by an employee whose case was so mild as to be diagnosed as tonsillitis and through whom more than eighty persons were exposed and treated by anti-toxin. The result was eight cases and one death. As soon as there was a prospect of no more developments the inmates were all removed to tents with board floors, constructed on the grounds, and the building thoroughly fumigated, and we feel sure that there will be no further trouble. The hydrotherapeutic equipment here is perfect and will be for general use. This was greatly needed, as the facilities afforded by only one equipment, which was located in the main building for the entire plant, were not sufficient to meet the requirements of this most successful mode of treatment. The kitchen and dining rooms in the rear of Broadmoor, the new building for chronic cases, each floor connected with the main building by a hall, are completed, giving the two wards formerly used as dining rooms to the use of 100 additional patients.

Ferris Hall, the new nurses' home, is practically finished and is a model of comfort and convenience.

Our visit to the colonies was especially gratifying. At Parkhurst, the dairy farm, we had the pleasure of walking through the model stable, where the herd of more than eighty Holstein cattle were standing to be curried. The perfect ventilation of this building always excites our admiration. At Plymouth Rock—the name bespeaks the nature of its occupancy—we were pleased to learn that fifteen first prizes were awarded for fowls on exhibition at our recent Industrial Exposition. At Orchard House, the headquarters for men patients who are able to be constantly employed in farm work, and at Morning-side, a comfortable home for women mildly affected, we found everything moving satisfactorily.

The farm property owned is 1,113 acres and 200 acres more is rented. But more land is greatly needed, especially for grazing purposes. Two hundred and fifty acres lying near the main dairy barns can be bought for \$7,000. We strongly urge this purchase. The present herd of cows furnish scarcely more than one-half the amount of milk used, and milk is constantly advancing in price and, owing to demands from the New York market, more difficult to get, and the tuberculosis department especially must have it in great quantity.

The number of patients is 1,317 men, 920 women; total, 2,237. The number of employees 256 men, 185 women; total, 441. In two

of the wards we noticed some overcrowding. The inmates were dining and some small tables were set in the halls.

We were much impressed by the skilful work of Dr. May in the pathological department, the final result of which the visitor sees in the museum of specimens. But the building of one story and basement, which includes the mortuary as well as the laboratory, is too small. The addition of another story, with such changes as that would call for, would probably be sufficient. But in view of the fact that the work of this department is not only the basis of all the help to be given these unfortunate people, but that it extends through their entire course of treatment, we strongly urge that any needed improvement in equipment be given.

We were much pleased to find that the men employed have a club, the rooms furnished in excellent taste and well fitted up for their hours of rest and recreation. But there is nothing of the kind for women, and we strongly urge that the plan of the superintendent to finish and furnish the basement of Ferris Hall for this purpose be carried out and sufficient money be appropriated to make it all that it should be for these hard-working nurses and attendants.

During the winter season an entertainment of moving pictures, or something equally interesting, is held in the Assembly Hall each week. In summer trolley rides, baseball, and other out-door amusements form the diversions. In all day rooms where they can be of any use we noticed papers, magazines, and books. All of our national holidays are appropriately celebrated.

Each Sunday afternoon a Protestant religious service is held at the Assembly Hall or at one of the colony cottages. On the third Friday of each month a Roman Catholic service is held, this day being chosen instead of Sunday by the officiating priests.

All patients able to work are kept occupied in such lines as they can carry out. The farm, garden, grounds, heating plant, shops, halls, dining rooms, kitchens, and laundry show busy people, working mechanically, with small intelligence.

It has been found an advantage to send patients into home care who seemed suitable for parole, and frequently this has contributed to permanent recovery.

Pinecamp, which was established for convalescents on the bank of the Susquehanna last year at a point convenient for fishing, bathing, and boating, has been enlarged, and about 300 people have this year enjoyed the recreation of the beautiful out-door life furnished them

there. This is no longer an experiment. It is too beneficial physically and mentally not to become a permanent feature of the hospital. Late as it is there were thirteen men there on the day of our visit; those who were not out in the bright October sunshine were enjoying the warmth of a crackling wood fire in the huge fireplace of their living room.

If comparison is possible, we are always ready to say that Edgewood, the tuberculosis plant, is the very best of anything on the grounds. Built on an elevation fronting the south, with a wood in the rear in which the inmates spend much time in summer, the house is perfect for its purpose. The piazzas are broad enough to accommodate all when they can go outside, and all of the rooms are so constructed that the air is pure all of the time and sufficiently warm. Potted plants, which are in evidence throughout all of the buildings, are more numerous here than elsewhere, and add greatly to the cheerful atmosphere of the day rooms. Five meals, consisting largely of eggs and milk, are served each day to these specially unfortunate ones.

Bath and toilet facilities everywhere seemed equal to the demand, and we want to express our great satisfaction in finding all toilets so clean and odorless.

All inmates look comfortably and seasonably clothed.

In the dormitories occupied by mild patients the beds are kept neatly made and have white counterpanes. In the more disturbed wards each article of bedding is folded during the day, leaving the mattress exposed to the air.

We visited several dining rooms at meal time, noting that the meat, vegetables, bread, and fruit were all of a quality fit for our own tables. Some of the tables are long, others small and round. All had tablecloths, most had plates, cups and saucers of heavy stone china, and knives, forks, and spoons, but for the most violent cases only plates, bowls, and spoons of a light-weight metal are used to prevent injury of their persons and breakage of dishes.

In this well-nigh perfect institution your committee find but one thing calling for criticism. This is the basement in the main building. These rooms are well finished and furnished and we found no indication of dampness. But the ceilings are low, the windows small, and not too numerous, and on a day when the bright October sunshine was making glad all the outside world, this part of the building had to be artificially lighted. We cannot see how physical or mental im-

provement can come to the inmates occupying these rooms. We know of no other place on the premises to which they could be transferred, and we know of no other use to which this large floor could be put. But we should prefer to see it abandoned rather than to have it used as wards for patients, and this would call for an additional cottage to be erected elsewhere on the premises.

In addition to the needs already mentioned, we recommend the building of a cottage for patients on Parkhurst Farm, the purchase of several needed farming implements, and, most important of all, the buying of an ambulance to convey sick patients from one building to another. It is frequently necessary for this to be done, and the hospital owns no vehicle suitable for the purpose.

In closing our report we wish once again to express our admiration for the great executive ability of the superintendent and our gratitude for the great courtesy shown and information given us, not only by him, but by his medical assistants.

CLARA A. HOLMES,  
FRED H. HASKINS,  
CHAS. E. LEE.

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### ST. LAWRENCE STATE HOSPITAL.

Your committee last visited the St. Lawrence State Hospital on October 2d, and Dr. Sommers practically gave up the whole day to us, Dr. Hutchings being out of town.

We noticed a number of minor improvements, not large items as regards expense, but important each in itself because it adds to the comfort and convenience of the institution for the administration and the patients. The money involved amounted to something over \$14,000, the single large sum of \$7,600 being used for the new hot-water line. The large open fireplaces recently installed will add much to the cheerfulness of the rooms and be a great help to the ventilation. We were glad to find the two new dining rooms and the diet kitchens for central group east and west. These buildings are not yet complete, but were needed and will help do away with a part of the crowding which sometimes appears. Also the new building, not yet completed, for the attendants at Inwood (the tubercular hospital) we feel was especially needed, and we have no doubt will be greatly appreciated, not only by those who will have occasion to occupy it, but by the whole staff connected with the administration.

The sleeping accommodations for the employees in group C and the central group are inadequate, and an appropriation should be made to remedy this. The new building in course of construction will be fully occupied by the nurses from Innwood and others intended as occupants, but it has been so planned that wings may be added to it, and we would suggest the addition of a wing to this building to relieve the situation in the two groups named.

It seems desirable that there should be a building or a department where new and acute cases could be cared for and be under observation for a time until their real condition was ascertained, and without placing them at once with the confirmed and older cases, where it may be trying for them and very trying for friends who want to visit them. This condition has been complained of particularly by parties from Onondaga county, where many patients come from (130 last year), and they incline to have their friends placed in Utica, where there are these conveniences. Then there are voluntary cases—people who come of their own accord and want to receive treatment because they are apprehensive about their mental condition. Forty such were cared for during the fiscal year and received very substantial benefit.

Perhaps such new quarters, should they be provided, could be merged and cover both of these classes.

A special assistant for special duties in the tubercular building is desired and seems to be needed.

We heartily commend the effort in behalf of manual training. So far it seems to be producing satisfactory results, but we could hardly have pronounced views in regard to it until a more thorough trial—perhaps a matter of two or three years—when it will show in its results how much or how little can be accomplished.

In some of the departments there seemed to be a crowded condition, and on inquiry we found there were more patients than ever before—if we remember rightly, 1,882, 29 more than a year ago—and it seems possible that still larger additions may be required. The institution, as at present designed, is only supposed to care for 1,740.

The sky was overcast the day we made our visit, and with no sunshine outdoors some of the rooms were very dark, actually gloomy, owing to the low windows which in many cases are covered by a roof over a piazza.

It occurred to us that the introduction of prismatic glass in the upper sash in many of the windows would greatly help to lighten up the rooms we complained of.

We were well pleased with everything pertaining to the farm, including the condition of the cow barns and the cows, and feel the St. Lawrence State Hospital is fortunate in having a man like Mr. Bartholomew at the head of that department, for his work evidently is intelligently and thoroughly done.

There was little to complain of and much to commend, for everywhere in the buildings and about the grounds there was evidence of an efficient executive head, and the State is to be congratulated that it can furnish such comfortable quarters and attractive environment for these unfortunate people.

ANDREW IRVING,  
G. W. KNOWLTON,  
GERTRUDE J. E. KNOWLTON.

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#### GOWANDA STATE HOMEOPATHIC HOSPITAL.

A thorough inspection of the Gowanda State Hospital was made recently by members of your committee and I am glad to report that we found the air, ventilation, house, and beds in the most satisfactory condition. Everything seemed sweet, fresh, and clean, showing thoroughness of care in every particular. The clean, light-hair mattresses, together with neatly folded bedding, are left to air in the dormitories until four o'clock in the afternoon, before the beds are made up for the night, thus insuring thoroughly ventilated dormitories.

In the sitting rooms, corridors, and hospital wards were great branches of brilliant autumn leaves, Jerusalem cherry trees covered with bright red berries, and slender glass vases filled with large, handsome chrysanthemums from the greenhouse, thus giving a homelike look, grateful to the eyes of the patients as to the visitor.

The corps of physicians and attendants, in as far as we could judge in a day's visit, seemed very kindly and attentive, and the feeling excellent between them and the patients.

The sewing room is a large, light room where one cutter and superintendent has charge of eighteen women. All seem happy at their work. One of the workers came to me and said "I want to tell you how happy we are here and how kind every one is to us." She looked happy and all looked cheerful. There are eight machines, which are run by electricity, at one side of the room, with the light falling from the windows back of the machines upon the work. We were told

that the entire sewing for the house, both for men and women, dresses and all—everything, in fact, but the men's suits of clothes—was made in this sewing room. Sometimes the patients come and ask if they may sew in the sewing room every afternoon. Tea and bread or cookies are served to the workers in this room. Two dozen pretty china cups have been recently donated for this purpose by persons outside, and we were told that the patients were as delighted to drink out of these pretty cups as to have the tea itself.

A visit to the tailor shop shows a cutter, one assistant, and two patients who sew, and these men turn out from forty to fifty suits of men's clothing each month. Strong, good shoes are made in the shoe room, and in the mattress room men sit picking over the hair, and a pile of ticks, as well as a pile of finished mattresses, are nearby. Undoubtedly few of the patients have slept on such mattresses in their own homes, but the many sick and bedridden patients need them, and their frequent renewal insures sweetness and cleanliness.

Brooms are made, chairs reseated, harnesses repaired. The workshops at present are in the basement, but a large house is now being built which will, when finished, be used for these varied industries.

The store and storeroom are well supplied with necessaries; the cheerful cook, with one assistant and four patients to help, uses four and a half barrels of flour each day. Between 700 and 800 loaves of bread are required to feed the 1,008 patients, and it takes 160 dozen rolls for breakfast. The rolls of various kinds looked very nice as they were rising in the pans, and the piece of bread that we broke off from one of the long, inviting-looking loaves, filling great racks, tasted quite as good and sweet as it looked. The ovens were full of bread baking, and the cook was preparing, in a huge receptacle, to make cookies.

Men were enjoying the billiard tables in the men's rooms, and a small table has been placed in one of the women's sitting rooms, and we were told that some of the women enjoy playing. Amusements are afforded the patients twice a week. On Monday nights they have a dance, and on the following Monday night they were to have a masquerade. On Friday nights there are moving pictures or some other form of entertainment. There is a large amusement hall with a stage. The photographer, who takes a picture of every patient when he or she comes and again when they go, in order to compare the two, is also the leader of the orchestra. There are some very good musicians among the patients as well as among the attendants. While

these entertainments are enjoyed by the patients, they are also undoubtedly of much benefit, diverting the mind from consuming fancies and vagaries.

Tuberculosis patients are kept upon the verandas or in a tent outside. A one-story tuberculosis hospital with a broad veranda is now under construction where, when completed, the patients will be placed. There are twenty-two women now occupying this one tent. The nurses' home is a very pleasant, comfortable three-story building where the men and women nurses and attendants are housed, there being fifty-two nurses and attendants for women and the same number for the men, some taking day and some night service.

A large cold-storage building is being constructed not far from the new workshop.

While, with one important exception, all seemed to be in smooth working order, showing careful supervision, there was one very important lack in such an institution, and that was *heat*. Three of the six or eight boilers had given out and it was claimed would take a month at least to replace, and that means that nearly half of the heating service will be crippled up to the first of December. Also one great boiler in use was defective in some way, as it was leaking steam badly. It is hoped that fire in fireplaces may be made to partially alleviate the difficulty, but these fireplaces are not at present in condition for use. It remains to be seen how serious an effect this may have upon the large number of enfeebled inmates. At least, at this inclement season of the year, it is very unfortunate.

The broad extent of land and fine view and outlook from the different buildings of the institution reflect great credit upon the men who were wise enough to seek and find so eminently desirable a location for such an institution, and to them is the State greatly indebted.

MARY A. L. BOOKSTAVER.

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## CENTRAL ISLIP STATE HOSPITAL.

### *Buildings and Improvements Completed:*

The following buildings and extensions which were in process of construction last year have been completed

Tuberculosis building, for which an appropriation of \$25,000 was allowed, with a capacity for 100 patients—fifty men and fifty women—

was completed and occupied last spring. This building is erected in the pine woods west of the south colony.

Storage and feed barn, with root cellar.

Addition to the flour-storage room of bakery.

Glass enclosures for verandas of groups G and H, south colony.

Nearly a mile of cement walks about the south colony.

Installation of new drying room and washing machines in the laundry.

The heating system in the attendants' home, north colony, has been changed.

Erection of four Kirker-Bender fire-escapes at the south colony.

Alteration and equipment of Ward H-5 as a hospital ward.

Electric fans in hospital ward, north colony, kitchens, and bakery.

Two new boilers installed in the north colony plant.

A tent colony with a capacity for 200 men patients. This colony is composed of eight large tents connected by wooden sections, with lavatories and closets, heated by stoves and lighted with electric lights. This colony is situated west of groups I and K, south colony, in close proximity to the large dining room at the south colony.

#### *Buildings under Construction:*

A new nurses home for accommodation of 202 nurses and attendants, the central portion of the first floor to be arranged for club purposes. This building is well advanced in construction and will probably be completed for occupancy next summer.

Installation of a new electric current generator, north colony, to increase the electric light power in this division.

Laying of new tile floors in the central portion of corridors of group I, south colony.

#### *Legislative Appropriations:*

Additional accommodations for 600 chronic patients, \$300,000.

Conduit and connections, attendants' home, south colony, \$16,000.

Outside sewer and water connections, attendants' home, south colony, \$7,800.

Medical staff house, \$25,000.

#### *Census:*

The census of the hospital on October 1, 1909, was as follows:

Men, 2,483; women, 1,542. Total, 4,025.

***Occupation of Patients:***

Patients are employed on the farm, gardens, shoe shop, tin, mat, carpenter, tailor, blacksmith, and paint shops, bakery, kitchens, dining rooms, and power houses. About 70 per cent are employed.

***Deaths:***

During the year ending September 30, 1909:

Men, 270; women, 120. Total, 390.

***Pulmonary Tuberculosis:***

There are ninety-seven active cases in the hospital—forty-six men and fifty-one women. These cases are housed in the new tuberculosis building.

***Acreage:***

The hospital property consists of 1,000 acres, 300 of which are under cultivation.

***Crops:***

Crops were raised during the year to the value of \$11,826.66, which includes all farm products vegetables, fruits, dairy products, meats, etc.

***Religious Worship:***

Religious services, Protestant and Catholic, are held every Sunday, the former in the afternoon, the latter in the morning. Hebrew services are held every Saturday.

Patients, whose relatives and friends can afford it, are removed after death to various cemeteries outside the institution. When the friends cannot afford to remove the remains they are buried in separate graves in the hospital cemetery.

***Management:***

Besides the superintendent there are 23 physicians, 21 men and 2 women; 19 supervisors, 12 men and 7 women; and 603 employees, 399 men and 204 women.

***Privileges:***

As in former years, between 300 and 400 patients enjoy the freedom of the entire premises, going about the grounds at will and to and from their different occupations unattended, many acting as drivers,

messengers, etc. A larger number of patients than usual during the past year have been allowed to go home on parole with their relatives or friends. On the day of my visitation there were nearly 100, and I have been told that a very small per cent ever return to the hospital.

The regular visiting days of the hospital are Tuesdays, Thursdays, and Sundays. The patients are permitted to be visited once in two weeks; oftener if necessary. Those sick in bed may be visited as often as their friends choose to call.

All patients who desire to write to friends are supplied with writing materials, to enable them to write, once in two weeks, and oftener if necessary.

#### *Food and Clothing:*

Patients are well supplied with food and clothing.

#### *General Remarks:*

The matter of poor wages paid attendants, nurses, and employees of the hospital will be brought up again for consideration by the Legislature, and delegates from boards of managers of the State Hospitals have taken an active interest in this matter this year and intend to hold a conference on the subject in Albany at the next conference of the superintendents with the State Commission in Lunacy.

The overcrowding in the hospital still continues, but will be much relieved when the new buildings, for which appropriations have been allowed, are erected. The great necessity for a new building for acute and curable cases is more urgent than ever. The State Commission in Lunacy and the board of managers have approved of this, but the Legislature failed to make an appropriation. The superintendent informs me that he has called for this for the last three years and shall repeat the call this year. There were 1,638 acute cases admitted to the hospital during the year.

I will again call attention to the necessity of having the sewage of the hospital chemically treated before its distribution over the grounds, for I feel that there is danger of contamination of the water supply, which would not only affect the institution, but neighboring towns.

JOHN H. VAIL.

# Appendix

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## SUGGESTIONS FOR VISITORS TO STATE HOSPITALS FOR THE INSANE.

Reports of visitors of the Association to State Hospitals should deal with some or all of the topics here outlined, and with such other matters as may come to the attention of visitors. This paper should not be submitted to officers of the hospital, but should be used merely as a guide to the observations of visitors.

1. *Buildings*.—Observe the general plan of the hospital, noting the location, plan of construction, and arrangement of the different buildings with reference to the purposes for which they are used. Give the number and kinds of buildings erected or completed during the year, or in course of construction, the extraordinary repairs to buildings, and other important improvements begun or completed during the year.

2. *Colonies*.—If there are agricultural or other colonies connected with the hospital, study the operations of such colonies.

3. *Farm and Garden*.—State size and character of farm and gardens, amount and variety of farm and garden products; ratio of farm and garden products to total consumed by hospital. State size of herd and amount of milk raised, size of hennery and number of eggs and fowls raised. State quantity of fruit and vegetables used for canning.

4. *Capacity and Census*.—Ascertain the certified capacity of the institution and compare this with the actual census. Observe whether there is overcrowding, and, if so, among what classes of patients it is most noticeable.

5. *Medical Service and Treatment*.—Observe the number and character of the physicians, the ratio of physicians to patients, the nature of the medical work, the methods of examining and recording cases, the frequency of staff meetings, the methods followed in assigning the medical work to the physicians, the non-medical work required of physicians. Inquire into the facilities and equipment for medical work, including surgery, electrotherapy, hydrotherapy, etc., and the extent to which the patients receive treatment in these departments. Study the methods of prescribing, dispensing, and administering medicine, of artificial feeding or forced alimentation, of providing extra or special diet for the sick, and the methods of insuring its reaching those for whom it is ordered.

6. *Nurses and Attendants.*—Observe the nurses and attendants, the amount and character of their work, the ratio of these employees to patients, their compensation, their privileges, the extent to which they are provided with lodgings apart from the wards. Study the operations of the training school, including the number of pupils in the school, the number of graduates of the school in the employ of the hospital, and the methods of instruction.

7. *Instruction and Entertainment.*—Observe the facilities provided and the methods employed for the instruction and entertainment of the patients, including school instruction, formal entertainments, dances, bands of music, games, books and papers, drives, walks, and boat rides, gymnastics, the cultivation and enjoyment of flowers, the celebration of holidays, etc.

8. *Religious Worship, etc.*—Inquire into the opportunities for religious worship, the provision made for the spiritual needs of the seriously sick and dying, the arrangements for burial, etc.

9. *Occupations.*—Note the method of employing patients, the number and kinds of industrial occupations, the number of patients regularly employed in each, the number of working hours per day, the provision made for medical supervision of the patients employed, of the selection of occupations for individual patients, and of the number of hours each should be employed.

10. *Restraint.*—Observe the methods of restraining or secluding excited patients and the number on the date of visitation under restraint of any kind. Examine the record of restraint.

11. *Privileges.*—Inquire into the extent of freedom allowed patients, and the number and classes of patients who enjoy “open door,” “parole,” or other privileges. Ascertain the rules regarding visits from friends and letter writing.

12. *Outings for Patients.*—Describe fully any facilities that the hospital may have for giving patients a change of air and scene. Has the hospital a cottage at a distance from the main buildings where patients can be sent, or camping-out parties organized, or other arrangements made for vacations for patients.

13. *Treatment of Pulmonary Tuberculosis.*—How many cases of pulmonary tuberculosis in the institution. Are patients of this class kept apart from others. Are they accommodated in tents or specially constructed pavilions. If tents are used, state for how many months in the year, style of tent used, method of heating and ventilation, toilet facilities, etc. If pavilions are used, describe construction and

arrangements. What diet is prescribed for such patients. Are printed rules and regulations regarding care of such patients issued to nurses or posted in the wards. Results of treatment, what proportion of patients treated recover, or show marked improvement, what proportion die.

14. *Bathing and Toilet Facilities.*—Note the arrangements for bathing patients, the kinds of baths given, the frequency with which the patients are regularly bathed, the extent to which the bathing is supervised by physicians and nurses. Examine the plumbing as to both quality and extent, noting the number of fixtures in the toilet rooms, and the ratio of fixtures to patients using these rooms.

15. *Clothing.*—Observe the general character and the amount of the clothing furnished patients and the extent to which their clothing varies with the season. Note the number of under and outer garments provided for each patient, the extent to which there is individual ownership and use of clothing, the character of the clothing worn at night, the frequency with which under clothing is changed. Examine individual patients to ascertain how they are clothed.

16. *Beds and Dormitories.*—Observe the general character of the beds and bedding, the method of airing the beds and dormitories, the size and arrangement of dormitories, the extent to which the wards are under the supervision of physicians and nurses at night, the extent to which and the classes of patients for which separate bedrooms or congregate dormitories are used.

17. *Food and Dining-Room Service.*—Study the food and the dining-room service. Note the quantity, the quality, and the variety of the food, the extent to which differences are made for different classes of patients, the character of the special diet, and the arrangements for serving the food hot. Observe the table service, the size and shape of the tables, the character of the tableware, and the method of serving the patients. Is a dietitian employed, and what is the character of the work done in this department.

18. *Supplies.*—Visit the storehouse and study the methods of receiving, caring for, and distributing all supplies, observing the quality and quantity of supplies of all sorts furnished, and their adaptability to the needs of the patients.

19. *Fire Protection.*—Observe the various methods of protecting the patients and the buildings against danger from fire, noting features of construction designed to prevent the spread of fire, the extent, character and condition of the fire alarm system and of fire fighting

apparatus; the extent to which fire drills are carried on among patients and employees, and the character and frequency of such drills.

20. *Admission and Care of Recent Cases.*—Inquire into the usual routine pursued on the admission of patients and study the methods of housing, feeding, clothing, employing, amusing, and otherwise caring for supposedly recoverable cases.

21. *Needed Improvements.*—Make a list of the most urgent needs of the hospital and mention any improvements that seem desirable either in the accommodation or care of the patients.





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