TWENTY-SECOND REPORT
OF THE
LUNACY COMMISSION
TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND
DECEMBER 1, 1907

Baltimore
Press of James Young
N. E. Corner Baltimore and North Streets
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THE LUNACY COMMISSION
STATE OF MARYLAND

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To the members of the Lunacy Commission:

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

The Lunacy Commission has held its regular and a number of special meetings during the past year. No matters of special importance have come before the Commission. The duties of the Secretary have steadily increased in the matter of informing physicians and others regarding the law relative to the commitment of patients to the various hospitals for the insane in the State, and also the Secretary has been frequently called on to pass upon the condition of patients confined in institutions.

Most of these have been so obviously insane that it was not deemed necessary to convene the board to examine them. The correspondence from patients in the hospitals for the insane has been large, and the Secretary has been obliged to exercise his discretion in the reference of this correspondence to the Commission. Many of the letters have been from patients so clearly insane that the Secretary answered them without referring them to the Commission. The Secretary has relied upon the two county members, one from the Eastern Shore, the other from Western Maryland, to keep in touch
with the institutions in their respective localities. Unfortu-
nately the Lunacy Commission has merely advisory
powers, and cannot order removal of patients from
County to State Institutions. As will be shown in later
pages of this report, County care of the insane is inade-
quate and in the long run more expensive than State
care. The figures given are considerably below the pres-
tent statistics, because the fiscal year of the Lunacy
Commission ends November 30, and it takes at least
two months to get in all the data from the County
Almshouses. The present report cannot differ materi-
ally from the last report because the conditions remain
unaltered. No changes have been made, but the fact
remains that the State is committed to State care of the
insane after 1909. Some of the Counties have relied
upon this promise, and have done nothing for their in-
sane, waiting for the action of the State. Of course
such a radical movement cannot be made at once, but
gradual appropriations should be made. The enlargement
of Springfield and Spring Grove Hospitals should be con-
sidered. Also an appropriation for the negro insane and
the criminal insane are measures of prime importance.
The necessity for a detention hospital for the acute
mentally disturbed is of great importance. The Secre-
tary of this Board feels that an apology is due for sub-
mitting the same suggestions that were made in the
last report, but no action has been taken upon them, and
nothing further remains to be added. These sugges-
tions have been iterated and reiterated in the most forci-
ble manner, and as yet no attention has been paid to
them. State care, the care of the negro insane, the iso-
lation of the criminal insane, these important matters
have been passed by as trivialities, and it seems next to
impossible to arouse any general interest in them.
Some local law in the counties attracts more attention
than any law relating to this most unfortunate of God’s
creatures. Sequestered, apart from public scrutiny, no one to care for them specially, they are the most hopeless and helpless of our dependent class. Other classes can ask aid, can appeal to the press, but the unfortunate insane are absolutely helpless. The Lunacy Commission has tried to have the laws for the commitment of the insane altered, but to no avail. Upon the certificates of two physicians, not identified, any person can be sent to an insane asylum. This of course is all wrong. It would never stand in a court of law, for a person has an inalienable right of appeal. Fortunately there have been few abuses of this lax law.

GENERAL CONDITION OF THE INSANE IN THE STATE.

It is a matter of congratulation that nearly all the insane persons who need asylum treatment have been removed from the county almshouses. The County Commissioners have, in many instances, acted upon the advice of the Secretary in transferring cases that could not be properly cared for in the almshouses, to one of our State institutions. The great majority of the cases remaining in the almshouses that are technically classed as insane are cases of dementia, epilepsy, idiocy and the like, and do not need asylum treatment. It is to be regretted that some of the almshouses are dilapidated and badly managed, and in no way fitted for the care even of such cases as those mentioned above. Our State hospitals, detailed accounts of which will be given further on, are well equipped and admirably managed. The plan suggested in former reports, of sending the acute cases to the Maryland Hospital for the Insane (Spring Grove), situated so near the city, is well adapted for the treatment of acute cases, while Springfield Hospital, with its large acreage, is admirably suited for the care of chronic cases.
The City asylum—Bay View—is distinctly inferior to the two State institutions. It is by no means well adapted for the care of the insane, there being very little available ground around it, and no means of giving the patients occupation. Then, too, the stigma of the "Poor House" is so indelibly impressed upon it that many worthy people prefer to take the risk of keeping their insane relatives at home rather than send them to this institution. This, perhaps, is false pride; but the Secretary sees a great many persons in the course of a year that positively refuse to allow their insane relatives to be sent to Bay View. The other State institution—the Maryland Training School and Home for Feeble Minded—is doing most excellent work, but is greatly overcrowded. The State may be justly proud of its institutions for the care of the insane and feeble minded, but at the same time should recognize the fact that much more room is needed and more money for better equipment.

Private and Corporate institutions, over which the Lunacy Commission exercises the same supervision as in the case of the State Hospitals, are all well managed and do excellent work. In general, they are located in the beautiful country which surrounds Baltimore. There are enough of these institutions to receive all the cases desiring private care.

A distinction must be drawn between county asylums and county almshouses. The former, of which there are four in the State, attempt to care for the insane apart from the paupers. The buildings are fairly well planned, and in general well managed. It is, however, utterly impossible for a county, with the limited means at command, to properly care for its insane. Two of the asylums have more than a hundred insane patients. In no instance is there a resident medical officer, and the
superintendent's office is a political one, subject to change with every change in politics in the county. In almost every instance these asylums are overcrowded, no classification of patients is attempted, the number of attendants is utterly inadequate, and the patients are given no employment. Little is done in the way of treatment, the dominant idea being custodial care. The day has, fortunately, passed when the insane are simply confined as prisoners, and these institutions belong to the old era. We have in the State between three and four hundred insane persons in these county asylums. The superintendents, as has been said, are entirely without training in the management of the insane, and the same may be said in general of the attendants. It is true that a physician visits these institutions, but he is in every instance a general practitioner who cannot be supposed to keep in touch with modern methods of the treatment of the insane. Enough has been said to show how much better it would be for these unfortunates if they were in a State institution, where they could receive the best possible care.

This criticism of the county asylums is intensified by the fact that several of them not only care for the insane of the county, but take a considerable number of patients from other counties, for which they receive pay. It must in justice be said that the officers of these institutions do their best, but the appropriations granted by the counties are utterly inadequate to properly equip or conduct a modern hospital for the care and treatment of the insane.

In general it may be said that the almshouses in the counties of the State are fairly well managed. The inmates are usually comfortably housed and have good, wholesome fare. The superintendent of these institutions is usually a farmer, with a certain amount of polit-
ical influence, and his main duty is agriculture. In very few instances is an assistant provided, and the inmates of the almshouse are left to their own devices.

It is obvious that no acute insane persons should be sent to these institutions. Demented, idiotic, and epileptic cases can be reasonably well cared for, provided the separation of the sexes is strenuously observed.

It is satisfactory to announce that mechanical restraint and seclusion of patients in the almshouses is now rarely seen. With a few exceptions, the condition of the almshouses has steadily improved.

**The Need of a Psychopathic or Detention Hospital.**

A bill was introduced in the City Council two years ago, looking to the establishment of a hospital to which persons suspected of having some mental disturbance could be sent and kept until their mental condition could be definitely determined and a proper disposition made in each case. A committee was appointed by the Mayor to report on the feasibility of this plan, but no definite action has yet been taken. Every physician who has had any experience in one of our general hospitals will at once see the necessity for such a provision. The police pick up a person on the street who is mentally disturbed. This may be the result of a drug or it may be insanity. Obviously the station house is no suitable place for such a case and the general hospitals are not equipped to receive such a patient, since it means safe custody such as an ordinary ward does not afford, and moreover such a case would disturb the other patients suffering from maladies other than mental.

Again, if such a person be sent to the station house he is not under the constant supervision of doctor and nurse and is usually sent to an asylum for the insane if he is still mentally disturbed the next morning. This, of
course, is manifestly improper. The commitment of an individual to an asylum for the insane involves a great responsibility and should not be done hurriedly. Then, too, it not infrequently happens that in private practice a physician is called upon to decide what to do with a violent patient. Often the physician hesitates to take the final step and send the patient to an asylum for the insane. He feels that a few days, or even weeks of observation of such a case, might clear up the question. The patient might be in an apartment house or hotel, and noisy, and steps must be taken at once. How very much better it would be to send such a case to a detention hospital, where he would be under the observation of trained physicians and nurses, than to hurry him to an asylum. The plant for such an institution need not be large and the advantages derived, judging from the experience of other cities, would be inestimable.

I quote the following article by Dr. Stewart Paton, a former member of the State Lunacy Commission of Maryland, who is now in Europe studying this and other subjects relating to the care of the insane. It might be said that Maryland would not need anything like as large an institution as that suggested by Dr. Paton.

In speaking of the subject of psychiatric hospitals, he says: "But in order that we may be able to strike at the root of the matter, we must devote our best efforts (1) to curing all recoverable cases, and this can be done only by taking them in hand at the earliest possible moment, when the disorder is still in its incipient stage; and (2) giving to as many physicians as possible the chance of receiving a thorough training in psychiatry, in order that cases of insanity may be recognized by the general practitioner before it is too late, and that the importance of preventive psychiatry may be fully realized by the leaders of thought in every community."
These two fundamental needs, then, since they cannot be satisfied by the asylum, the farm colony and the boarding-out system, call for the establishment of special institutions which have been variously designated as hospitals for the insane, psychiatrical clinics, or psycho-pathic hospitals, and these will form the subject of the present chapter.

Unfortunately, institutions that promise the realization of these ideals are too rarely found either in Great Britain or in the United States. That the need for them has been felt is evident from the efforts that have been made to transform some of the smaller asylums into psychiatrical clinics. Nor is it to be wondered that such endeavors have proved partially successful, inasmuch as the former had been planned at a time when the present exigencies in the care of the insane either did not exist or were unrecognized. As a result these transformed institutions, situated for the most part far from the centers of population and hampered by a general arrangement that worked against the ready admission of patients, while rendering instruction to students in psychiatry impossible, could never represent anything more than a transition stage—a compromise between the asylum proper and the real hospital. The former, placed at some distance from the city and with accommodations for a relatively large number of patients—from 200 to 1,000 or even 2,500—can with proper forethought afford the best care possible for the chronic insane, the indications for progress being along the lines of improvement in hygienic surroundings and facilities for light employment in shops or in the open air. In these communities, however, hospital treatment must necessarily always be a secondary consideration, nor should they be hampered by having thrust upon them burdens and responsibilities which they are not adapted to meet.
To re-state the proposition then, the psychiatrical clinic or hospital is intended to satisfy two fundamental needs: (1) Better provision for the care and cure, if possible, of cases of acute and incipient insanity; (2) adequate provision for the instruction in treatment and for investigation into problems, upon the solution of which depend the arrest of the development of insanity in the State, but in order to fulfill these objects its structure and organization must be plain, so that the following conditions will be satisfied:

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

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

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

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

(5) Ample provision not only for the teaching of students, but also for the prosecution of post-graduate investigations and research in clinical psychiatry, psychopathology and in the anatomy and pathology of the nervous system.

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

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

(1) LOCATION. If the institution be located at some
distance from a center of population, the commitment of cases of incipient insanity will lose the opportunity for speedy treatment, which in some cases is equivalent to missing their only chance for recovery.

Of course, ideal conditions cannot always be realized, but, if possible, the psychiatristical hospital should be within the city limits or quite near them. The extensive grounds, large gardens or farm, so essential for the asylum or the convalescent home, are not needed for the hospital, although a certain area of ground—from one to three acres—is indispensable. This would supply sufficient space for a small garden, where the convalescent patients could sit or walk in the open air. Again the easier of access the institution is to a fairly large center of population, the less will be the antipathy of patients toward a residence there, since they will feel that they are not shut up in some remote asylum away from the world and all their friends, and, moreover, they will be spared a long and tedious journey, which is distressing alike to patients and relatives. Such an institution, when situated in a city, will afford the medical profession an opportunity of becoming as intimately acquainted with its organization, its methods and its results as is the case with the medical hospital, while at the same time the medical staff will not be isolated and will have every chance of keeping in touch with the advances that are being made in general medicine, of which their own is a most important branch. Again, the mere enumeration of the problem to be solved, involving questions in heredity, the psychological analysis of symptoms, the chemical study of secretions and excretions, improvements in the methods of physical diagnosis, ought to be sufficient to emphasize the necessity of placing the psychiatristical hospital in immediate proximity not only to other medical clinics, but also to the non-
medical parts of the university. The highest types of clinical and laboratory investigation can only be accomplished in hospitals that are sufficiently close to a good university for the medical officers to feel the stimulating effect of the encouragement and aid given to all forms of investigation; nor is it probable that high ideals in the character of the work to be accomplished will be as readily sustained under other conditions.

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

EPILEPTICS.

Epilepsy has been known since the earliest times of which we have any records. Hippocrates gives a very well recognized description of the disease. It is one of the most distressing maladies to which man is subjected. Among the poor its effects are especially noticeable. An epileptic subject cannot retain any situation. He cannot work in any dangerous place, as with machinery, or on a scaffold, for fear of disastrous results. If a shop girl has epileptic attacks she is naturally discharged. In the public schools, and this has come very often to my
notice, an epileptic child, who may be very bright and teachable, will be discharged if epileptic fits occur during school hours. And this is not to be wondered at. The effect upon all the other children must be considered. What then can be done for this most unfortunate class. Let me quote a few extracts from the report of the splendid colony at Sonyea, N. Y., the Craig Colony, and I mention with pride that the medical superintendent is a graduate of one of our Baltimore institutions.

"The question is often propounded: Is epilepsy increasing? It probably is not increasing out of ratio to the rapidly increasing population. A reason why so many more epileptics are known of now than formerly is because they more generally understand that something is being done for them by the State, and in seeking such aid their malady becomes known."

It has generally been estimated that one person in every 500 suffers from epilepsy. I am confident that if all epileptics could be counted, the proportion would be one epileptic to approximately every 300 of the population at large.

Epilepsy a Dangerous Disease. True epilepsy disastrously affects the brain. It is never a harmless malady. It is always dangerous, no matter what its type nor how infrequent the seizures. Scarcely any other disease can cause death in so short a time. It can take life almost in the twinkling of an eye. Many epileptics die suddenly; others after serial attacks lasting some hours or days; still others from status epilepticus, a condition that is the bane of every epileptic's existence. For years it has been a mooted question in this country among certain neurologists as to whether epilepsy can actually be cured. I have seen scores of cases cured during the past twenty years. From the table sent me by Dr. Huchzemeier it may be noted that 587
epileptics have been cured at the German Colony for Epileptics at Biesfeld since it was founded in 1867.

_Earlier admissions._ The one great thing all epileptic institutions need is _earlier admissions_. Now patients do not enter until they are incurable or unbearable at home. This is no unjust commentary on the epileptic, for like the insane, they have a disease of the brain. About five per cent of the possibly curable cases at the Craig Colony are cured. But it takes years to do it.

_Epileptics at Home._ Epilepsy is without doubt the worst disease that can afflict a human being. It oftenest begins in early life. The essential epileptic age ranges from the twelfth to the sixteenth year. The presence of the disease creates sympathy for the afflicted one, and sympathy tends to aggravate the disorder either through the person being granted improper privileges of many kinds, or by virtue of the fact that the individual is a "skeleton in the family closet." They must remain in the background, debarred from the family life, denied social pleasures, and not infrequently an epileptic child in a family where there are other children, is a _positive menace_ to the physical safety of such children. No epileptic person of immature years or of defective intelligence, from which fully 90 per cent of them suffer sooner or later, _can be successfully treated at home._

_Proper care of epileptic infants._ More than 80 per cent of all cases of epilepsy begin under the twentieth year, making it essentially a disease of early life. A large number of cases begin in infancy. There should be a special building constructed on these premises for 40 or more epileptic children under five years of age."

I am constantly asked by relations and friends where epileptics can be sent and I am obliged to answer, I am
ashamed to say, there is no provision for this class in this State. There are, of course, a certain number of epileptics at the Maryland Asylum and Training School for Feeble-Minded, but this institution is not intended for epileptics but for feeble-minded. They cannot be placed in our State insane asylums unless, in addition to epilepsy, they are also insane. From the citations given in the report of the Craig Colony it will be seen how much work is being done by the colony system.

The Silver Cross Home is doing an excellent work, but of necessity this work is very limited for want of means. It is certainly the duty of the State to make some provision for the hundreds of epileptics whose parents or relatives are unable to properly care for them. Several of the epileptic colonies in this country have started by private endowments and afterwards increased by State aid. If some philanthropic person would begin offering, say, a farm of sufficient acreage, I feel sure that the State would come to the aid of this most unfortunate class. While the glamor would not perhaps be the same as if the gift were bestowed upon some well-known college or university, the actual good done would be far greater. So many cases come before me as executive officer of the State Lunacy Commission that I feel the necessity of speaking strongly on the point.

**EXTRACT FROM THE 14TH ANNUAL REPORT OF THE CRAIG COLONY.**

The law that created The Craig Colony for Epileptics declared it should be “for the humane, curative, economical and scientific care and treatment of epileptics exclusive of insane epileptics.”

So far as possible the purpose of the law has been adhered to. No actively insane epileptic has ever been admitted, though hundreds whose condition was less
hopeful than the insane, whose inferiority, mentally, physically, morally and in every respect is vastly lower than that of the ordinary insane epileptic, have been admitted for the reason there was no law to keep them out.

What has been the result?

What is the Colony's status today in so far as it can materially help those it cares for?

The fact is that more than 500 of the patients now at Sonyea are epileptic idiots, imbeciles and dments. They are incapable of improvement or cure. They demand the most unremitting care of physicians and nurses. They need to be fed, bathed, clothed and cared for like a babe in arms. Private homes, hospitals for the insane, almshouses, jails—all places that harbor these people—naturally desire to get rid of them as soon as possible; and since they are epileptics, and since The Craig Colony was founded for epileptics, they crowd our buildings to the doors and shut out hundreds for whom there might be hope. As the Colony's work goes on, year by year the number increases. Only those who possess some degree of intelligence and can do something useful are wanted at home.

In the care of low grade epileptics the Colony has reached the parting of the ways. They do not belong in an open Colony system like Sonyea. They belong in some place where liberty is substituted for restraint.

The proper care of epileptic idiots has long been a problem in this State. After years of active discussion it has decided to create a custodial institute for them "in the southeastern part of the State."

The Legislature of 1907 authorized the Governor to appoint a Commission of three persons to select a site of "not more that 500 acres" on which to build for State
wards of this type. The one feature about the bill most to be regretted is the small amount of land. In my judgment not less than 1,500 acres should have been provided, while 2,500 acres would not have been an acre too much. An acre an individual in an institution of this kind is none too much. Time and again this and other States have made the mistake of starting new institutions with too little land. "Eastern New York Custodial Asylum" should be a "community" with land enough to plot on it here and there "units" of buildings of different classes. A small policy will not do; a comprehensive one only will suffice, for the State is rolling up its lower grade of defectives by the thousands, and as "children of the State" they must be cared for. It is not yet too late to plan "The Eastern New York Custodial Asylum" on the scale of its important demands. Nor is it too late to change its name. The present designation is unfortunate. The word asylum is obsolete.

One of the most beneficent features at the Colony in Germany (where the colonization of epileptics originated), was the provision made in a "kinderheim" for epileptic infants. The importance of such work becomes strikingly apparent when we recall that the best statistics show that not less than 83 to 85 epileptics out of every hundred acquire the disease prior to the twentieth year. It is easy to understand why this is so when we recall that sixteen epileptics out of every hundred have epilepsy because of an epileptic parent: and that all told, including direct and indirect heredity, fully 66 per cent of all epileptics have the disease because of the parental transmission to the offspring of something that (hereditarily speaking) distinctly predisposes to disease.

Another point in arguing for the care and treatment of more epileptic children is that recent epilepsy is more
amenable to treatment than chronic; and since so many epileptics are bound in any event to become public charges as long as they shall live, their industrial education, the giving to them of a vocation by which they can earn a living, is easier when they are young than when they are old.

Manual and purely intellectual schools have been maintained at The Craig Colony for ten years, and we are now in a position to assert that it is worth while to spend $2,500 to $3,000 annually, correctly educating 10 per cent to 12 per cent of the younger patients that are being cared for. Not all epileptics are teachable. Like ordinary children some are unusually bright, some ordinarily so, some dull, some stupid, while others are unable to learn in ninety days to take three sticks and place them in the form of the letter A. But by patiently sorting, resorting, encouraging and selecting, an average of 10 per cent to 12 per cent of all epileptics are teachable in some form and to some degree.

A marked peculiarity of the epileptic brain is that periodic seizures destroy completely the memory picture that was created a few hours ago when the child was taught to spell a certain word or pronounce a certain name. The significance of this is that the epileptic needs to be educated along manual in preference to wholly intellectual ways. A boy who is taught to drive a nail, a girl who is taught to make a bed or do some practical thing, will not lose much knowledge as the result of a seizure, because the memory picture in this case is, so to speak, muscular, and is not wholly in the brain. But it must not be all of either system. The ideal way is to select courses that balance one another and that meet individual needs—always remembering that we must labor hard to make an impression a foot in length today that will be perceptible half a foot tomorrow.
Many people who casually visit a charitable institution see only its benefits to the patient under care. Probably every home that sends a patient to the Colony consists on an average of five persons. Inasmuch as there are now approximately 1,100 patients at Sonyea, it is clear that not less than 5,000 to 6,000 persons in the aggregate are benefited by the Colony’s existence.

Some years ago the Colony made a systematic effort to ascertain why epileptics are sent from home. Answers received in 800 cases showed that 70 per cent. are sent here because they “cannot be endured at home.” Many are dangerous to other members of the family, especially to children. This is not to be wondered at when we recall that true epilepsy is a disease of the brain, that it affects the mind in nearly every case, and that persons who cannot be cared for in the home are not personally to blame.

A second feature of institutional life that we forget lies in the advantages that accrue to posterity by removing from society at large defective members whose progeny would almost assuredly perpetuate their kind. Conclusive data collected by the Colony shows that 16 epileptics out of every 100 who have been admitted to the Colony have the disease because they have an epileptic mother or an epileptic father.”

**Negro Insane.**

There can be no doubt of the fact that the progress of the negro from slavery has been attended with a very marked increase of insanity in this race. In the slavery days insane negroes were not often seen, if we can credit the report. As life has become more strenuous for them, mental diseases have notably increased. The complications of life, the added responsibilities, the marked increased prevalence of tuberculosis and syphilis among
the people of this race, have greatly increased the number of the insane. It is a notable fact, familiar to the physicians in the Southern States who have the care of the negro insane, that these patients are the most troublesome that come under their care. The type of the race seems to have changed since the old regime. A Republican Governor of Maryland said to a convocation of negroes that the crimes that were committed by this race were to be laid at the door of the negroes who had been born since the freedom of the race. As has been said above, insanity has increased in a most marked degree during this same period.

In the city of Baltimore a recent registration showed more than 19,000 negroes, representing a population of something like 100,000. There are something like 500 negro insane in the State, and most scanty accommodations for them. Bay View receives only city patients, Springfield takes no negroes, Spring Grove can accommodate less than one hundred, and the remainder must be sent to the county almshouses. A case was reported to me the other day: A respectable colored man with suicidal tendencies asked for hospital care. There was no place but Bay View, which he declined. Shortly after, he committed suicide. I drafted and introduced into the last Legislature a bill for the establishment of an insane asylum for negroes, such as exists in most of the Southern States, but it failed of passage. I feel that the State of Maryland has been very remiss in this direction. We should most certainly have a suitable institution where the negro insane could be cared for.

In some former reports of the Lunacy Commission it was suggested that special buildings be erected at Springfield for this class, but the Board of Trustees are opposed to this plan and advance very forcible reasons.
It is fairly reasonable to suppose that the increase of insanity in this race will continue, and it would be far better for the State to establish a hospital for their exclusive care. Such a hospital should either be on the Eastern Shore or in Southern Maryland, and the buildings need not be expensive or elaborate. This would relieve the present congested condition and would remove this unfortunate class from the almshouses, where the care is inadequate.

**STATE CARE OF THE INSANE.**

The State of Maryland stands committed to "State care" of the insane, and the following extract from the last report of the Lunacy Commission seems pertinent:

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

To anyone at all familiar with the condition of the dependent insane in this State the question of State care versus county care hardly admits of discussion. Contrast two well-equipped hospitals, Spring Grove and Springfield, institutions any State might well be proud of, with the county asylums and almshouses. In the State hospitals, especially constructed for the care of the insane, we see wards and dormitories well lighted and ventilated, recreation halls for the entertainment of the patients, workshops where the various industries are carried on under skilled supervision, and ample opportunity for outdoor work. The county houses,
without exception, offer inadequate accommodations for the patients. In the best of them the lighting and ventilation are faulty, there are no workshops nor recreation rooms, and often no suitable place for outdoor exercise. In many counties, as has been repeatedly pointed out in the various reports of the Lunacy Commission, the buildings are dilapidated and utterly unfit for the reception of decent human beings. Contrast the comfort of the patients in a bright, commodious, well furnished ward of one of the State hospitals, with the miserable existence described in one of the county almshouses, where the secretary of the Lunacy Commission found, in a wretched, dirty room 15 x 16 feet, seven inmates, five men and two women. Again, the patients in the State hospitals are under the constant care of specially trained physicians, who study each individual case and direct appropriate treatment.

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

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

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

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

The third case is that of a man who for years was kept in an outbuilding at a private institution. The Secretary has seen this man frequently, and he was always entirely nude and generally filthy, a most disgusting sight. This man is now at one of the State hospitals, where he is suitably clothed and behaves himself in a perfectly proper manner. In all of these instances the almost miraculous change was wrought of transforming an animal into a human being.

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

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

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

Looking at the question from the purely economic side, the decision must be in favor of State care. It has
been shown that a far greater number of mentally diseased persons will recover under proper environment and treatment. A man has an attack of acute insanity, is placed in an almshouse or county asylum; nothing practically is done for him but keep him a prisoner as though he were a criminal; he gradually degenerates into a state of chronic insanity and must be cared for during the remainder of his life. If under proper treatment such a case recovers, he again becomes self-supporting. Statistics on this point are difficult to obtain, but those whose experience is greatest in the treatment of the insane, are confident that a very much larger percentage of recoveries occur in well-regulated hospitals than in county houses. In some of the almshouses of this State there are insane women who have given birth to numbers of children, most of whom are necessarily degenerates, and become wards of the counties. This iniquity is unknown, of course, in our State hospitals. It is easy to see that a concentration of the insane in our State hospitals must of necessity reduce the per capita cost. Most of the counties provide a large farm, with a superintendent and physician, who must be paid, for the support of a very few insane patients. The counties of the State are rapidly acquiring hospitals at the county seats, where cases of acute diseases, not mental, can be properly treated, and it would be far more economical to board out the few paupers. Take, for example, Dorchester County: an excellent hospital has been erected at Cambridge, and yet the county has a farm of some five hundred or more acres, with a superintendent and a visiting physician, and last year the report from this county shows but eleven cases at the almshouse. A much larger percentage of cases recover under proper hospital treatment, and concentration would decrease the per capita cost.

Let us take a still more practical view of this ques-
tion. There are two hospitals for the insane owned by the State—Spring Grove and Springfield. Each Legislature makes a small appropriation to these institutions. The per capita cost of patients is something over $200 a year. Every patient is paid for by the counties or city of Baltimore at the rate of $150 a year. The difference between the rate fixed by law and the actual cost of maintenance is thus paid by the State. As a matter of fact, then, each county and the city of Baltimore pays a fixed rate for every patient sent to the State institutions, and also pays from the State taxes the additional amount necessary for the maintenance of such patient. How much simpler and more economical if the burden were evenly distributed?

The report of the Lunacy Commission shows that the dependent insane in the State number about 2,200, not including about 100 feeble-minded supported entirely by the State. Of this number about 1,000 are in the two State institutions, Spring Grove and Springfield; 300 city and county patients are at Mount Hope; 370 at Bay View; about 500 in the county asylums and almshouses; in round numbers 2,200. Fully 100 may be deducted from this number of such patients as are merely senile or slightly feeble-minded, and in no sense require hospital care or treatment. Thus we have about 2,100 dependent insane, 1,050 of whom are in the two State hospitals, 300 at Mount Hope, 370 at Bay View and about 400 in the county asylums and almshouses.

**Cost of Maintenance Under the Present and Under the Proposed System.**

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

The total expenditure then under the present system is in round numbers about $319,100. This is a very conservative estimate when we consider the large amount of land, the salaries of the superintendents and physicians, and the fact that it is very difficult to differentiate between the cost of the insane and the paupers, the former requiring far more care and consequently costing more. Again, as has been said, the concentration of large numbers of insane in the State institutions will very greatly lower the cost of maintenance. Comparing the per capita cost for the support of the insane with that which exists in other States and carefully estimating the conditions in Maryland, $150 would be a safe and conservative estimate of the annual cost for the maintenance of an insane patient under the proposed State care. The figures then would show the following:

Under the present system the cost for the support of the dependent insane is about $319,100. At $150, a conservative estimate, the 2,100 dependent insane cost the State $315,000, an actual saving of about $4,000 a year, a decided saving in expense, an incalculable saving in human suffering. It is impossible to calculate the immense saving in the cure of acute cases in well regulated hospitals that would inevitably drift into chronic and incurable condition if left in the county almshouses without treatment and with indifferent care.

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

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

If Spring Grove were enlarged to a capacity of 600 to 800 patients, and the present capacity of Springfield increased to 1,200 or 1,500, all the dependent insane in the State could be cared for at these two institutions. During the next four or five years these additional buildings could be erected so that by 1909, the time proposed by the bill to be presented to the next Legislature, the State would be ready to receive all its dependent insane.
It is the duty of the State to care for its dependent insane, because under State care (1) the patients are humanely treated; (2) a far larger percentage will recover; (3) the cost would be no greater than under the existing system; (4) the plan is feasible, since it necessitates merely the enlargement of the two excellent hospitals for the insane now in existence.

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

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

Section 1. Be it enacted by the General Assembly of Maryland, That Section 2 of Article 59 of the Code of Public General Laws, entitled "Lunatics and Insane," be and the same is hereby repealed and re-enacted so as to read as follows:

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

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

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

There is a steady increase of the insane among the
criminal classes, and every year the Lunacy Commission
removes a considerable number of convicts from the
penitentiary and the jails to institutions for the insane.
It is manifestly improper to allow this class to mingle
with the non-criminal class. Moreover, there is an added
responsibility in caring for the criminal insane, since
they cannot be allowed the same amount of liberty as
the non-criminals, for fear of their escape as they begin
to convalesce. This term, while somewhat inexact, in-
cludes those who are acquitted of crime by reason of in-
sanity, and also criminals who have become insane. As
has been pointed out above, this class should be kept
apart from the other insane, and in addition require a
much more rigid supervision. As long as the State
makes no provision for this class, escapes will occur,
whether the person be an offender against the law by
reason of insanity, or becomes insane after the commis-

sion of a criminal act; in either case he must be regarded

as diseased, and cared for accordingly.

MARYLAND HOSPITAL FOR THE INSANE.

From the report of the Superintendent of the Mary-

land Hospital for the Insane, I take the following ex-

tracts:

"I have the honor to submit the One Hundred

and Tenth Annual Report of the operations of the Hos-

pital under your control for the year ending October

31st, 1907.

The total number of patients in Hospital on Novem-

ber 1, 1906, the beginning of the fiscal year, was 564.

Of these, 310 were males and 254 were females, of

whom 25 (14 males and 11 females) were private

patients, and 539 (296 males and 243 females) were sup-

ported at the public charge.

During the year, 64 (35 males and 29 females) were

admitted to the Hospital; of these, 10 (3 males and 7

females) were private patients, and 54 (32 males and

22 females) were public patients.

The whole number under treatment for the year was

628 (345 males and 283 females). The daily average

present in the Hospital was, for males, 310.75; for

females, 257.41; for both, 568.16.

The highest number on the rolls for any one day was

578, on October 19th, 1907, and the lowest number was

561, on February 1st, 1907.

Those temporarily on leave of absence are included in

these figures.

There were discharged from the Hospital during the

year 15 patients, of whom 9 (3 males and 6 females)
were discharged as recovered; 2 (1 male and 1 female) as improved; and 4 (1 male and 3 females) as unimproved.

Thirty-four patients (23 males and 11 females) died.

There now remain in the Hospital under treatment 578 patients (316 males and 262 females), of whom 26 are private and 552 are public patients.

The number of admissions during the year, 64, shows an increase of 9 over the previous year.

This increase, taken in connection with a diminution in the number of discharges, together with no increase in the number of deaths, has resulted in a net increase of 8 patients.

The Hospital has, during the past year, cared for a greater number than any previous period in its history.

The increased demand for admission of the mentally diseased has not only crowded our Institution to its full capacity, but has also produced a like condition in all institutions in our State, both public and private.

It is therefore imperative that increased accommodations be provided for this class of our unfortunates immediately. It is, however, impossible with our limited amount of land to erect additional buildings here.

Attention has been called in several previous reports of your Superintendent to the necessity of providing an institution for colored insane, who are rapidly increasing. This is the only State institution where this class of our population is received, and, as our accommodations are extremely limited, cases have to be constantly declined. Most of them are compelled to remain in the jails and almshouses, where there is little chance for their recovery.
Ten colored men were received during the year, resulting in a total of 68 males and females now in the Hospital, as compared with 62 for last year. The cottage for colored females has had every bed occupied, and it has therefore been impossible to receive any of this sex.

Although the endeavor has been to restrict the number of admissions to curable cases, yet the result has been far from successful.

Thirty-four, or over 50 per cent., were suffering from chronic forms of mental disorder where recovery was beyond hope. In 8 per cent. of the admissions, the cause of the insanity was attributed to the excessive use of alcohol. Twenty-six per cent admitted and 40 per cent denied a history of hereditary tendency to insanity in the immediate family. These figures are, however, in my judgment, far from accurate, as friends of the patients from personal reasons are loath to reveal the existence of mental disease.

Of the 64 patients admitted, 27 can be said to have been in good physical condition, 23 fair, 14 poor.

During the year many improvements have been made. The most important and extensive was the construction of the water plant. This problem is one which the institution has had to contend with since the Hospital was first erected. Several different systems have been tried and abandoned as unsuccessful, and in each instance the supply was insufficient or the quality of the water was such as to render it unfit for use.

The water is obtained from three artesian wells, 170 feet deep, located on the highest point of the Hospital grounds. It is pumped into a stand pipe of 75,000 gallons capacity, of sufficient height to maintain a good pressure at the topmost floor of the building. The supply
has proved to be abundant in quantity and the chemical analysis shows it to be of excellent quality.

An agreement has been entered into with the local water company to retain their services in connection with the fire plugs. Properly selected occupation is of the greatest value as a remedial agent in treating those mentally affected. It not only acts as a means of procuring contentment, but also in many cases promotes recovery.

There have been no new methods of occupation introduced during the year, but nevertheless, the table below setting forth the number of day's work performed by the patients shows a healthy increase over last year, which was the largest in the history of the Hospital.

We are somewhat handicapped by the limited facilities for industrial work among the females. With a large, well ventilated and convenient shop, I am sure many of the better class of female patients would be interested in light work, which would be a benefit both to themselves and the institution.

The weekly dances have been continued during the year with the exception of the summer months, when on account of the extremely hot weather it was necessary to stop them. During that period the Amusement Hall was repainted and decorated, and new scenery added to the stage equipment. The Hall now presents an attractive appearance and is thoroughly appreciated by the patients who attend the various entertainments.
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OFFICERS OF THE HOSPITAL.

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Assistant Physicians:
R. Edward Garrett, M. D.
Robert P. Winterode, M. D.

Pathologist:
Thomas A. Hurley, M. D.

Steward:
S. Thomas Brown,

Clerk:
Compton Graham.
EXTRACTS FROM THE REPORT OF THE SPRINGFIELD STATE HOSPITAL.

The Edwin Warfield Cottage, for convalescent women, has been completed, lighted, heated, furnished and occupied. This cottage, though costing no more than other cottages, is generally acknowledged to be a model of its kind. The large day room, with its solarium and recassed tiled mantel and open glass door, has more appearance of a fashionable club house than a building where the insane are housed. Two gate houses have been built, one at the north end of the property and one on the Sykesville and Freedom road near the farm buildings, thus guarding each entrance to the hospital grounds. A mechanical filter of the pressure type has been placed at the Power House within a few feet of the pump, thus filtering all of the water used on the premises. Alum is used as a coagulant, the solution being run to mouth of reservoir to a baffling flume of many chambers, where it is mixed with the water. The flume is graduated as a measure, thus insuring exact calculation as to the amount of alum solution. Muddy water is soon cleared, and after leaving filter, which is arranged so that it can be cleaned daily by reversing the current, is nearly free of all bacteria and entirely free of the dangerous colon bacillus. Two silos have been erected, one in 1906, the other in 1907. A new dynamo has been placed at the Power House. An addition has been built to the laundry. An entirely new piggery and hog house has been built, with cement floors, etc. A new hot water heater has been placed in the annex. An addition has been added to one of the farmhouses. A 60 gallon coffee urn has been placed in the kitchen. The county road around the hospital grounds has been piked by the State Road Commission, the hospital paying one-third of the expense. The road through the property has been lengthened and stone renewed in weak places.
The sewerage system has been changed at the Men’s Group. The sewerage from all of the cottages now empties into a common pipe and is carried across the fields, connecting with that from the Mansion and Annex, and from thence to a point near Piney Run, where is to be built a septic tank, where also the sewage from the Women’s Group is to be brought. All the sewage from both groups is thence to be carried to filter beds in the meadow, in accordance with a system devised by Waring, Chapman & Farquhar, of New York, and similar to the Baltimore City System. Over one mile of 8 inch terra cotta pipe was laid in getting the sewage to this common centre. Filtered water has been piped to the cow stable. Storm water pipes were laid around Warfield Cottage and sewerage pipes laid, connecting with septic tank at Women’s Group; water mains and fire plugs were laid around this cottage. Boiler at Laundry was removed and steam pipes from Power House to Laundry were laid, thereby Insuring sufficient steam for all purposes. The cellars in D and E cottages at Men’s Group have been cemented, also the post-mortem room at Women’s Group, B Cottage. A new floor on front porch has been laid at the Mansion. A frame cottage, 30x100 feet, of bungalow type, with a capacity of forty patients, to be used for an isolation ward for patients with contagious or epidemic diseases, has been erected at the Men’s Group. The building was erected by contract, but the wiring, telephones, plumbing, heating, hot and cold water supply, have been done by our own engineer.

A new dining room and kitchen have been erected at the Men’s Group. This building is complete in every particular, and in equipments and appointments is probably unexcelled in this country. It is built of Frederick brick, the extreme dimensions being 135 feet by a length over all from east to west of 183 feet 6 inches,
not including rear porch. The dining room is 100 feet long and 69 feet wide, with a large bay window at each end, each 44 feet by 16 feet, and will furnish accommodations for over 600 persons at one time. The ceiling is 25 feet high, of hard plaster, paneled. The three central panels, each about 8 feet square, are of ornamental glass at ceiling level and have large skylights in roof above them. The serving room adjoins the dining hall on the east side, and is entered through two 6 foot doorways. This room is 28 feet by 58 feet, with windows at each end to furnish abundant light and air. The kitchen is on the east side of the serving room and is 34 feet wide by 58 feet long. Both of these rooms are equipped with dumb waiters, porcelain sinks, drain boards of marble, ranges, dish washers, steamers, etc., etc. The floors of serving room and kitchen are tiled, and walls all around 6 feet high are faced with a white enameled brick.

On the first floor beyond the kitchen are pastry room, store rooms, steward's office, cook's pantry, cold-storage rooms, stairway to basement, and the toilets.

The basement story contains the attendant's dining room, a large wash room, serving room, dining room for outside help and another for colored help, the preparation room, and toilets, closets and stairways. The boiler room is 29 feet by 59 feet and contains boilers for heating water and supplying the steam required for cooking purposes. The cellar or sub-basement rooms are for storage of supplies.

Ample provision has been made for the ventilation of the dining hall, kitchen and other rooms, through ceiling panels, ducts, etc., which lead into the roof space and thence out through 36 galvanized iron ventilators. The main entrance to the building is through a semi-circular vestibule or portico, 26 feet by 48 feet, with heavy cast-iron columns and brick piers carrying brick
and terra cotta arches. Both the inner and outer arches of this entrance are ornamental features.

The building is but one story high at its front or western end, but is full three stories high in the rear, owing to the rapid fall of the ground. Advantage has been taken of this circumstance to locate kitchen and cellar entrance in the rear, where there is a receiving platform, elevator to pantries, etc.

The brick facing of outside walls is "Red" brick, similar to the other buildings of this group. Outside steps are of granite at the front, inside stairways are of iron or steel and slate. The roof is covered with Peach Bottom slate. The flooring is of straight grain Southern pine.

In planning this building, much study was given to securing the most practical arrangement of the several departments with the view of economy of operation and efficiency of service. The floors and partitions in the service wing are of brick or reinforced concrete, and while the building is not strictly fire proof, it is so in many places where danger would most naturally be looked for.

The contract price of the building unequipped was $59,000. The architects of the building are Owens & Sisco, of Baltimore, and the work of erection was done by John H. Fowble, of Sykesville.

All the buildings have been kept in repair and painted when necessary.

The building of a railroad from Sykesville to the hospital has been commenced and is progressing satisfactorily. This road, when completed, will do much to lessen the operating expenses of the hospital, as we will then be able to abandon many of the teams now used in hauling passengers, coal and freight, thereby saving the
expense of the keep of same. The minor improvements, with work done in different departments, can be determined by examining reports in appendix.

SUGGESTIONS AS TO FURTHER NEED.

The future needs of the hospital depend entirely upon the policy which is pursued by the State in the care of its insane. All the other institutions in the State having been filled with patients for several years and Springfield being the only institution to enlarge its capacity, naturally all the increase in the insane has been sent here. Four hundred and thirty-nine patients have been admitted during the biennial period. It is not likely that the demand for admissions will decrease. This number therefore represents approximately the number the State must make provision for, both in increased capacity and maintenance. If no special preparation is made to put the State Care Act of 1904 into effect and the present method continues, the following appropriations should be made:

For maintenance for the next two years $60,000.00 per annum will be required, or $120,000.00. Two new hospitals will be needed, one at each group, and to erect buildings of sufficient capacity, $100,000.00 will be required. Fifteen thousand dollars will be required to complete the sewerage system, $5,000.00 will be needed for a new barn, $10,000.00 for an isolation building for women, $10,000.00 for an addition to power plant, $5,000.00 for an industrial building at the Women’s Group, $5,000.00 for a new cow stable, and $50,000.00 for the completion of the railroad.

If the State Care Act, which provides that on and after the year 1909 the State shall assume care and control and be charged with the support of all its indigent in-
sane who at that time are residents of the State take effect, a much larger appropriation will be needed.

There will be no more important problem before the next General Assembly, whether viewed from a medical, social, economic, or philanthropic standpoint, than that of securing at a minimum cost to taxpayers, proper care and treatment for the dependent sufferers from this the most serious and far-reaching in effect of all diseases, insanity. While conditions have improved very much in the State, due to the persistent efforts of the Secretary of the Lunacy Commission, and very few patients are now left in jail or almshouses, there should be none.

Will the State of Maryland, once having taken an advanced step, go backward, or even stand still? I think not; to stand still is to fall behind. Both of the State hospitals, Bay View and Mount Hope, which also receive city and county patients, are filled with inmates, and it will be imperative that something be done in the way of increased capacity somewhere.

Should the Legislature repeal this Act and decline to make further provision for this the most important class of human sufferers, and the chronic and incurable cases taken back to the almshouses to make room for the recent and possibly curable cases, as would have to be done, contrast this condition in isolated farmhouses with imperfect and unskilled supervision, though it may be conscientious, to the condition of patients in our State hospitals. The methods of care and treatment prevailing in our State hospitals, if I may be excused for saying it, are modern and scientific. Every patient comes under the eye of physicians two or three times a day, and recently admitted or very ill patients oftener. In every well-regulated hospital for the insane work is recognized as a great remedial agent, and daily employment is provided for a large percentage of those physi-
cally able to perform it, out of doors, if possible, many pa-
tients finding relief of mind and exercise of body there-
by. Those not able or unwilling to work are given daily
exercise in the open air if weather permits. Recreation
is also recognized as affording relief to disordered
minds, and games, both indoor and out, are provided.
Libraries with magazines and newspapers are provided
for those who can appreciate them. Wards, or cottages,
are brightened by flowers, potted palms; and the walls
are decorated with pictures. Concerts, theatricals,
kaleidoscopic views, and dances are given from time to
time. Thus, in every possible way, body and mind are
employed and effort is made to draw the patients into
the activities of normal life and excite their interests
in the changing scenes around them, thereby enchan-
ing their chances of recovery. The patients, whether
at work or in the wards, exercising on the grounds,
awake or asleep, are under the watchful eye of at-
tendants trained to note all symptoms, changes of
moods and tendencies, and report them to the phy-
sician.

As the insane are a danger as well as a burden to the
State, and as prevention is of more importance than the
treatment of those already afflicted, it therefore
becomes the duty of the State to investigate the causes
of insanity and as far as possible to remove them.
This cannot be done unless the State has entire con-
trol of the institutions. Much is being done to prevent
a spread of tuberculosis, but what is being done to pre-
vent a spread of insanity, affecting as it does, the very
life of a State or even the Nation? Besides the burden
upon the State of an insane person, his earning capacity
is lost, and while he is kept at home, one or two other
members of the family, who have to be caretakers, are
similarly incapacitated for earning their living or in
adding to the prosperity of the State or Nation.
While the cause of mental disease is sometimes impossible to ascertain, there are certain well known and widespread causes, the removal of which are in the possibilities of the State regulations. Alcohol is variously estimated as the direct cause of insanity in from 15 to 20 per cent. When we remember that about one third of the living children of alcoholic parents suffer from epilepsy and that more than one half of the idiotic children have alcoholic parents, it is readily seen that this is a factor to be pre-eminently reckoned with, even if there was no other misery caused by this poison.

Opium and cocaine also add their quota as factors, the regulations of the sale of both coming under the State regulations. Syphilis is another cause which might possibly be regulated by educational if not legal methods.

Heredity is another important, if not the most important, cause of insanity! If the intermarriage of defectives and those with hereditary taint of insanity could be prevented, and the other causes mentioned could be regulated, our hospitals for the insane would not be so crowded.

These are questions, especially the two latter, that have vexed the philanthropists for ages.

The study of insanity, as regards prevention and cure, can best be done in its early stages. Unfortunately, in the State hospitals most cases are well advanced before admission, owing chiefly to the fact that many persons still look upon insanity as a family disgrace, instead of a disease to be treated just as any other disease. It is hard to root out old opinions, and the world is particularly cruel on this subject. This is largely why the so called osycopathic hospitals seem to be a necessity. The psycopathic hospital and the psycopathic ward represent the best thoughts of the
alienists of the day. Here patients could be brought for early treatment without being legally certified as insane, and held for a diagnosis and treatment just as in a general hospital. If the cases were likely to be chronic, they could be sent to the State hospitals; otherwise they could be treated and returned to their homes, without ever having entered an asylum.

Baltimore City has taken steps looking to the establishment of such a hospital. If such a hospital is good for Baltimore City, why is it not good for the counties? The city is part of the State. Why not the State build such a hospital in Baltimore City, inasmuch as increased accommodations must be provided somewhere by 1909? It would in reality be a detention hospital for the early treatment of the nervous and insane, and accessible to every citizen of the State. If such a hospital were built, there would be no need of so many more buildings at Springfield or Spring Grove—it would be as broad as it is long and conditions would be much improved. The whole system could be under the supervision of the Lunacy Commission, or possibly the psycopathic hospital could be included in the State university scheme—this would be in accord with the university system—as seen abroad, about which so much has been written.

There should be better methods of studying the many problems connected with insanity, and at such a hospital clinics could be held which medical students, lawyers and laymen could attend and possibly insanity and mental responsibility be better understood. Of course, ideals cannot be realized at once, but if such a hospital were erected in Baltimore, and separate provision made for the colored and criminal insane and a system of entire State care of the insane and feeble-minded devised, Maryland would be in the advanced guard in the care of the insane and defectives. State care of the
insane is founded on the broad principle of science and humanity, and stands for all that is best in our present state of medical knowledge.

Concentration and centralization of management being the best thought in financial and commercial circles, why not apply the same principle to the care of the insane and feeble-minded? In the great States of Ohio and New York and nearly all of the Northwestern States, with their perfect systems of State care, the per capita cost has been gradually reduced. If this could be done in Ohio, New York and the Northwest, it can be done in Maryland.
BOARD OF MANAGERS

HON. EDWIN WARFIELD . . . Governor

President of the Board.

HON. MURRAY VANDIVER . . . State Treasurer

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OFFICERS OF THE HOSPITAL

J. CLEMENT CLARK, M. D. . . . Superintendent


E. H. SNAVELY, M. D. Assistant Physician Men's Group

JOHN M. NORRIS, M. D. Res. Physician Women's Group

N. W. HERSHNER, M. D. Asst. Phy. and Pathol., Women's Group

C. LOWNDES BENNETT . . . . Clerk

HARRY H. WARFIELD . . . . Purveyor

FREDERICK GEBHARDT . . . . Electrician

MRS. HELEN F. TAYLOR . . Matron and Storekeeper

A. D. MC CONACHIE, M. D. Consulting Ophthalmologist

J. MORRIS SLEMMONS, M. D. Consulting Gynecologist

M. LOUISE LEMMON . . . . Stenographer
PRIVATE AND CORPORATE INSTITUTIONS FOR THE CARE OF THE INSANE.

There are in this State an unusual number of institutions of this class. It may be noted that there is a notable lack of similar institutions in the Southern States, and Maryland draws largely from the States lying South. Mount Hope retreat, under the control of the order of Sisters of Charity, is perhaps the largest institution of its kind in this country. It accommodates between 600 and 700 patients. The buildings are commodious and well equipped and the grounds are ample. The medical staff should be enlarged and the opportunities for scientific work should be increased.

The Sheppard and Enoch Pratt Hospital, near Towson, Md., is a model institution for the treatment of the insane. The purpose of the institution is to afford treatment for the proper care of such cases. The general public of this State does not realize what a power for good this institution exercises. A majority of the patients are admitted free of charge, while others pay a mere nominal cost, far immensurate of their cost of maintenance. Then at this hospital an effort is being made to study insanity from a scientific basis. Excellent laboratories are provided, and everything is done to encourage research into the mysterious problems of the causes of insanity from a physical and psychic basis.

EXTRACTS FROM REPORT OF SHEPPARD AND ENOCH PRATT HOSPITAL.

The charitable work of the hospital has been carried on along the same lines which have heretofore marked its course. So quietly and unobtrusively have the Trustees conducted this work that even, at the end of sixteen years of actual experience, it is by no means uncommon to find many who express surprise that
patients are received either free or at a rate of payment which is within the limits of the most modest income.

The only criteria in the admission of cases whose means were so limited as to require either their admission at some minimum charge, or wholly free, have been, the ability of the hospital to receive the patient, and the probability of improvement or recovery under care.

On several occasions during the year, the wards have been so full that applications were of necessity, declined, but this inability to receive new cases was but for brief periods, and in no instance that I now recall was a patient declined who was unable to pay; while in several instances patients whose friends were willing to pay the full charges of the hospital were advised to seek other accommodations.

During the year, 40,304 days' care was given to patients; over 12.5 per cent of this was given to free patients, and, including the free patients, more than 33.5 per cent of the entire days' care given patients was to patients who paid an average of a trifle over three dollars per week.

Early in the spring, ground was broken for our new dining room, and kitchen block, and the structure is now rapidly approaching completion.

The building, when completed and occupied, will be a most valuable addition to our resources, and will enable us much more satisfactorily than heretofore to prepare and serve food to our patients, and regulate that most important feature of treatment, the dietary. It is believed, moreover, that the concentration, as far as possible, of the preparation and service of food in one building, while resulting in more satisfactory service, will, at the same time, be more economical.
The building is in the shape of the letter T; the top of the letter representing the dining room block, the stem, the kitchen, and the base, the kitchen annexes.

Up to the present time, the two buildings occupied by patients have been wholly separated from each other, except for the underground tunnel containing the heating apparatus, water pipes, electric wires, etc., there being no connection between them. They are, as will be recalled by those who have visited the hospital, and as is shown in the plans contained in this report, about one hundred feet apart, and extend east and west on the same axis.

The new building is placed about forty-five feet to the south of the southern wall of the hospital buildings, its central axis being on a line running north and south between the two buildings. The larger portion of the building, that containing the dining rooms, the head of the letter T, is one hundred and thirty-two feet long and fifty-two feet in width. A central corridor runs the entire length of this portion and is continuous at either end with a one story corridor which connects the dining room block with each hospital building. The corridors are twelve feet wide and one hundred and fifty feet long, and are liberally supplied with windows. They will make, in addition to their use as corridors of communication, excellent sun rooms and places of resort in inclement weather. Their exposure is such that the sun will shine on some portion of each corridor during nearly the entire day.

At each end of the main floor of the dining room block, there are four dining rooms, each 16 by 21 feet in dimension. Four of these rooms are for men and four for women patients, who will be seated at small tables accommodating four patients each. These dining rooms are on either side of the central hall or corridor.
dors, and there are with each group of four dining rooms a large pantry, and a room for dining room linen.

Where this portion of the building joins the stem of the letter T, midway between the dining rooms, there is, as shown on the plan, a large serving room some 40 by 20 feet in area, directly connected with the kitchen, from which the food is served. Back of this is the kitchen, forming the stem of the letter T. The kitchen is 40 by 30 feet and but one story high. It is lighted by large windows on each side, and by a large skylight directly over the range and steam cooking apparatus, which is located in the centre of the kitchen. The base of the letter T is occupied on the main floor, by the diet kitchen, two small store rooms, the housekeeper's office, a room for cold storage of meats and other articles required for immediate use, the scullery, and vegetable-preparing room.

The kitchen, serving room, pantries, scullery and vegetable room will have white encaustic tile floors and a white vitreous tile wainscot. The floor above the dining rooms will have several rooms for nurses, with baths, a nurses' parlor and a nurses' study, and a dining room and pantry for the assistant medical staff.

Over the rooms to the rear of the kitchen are eight bedrooms and two bathrooms for the kitchen and other employees.

A high basement is under the entire building, and contains, besides store rooms, a large space immediately under the kitchen, equipped for artificial cold storage, a meat cutting room and two dining rooms for employees.

Then there are a number of most excellent private sanitaria near the city. The Richard Gundry Home, where a limited number of insane and drug habitues are
received. This sanitarium has a very excellent location, ample grounds and is admirably conducted.

The Athol Sanitarium, for women only, is in one of the most beautiful of Baltimore’s suburbs. Font Hill, a private training school for feeble-minded, deserves more attention than has been given it. Dr. and Mrs. Fort have both been specially trained in this work and are in every respect capable of taking care of this class of patients. This is the only private institution of its class in the State. The Relay Sanitarium, located on a high hill overlooking the picturesque valley of the Patapsco, is a well equipped sanitarium for the insane and drug cases, as is the very well managed institution, the Laurel Sanitarium at Laurel, Md., where mildly insane and drug cases are received and have the advantage of a beautiful country with a minimum of hospital entourage. The Riggs Cottages, at Ijams, Md., afford a quiet country retreat for mild cases. Thus it will be seen that this State is most admirably equipped in private sanitaria for the treatment of mental cases. In regard to the care of the insane, private and endowed institutions are in advance of State care.

THE CARE OF THE INSANE IN THE COUNTIES.

The commission feels that much has been accomplished in the removal of cases from county almshouses to our State institutions. Many of the counties receive no insane persons in the almshouses. For instance, Calvert, Charles, Garrett, Howard and St. Mary’s Counties send all their insane to properly constituted institutions. The other counties send the acute cases which cannot be managed or properly cared for, to asylums for the insane. Still in some of the counties attempts are made to care for the distinctly insane, but the facilities provided are absolutely inadequate. As illustrative of
this fact, I submit the reports of Dr. W. E. Gaver, who has visited the almshouses and asylums in the western part of the State. The cases cited will be sufficient without going into the details of every county.

Dr. Gaver reports: The Carroll County almshouse, Westminster, an old and dilapidated structure, is used principally for purposes of Carroll County; however, a few senile patients from Carroll County are also kept there. No acute cases are admitted and those cases that are admitted are cared for satisfactorily, I believe.

Dr. Gaver also reports that Montevue Hospital, near Frederick, a very much crowded institution, not only contains the insane and pauper of Frederick County, but also more than a hundred insane from the counties of the State. All classes of cases are accepted, many of which would be benefited by modern treatment at a well equipped institution.

Dr. E. J. Dirickson makes the following reports with reference to the various almshouses in the State:

*Dorchester County Almshouse* is situated on a beautiful farm some twelve miles from Vienna. The home for the paupers is located near that of the overseer, though hardly near enough in case of accidents, such as a fire, etc. The grounds around the buildings are well kept and the land is cultivated.

Among the 18 inmates there are two epileptics, one of whom, a white man, is at times quite violent and has to be confined. They are all helpless and hopeless for the most part, and past middle age. The inmates are all well cared for, and with improved sanitary conditions, with a force pump and hose for bathing, they would have all that is necessary. They are somewhat crowded, however, which condition should be remedied.

The value of the farm is at least $15,000, perhaps more, and the county appropriation is about $600.
This is another case where the expense is too great for the number of inmates cared for.

_Somerset County Almshouse._—I visited the Somerset County Almshouse in August—driving from Princess Anne, the county seat, about ten miles to an old brick farmhouse. The place has seen better days, having once been the home of the Waggamon family, as is indicated on several moss-grown tombstones bearing the family name. They stand in a wild, overgrown garden. The old house is in good repair and is occupied by the keeper and his family, together with some women inmates who require constant attention. Several small houses have been built on the grounds, and these are occupied by the inmates.

The cost of maintaining this almshouse is borne almost entirely by county appropriation, as the farm is small, and the expenses of maintaining the home, etc., amount to about $3,000 per year. The farm is beautifully located on a hill near a small creek running into the Manokin river.

This home, like that in Talbot county, receives the attentive interest of the women of Somerset, much to its benefit.

_Talbot County Almshouse,_ about eight miles from Easton, is situated on an old farm somewhat run down. The inmates occupy a large old farm house, which is in good repair and is provided with bathrooms.

The inmates assist with the farm work, and they do nearly all of the housework. The trustees of the poor in this county take an active interest in this institution and meet there every month, at which time they consider applications for admission, etc.

There are about twenty-two patients in this home, some of whom are utterly insane. One man has to be
remanded to jail for months at a time because of his violence. Most of the inmates are women, past middle age. There are also a few imbecile boys.

The management of this institution is commendable, and it would be a worthy object lesson to a great many other almshouses.

The farm is rather an indifferent one and affords but little to defray the expenses. The county appropriation, however, is not as great per capita as in some other counties. The constant attention given by them is due to the interest manifested by many ladies in the county who give it considerable attention.

Wicomico County Almshouse. This institution consists of a large farm in good condition and of considerable value and has ample room for the inmates in separate buildings, in which male and female are kept separately in regard to color and sex. The entire surroundings are neat and homelike and the inmates are clean and comfortable, bathing facilities being provided for them. The county’s expenses on this institution, including paupers and insane, amount to about $3,000, and while they get fair results the expense is not commensurate with the results. The farm is a very valuable one, in good condition, and would probably sell for $15,000.

I noticed one very peculiar fact in connection with this almshouse and that is that they keep coffins on hand already made.

Worcester County Almshouse. This institution is situated about four miles from Snow Hill, the county seat. The inmates are well provided with food and shelter, but neatness and sanitation seem to be unknown. There are no facilities for bathing and the inmates and their surroundings showed a lack of attention as far as
cleanliness is concerned. Two of the inmates, one black and one white man, were subject to epileptic attacks of an incurable nature, and all that could be done for them would be to place them under supervision and give them better sanitary facilities. The rest of the inmates are nearly all feeble-minded and unable to help themselves, but with some training they could make considerable improvements in their surroundings and themselves.

The farm consists of several hundred acres of fertile land in a fair state of cultivation, but it does not provide enough food to sustain the inmates. In addition to what they raise on the farm, the amount paid by the county, including hire of keeper, food, clothing, etc., is a considerable sum a year and this, with the interest on the value of the farm and its stock, would be amply sufficient to pay for a much more suitable arrangement with a possible benefit to at least two per cent of the inmates. The inmates do only a very limited amount of the work on the farm.

The men and women are not kept in separate buildings. The building for the inmates of a large 1½ story brick building, amply sufficient to answer all requirements, and with the addition of improved sanitary conditions, especially bathing facilities, could be made a very comfortable home.
TABLE No. 1.

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

<table>
<thead>
<tr>
<th>HOSPITALS</th>
<th>REMAINING NOVEMBER 30, 1906.</th>
<th>ADMITTED FROM NOVEMBER 30, 1905, TO NOVEMBER 30, 1907.</th>
<th>SHOWING THE CONDITION OF PATIENTS DISCHARGED FROM NOVEMBER 30, 1906, TO NOVEMBER 30, 1907.</th>
<th>REMAINING NOVEMBER 30, 1907.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>Col'd.</td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Maryland Hospital for the Insane (Spring Grove)</td>
<td>275</td>
<td>227</td>
<td>35</td>
<td>27</td>
</tr>
<tr>
<td>Second Hospital for the Insane (Springfield)</td>
<td>419</td>
<td>318</td>
<td>12</td>
<td>99</td>
</tr>
<tr>
<td>Bay View Asylum</td>
<td>69</td>
<td>154</td>
<td>55</td>
<td>110</td>
</tr>
<tr>
<td>Maryland Asylum and Training School for the Feeble Minded</td>
<td>96</td>
<td>103</td>
<td>199</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>859</td>
<td>802</td>
<td>90</td>
<td>137</td>
</tr>
</tbody>
</table>
### TABLE No. 2.

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

<table>
<thead>
<tr>
<th>INSTITUTIONS</th>
<th>REMAINING NOVEMBER 30, 1906</th>
<th>ADMITTED FROM NOVEMBER 30, 1906, TO NOVEMBER 30, 1907</th>
<th>SHOWING THE CONDITION OF PATIENTS DISCHARGED FROM NOVEMBER 30, 1906, TO NOVEMBER 30, 1907</th>
<th>REMAINING NOVEMBER 30, 1907</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
</tr>
<tr>
<td>Mt. Hope Retreat</td>
<td>228</td>
<td>374</td>
<td>602</td>
<td>78</td>
</tr>
<tr>
<td>Sheppard and Enoch Pratt Hospital</td>
<td>41</td>
<td>58</td>
<td>99</td>
<td>90</td>
</tr>
<tr>
<td>Richard Gundry Home</td>
<td>20</td>
<td>20</td>
<td>40</td>
<td>112</td>
</tr>
<tr>
<td>The Gundry Sanitarium</td>
<td>31</td>
<td>31</td>
<td>62</td>
<td>26</td>
</tr>
<tr>
<td>Rigg’s Cottage</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Relay Sanitarium</td>
<td>18</td>
<td>11</td>
<td>29</td>
<td>60</td>
</tr>
<tr>
<td>Font Hill Training School</td>
<td>11</td>
<td>10</td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>319</td>
<td>506</td>
<td>825</td>
<td>343</td>
</tr>
</tbody>
</table>
# TABLE No. 3.

*Showing the Statistics of the County Asylums for the Insane.*

<table>
<thead>
<tr>
<th>ASYLUMS</th>
<th>REMAINING NOVEMBER 30, 1906.</th>
<th>ADMITTED FROM NOVEMBER 30, 1906, TO NOVEMBER 30, 1907.</th>
<th>SHOWING THE CONDITION OF PATIENTS DISCHARGED FROM NOVEMBER 30, 1906, TO NOVEMBER 30, 1907.</th>
<th>REMAINING NOVEMBER 30, 1907.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>Col’d.</td>
<td>White</td>
<td>Col’d.</td>
</tr>
<tr>
<td>Montevue (Frederick County)</td>
<td>30</td>
<td>50</td>
<td>42</td>
<td>52</td>
</tr>
<tr>
<td>Sylvan Retreat (Allegany County)</td>
<td>43</td>
<td>49</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td>Cherry Hill (Cecil County)</td>
<td>8</td>
<td>8</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Bellevue (Washington County)</td>
<td>11</td>
<td>15</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Total</td>
<td>92</td>
<td>122</td>
<td>54</td>
<td>64</td>
</tr>
</tbody>
</table>
# Table No. 4

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

<table>
<thead>
<tr>
<th>COUNTY ASYLUMS</th>
<th>White Male</th>
<th>White Female</th>
<th>Col’d Male</th>
<th>Col’d Female</th>
<th>Total Male</th>
<th>Total Female</th>
<th>Recovered</th>
<th>Improved</th>
<th>Unimproved</th>
<th>Died</th>
<th>Total</th>
<th>Male White</th>
<th>Female White</th>
<th>Male Col’d</th>
<th>Female Col’d</th>
<th>Total Col’d</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Allegany</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>8</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>4</td>
<td>16</td>
</tr>
<tr>
<td>Anne Arundel</td>
<td>3</td>
<td>3</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>4</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Baltimore</td>
<td>11</td>
<td>3</td>
<td>14</td>
<td>3</td>
<td>4</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Caroline</td>
<td>1</td>
<td>3</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
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<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Carroll</td>
<td>21</td>
<td>8</td>
<td>29</td>
<td>2</td>
<td>4</td>
<td>23</td>
<td>9</td>
<td>7</td>
<td>17</td>
<td>7</td>
<td>24</td>
<td>21</td>
<td>18</td>
<td>4</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Cecil</td>
<td>9</td>
<td>3</td>
<td>12</td>
<td>2</td>
<td>4</td>
<td>14</td>
<td>7</td>
<td>1</td>
<td>8</td>
<td>1</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>6</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Dorchester</td>
<td>5</td>
<td>2</td>
<td>7</td>
<td>3</td>
<td>3</td>
<td>10</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>6</td>
<td>4</td>
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<td>3</td>
<td>3</td>
<td>6</td>
<td>14</td>
<td>3</td>
<td>16</td>
</tr>
<tr>
<td>Harford</td>
<td>17</td>
<td>5</td>
<td>22</td>
<td>3</td>
<td>3</td>
<td>18</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
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<td>4</td>
<td>4</td>
<td>3</td>
<td>26</td>
<td>4</td>
<td>30</td>
</tr>
<tr>
<td>Kent</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>7</td>
<td>2</td>
<td>13</td>
<td>2</td>
<td>3</td>
<td>18</td>
<td>9</td>
<td>26</td>
<td>6</td>
<td>2</td>
<td>8</td>
<td>7</td>
<td>4</td>
<td>23</td>
<td>7</td>
<td>30</td>
</tr>
</tbody>
</table>
TABLE No. 4—CONTINUED.

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

<table>
<thead>
<tr>
<th>COUNTY ASYLUMS</th>
<th>REMAINING NOVEMBER 30, 1906.</th>
<th>ADMITTED FROM NOVEMBER 30, 1906, TO NOVEMBER 30, 1907.</th>
<th>SHOWING THE CONDITION OF PATIENTS DISCHARGED FROM NOVEMBER 30, 1906, TO NOVEMBER 30, 1907.</th>
<th>REMAINING NOVEMBER 30, 1907.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>White</td>
<td>Col'd.</td>
<td>White</td>
<td>Col'd.</td>
</tr>
<tr>
<td>Montgomery</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Prince George's</td>
<td>1</td>
<td>1</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Queen Anne's</td>
<td>4</td>
<td>7</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Somerset</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Talbot</td>
<td>2</td>
<td>3</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Wicomico</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Worcester</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Totals</td>
<td>94</td>
<td>61</td>
<td>50</td>
<td>45</td>
</tr>
</tbody>
</table>
TABLE No. 5.

Showing the Statistics of the Colored Insane.

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

| INSTITUTION                     | Remaining November 30, 1906 | Admitted November 30, 1906, to November 30, 1907 | Remaining November 30, 1907 |
|---------------------------------|----------------------------|------------------------------------------------)|----------------------------|
| State and City Hospitals for the Insane | 227                        | 75                                               | 241                        |
| County Asylums                  | 118                        | 46                                               | 124                        |
| County Almshouses               | 95                         | 50                                               | 101                        |
| Totals                          | 440                        | 171                                              | 466                        |

TABLE No. 6.

Total Number of Insane in the State—Comparison Between the Years 1906 and 1907.

<table>
<thead>
<tr>
<th>YEARS</th>
<th>Admitted</th>
<th>Discharged or Died</th>
<th>Remaining November 30, 1907</th>
</tr>
</thead>
<tbody>
<tr>
<td>1906</td>
<td>1,299</td>
<td>1,089</td>
<td>3,304</td>
</tr>
<tr>
<td>1907</td>
<td>1,347</td>
<td>1,149</td>
<td>3,431</td>
</tr>
</tbody>
</table>