

STATE OF NEVADA

REPORT OF SUPERINTENDENT

OF THE

Nevada Hospital for Mental Diseases

1905-1906

S. C. GIBSON, Superintendent



CARSON CITY, NEVADA

STATE PRINTING OFFICE, : : : J. G. MCCARTHY, SUPERINTENDENT
1907

LETTER OF TRANSMITTAL.

CARSON CITY, NEVADA, January 10, 1907.

HON. JOHN SPARKS, *Governor of Nevada.*

DEAR SIR: I have the honor to herewith transmit the Report of the Hospital of Mental Diseases at Reno, Nevada, for the years 1905 and 1906.

Yours, respectfully,

F. L. WILDES,

Secretary Board of Commissioners for Care of Indigent Insane.

LIST OF OFFICERS.

BOARD OF COMMISSIONERS FOR THE CARE OF THE INDIGENT INSANE.

HON. JOHN SPARKS.....	Carson City, Nevada
HON. S. P. DAVIS.....	Carson City, Nevada
HON. D. M. RYAN.....	Carson City, Nevada
HON. F. L. WILDES, Secretary.....	Carson City, Nevada

HOSPITAL OFFICIALS.

S. C. GIBSON, M.D., Superintendent.....	Reno, Nevada
J. G. DRISCOLL, Supervisor.....	Reno, Nevada
REV. SAMUEL UNSWORTH, Chaplain.....	Reno, Nevada
MISS ROSE McCAFFREY, Matron.....	Reno, Nevada
A. R. POWERS, Engineer.....	Reno, Nevada

BIENNIAL REPORT.

RENO, NEVADA, January 3, 1907.

To the Honorable Board of Commissioners for the Care of the Indigent Insane of the State of Nevada, Carson City, Nevada.

GENTLEMEN: I have the honor to submit the Twelfth Biennial Report of the Superintendent of the Nevada Hospital for Mental Diseases, for the term ending December 31, 1906:

MOVEMENT OF POPULATION.

At the beginning of the term there were 129 males and 57 females: total, 186.

During the term there were admitted: Males, 70; females, 21; total, 91. Total number under treatment, 277. Of these 35 were discharged—25 males and 10 females; and 40 died—24 males and 16 females. Average population for the term, 188.81. Term closed with 147 males and 51 females; total, 198.

CONDITION OF THOSE DISCHARGED.

Recovered, 33, a percentage of 38.02 to number admitted and 11.91 per cent of total number under treatment.

DEATHS.

The average age of those who died was 61.70 years.

Between 20 and 30 years of age.....	1
Between 30 and 40 years of age.....	7
Between 40 and 45 years of age.....	3
Between 45 and 50 years of age.....	4
Between 50 and 55 years of age.....	2
Between 55 and 60 years of age.....	2
Between 60 and 65 years of age.....	1
Between 65 and 70 years of age.....	10
Between 70 and 80 years of age.....	7
Between 80 and 90 years of age.....	3
Total.....	40

The causes of death were: Apoplexy, 2; exhaustion of insanity, 13; syphilis, 2; paresis, 3; senility, 2; heart disease, 2; pneumonia, 4; cancer, 2; uremia, 2; tuberculosis, 3; killed by train, 1; senile gangrene, 1; exhaustion, 1; convulsions, 2.

Of those who died, 5 were in the Hospital less than a week; 2 were in the Hospital less than two weeks; 9 were in between one and three months; 1 between three and six months; 2 between six and twelve months; 4 between one and five years; 8 between five and ten years; 1

between ten and fifteen years; 1 between fifteen and twenty years; 2 between twenty and twenty-five years; and 5 between twenty-five and thirty years.

A large number of the accumulated chronic dements in this institution many of whom began their hospital life with the opening of the institution or soon afterwards, and many more who for years were wards of the State when the State's insane were cared for at Stockton, California, have now passed the allotted span of hospital life. These now swell the death list year by year, but contribute nothing to the list of recoveries. This class and a considerable percentage of recent admissions tend to produce a large death rate and a low percentage of recoveries.

In no like institution could there be found a population whose general condition is more healthful than ours, yet the death rate, which in years past has been very low, has in late years greatly risen, until it now appears to be about up to the average of institutions of this kind throughout the country.

While the death list is larger in this term than in previous ones, with one exception, we can console ourselves by believing that it is not an alarming evil, but that death often comes to many of the inmates, not as a calamity, but as a great relief.

FINANCIAL STATEMENTS.

The last appropriation for maintenance was \$78,000, of which \$77,698.67 has been expended, leaving a balance of \$301.33.

During the term there was collected from paying patients \$1,585, and \$1,798.12 was paid for insurance, which amounts deducted from the amount expended makes the actual cost to the State for maintenance \$74,315.55; and as there were 188.81 patients per day, the cost per capita per diem was \$0.5338.

The last Legislature appropriated the sum of \$7,000 for different articles to be purchased and for repairs and improvements about the buildings and farm, and was made as an appropriation for repairs. This amount was expended as follows:

Lumber	\$653.20
Plastering	312.25
Range	343.00
Cows	400.00
Roof on main building	800.00
Carpenter work	429.80
Machinist work	107.73
Painting	396.00
Plumbing	2,161.78
Sewing machine	70.00
Wagon	100.00
Range and bath tub	128.30
Miscellaneous supplies	18.85
Mattresses	372.61
Total	\$6,291.52
Appropriation	\$7,000.00
Expended	6,291.52
 remaining of this fund	\$708.48

APPROPRIATION FOR MAINTENANCE.

A State Hospital for the care and treatment of the insane is one of the institutions indispensable to our modern civilization. The cost of its maintenance may look large to a layman, but it should be borne in mind that it may be the refuge of any citizen of the State, and, should it become necessary, no one should feel pauperized when compelled to seek its aid and sheltering arms when mentally sick. The fact that our State, the Greater Nevada, is at present enjoying great prosperity and its population is rapidly increasing, so that the support of our State institutions no longer falls upon the few, but upon many, a large portion of whom have waxed wealthy from her mineral resources, and to their credit, it may be stated, they are not investing their wealth elsewhere. The support of State institutions is a valued tax upon all property; but should we consider it otherwise and at \$16 per month per capita, with the present population, the tax on each individual would scarcely amount to 50 cents per annum. When one should be tempted to complain of the burden of this small expense, it might be well to pause and reflect that often one indulges in one needless luxury once a year which may cost ten times more than his ratio of tax to support a comfortable home for our honest, but unfortunate, citizens.

The appropriation for the maintenance of this institution is a matter that must be passed to the next Legislature, which will now soon be in session. Its ideas of right, its ideas of comfort, its generous impulses, must determine how our unfortunate patients must fare during the next two years.

In view of the fact that this institution is increasing in population and will continue to, more rapidly in the future, some definite idea as to this increase should be established in ratio to the growth of the State's population so that a larger appropriation for the next biennium could be made to cover the expenditures for maintenance on the expected increased population. The estimate made upon the definite basis of one insane person to every five hundred, and estimating the additional population of Nevada to be about 35,000, which ought to give to the institution about seventy of her unfortunate citizens as inmates during the next biennial period.

Whatever amount is appropriated a sufficient amount must be set aside for the payment of wages of employees. The honorable legislators should realize the altered condition of our State in the past few years; help is scarce and hard to get at the wages that have been paid here in the past, and without ample and competent help the proper management of the Hospital is utterly impossible. The present scale of wages are the salaries paid for years past, and when the State was not in its present prosperity, and when money was not so plentiful as now. The prices of groceries, provisions, clothing, etc., and in fact everything that enters into the expenses of conducting an institution of this kind, have increased greatly during these years, and why not the wages of the employees, if we desire to secure and retain desirable help? Surely, they must be paid as much here for their services that requires intelligence, experience and steady habits as they can command for services requiring these qualifications elsewhere throughout the State.

For these reasons I will recommend that all salaries of the inside employees at this institution be raised at least 20 per cent. To illustrate, the wages of an attendant is now \$45 per month; with this

increase the salary would be \$54. Our attendants are expected to give that care and attention to the patients that would be regarded as too arduous, too difficult or too disagreeable for most people, unless they were, by their inherent nature and disposition, adapted for such work. And still this work is expected of them for less wages than is earned by an employee in the mines or on the railroads.

The amount of the appropriation required for the coming biennium may be tabulated as follows: At the end of the last term there were 186 inmates remaining in the Hospital; at the end of this term there are 200 inmates. It may be safely estimated that during the first year of the next biennial term there will be a daily average of 210, the cost of which at \$16 per month per capita for the first half of the term would require \$38,400. On the basis of the ratio of an increase in the population, one can estimate at least 240 inmates, daily averaged, for the second half, which would require, on the basis calculated for the amount for the first year, \$46,000, making a total for the term of \$84,400. This is an increase of \$6,400 over the last appropriation, estimated on an expected growth of population for maintenance.

There are at present 13 inside employees, including the Supervisor, whose salaries aggregate \$705 per month. Should this 20 per cent per month advance of their salaries be approved by the Board, an addition to the amount above stated of \$3,384 would be added. Therefore, I recommend an appropriation of \$88,000 to meet the expenditures based on the reasons above given, and I deem the amount by no means excessive.

APPROPRIATIONS FOR IMPROVEMENTS.

In addition to the appropriation for maintenance, I will ask for a special appropriation for improvements for the following purposes:

Modern heating system for main building.....	\$10,000.00
Brick house with new pumps and dynamo, arc lights, etc.....	4,500.00
Brick laundry house with new machinery.....	3,500.00
Machinery for cold storage and ice plant.....	2,000.00
Two new pianos.....	700.00
Relief fund for discharged patients.....	400.00
Fund for library.....	200.00
Total.....	\$21,300.00

IMPROVEMENTS.

The main building was covered with a new roof (asphalt) at a cost of \$800, and the mansard part painted in different colors with two coats, which was not only needed but which added greatly to its appearance.

A large steel range with two fire boxes and four ovens was installed in the kitchen in place of the old one, which was greatly dilapidated and entirely too small.

The steps leading from the first floor down into the basement to the kitchen were entirely torn up and replaced in Oregon pine lumber.

A hose-cart and ladder house was built and new two-inch fire hose and hose cart were purchased. Fire plugs were placed both at the horse and cow barns and water pipes extended.

Some of the time two painters were employed, and one painter was employed constantly with an exception of two months during last summer when he was off on leave of absence. The following departments were newly painted: All the hallways, both the halls and wood-

work; all the rooms and hallways in A, B, D, and E wards; the hallway in C ward; all floors that have previously been painted or needed to be; the two offices of the Superintendent and the waiting rooms were painted and handsomely decorated. All the attendants' rooms were freshly painted and some of their woodwork grained in oak. The matron's suite of rooms and the Supervisor's room have also been newly papered and painted. The kitchen walls were calcimined and the ceiling painted. The large iron water tank with all of its iron supports were painted in black. All toilet and bathrooms of all the wards were also painted. A new Singer sewing machine was purchased for the sewing room.

The old and unsanitary plumbing and sewerage systems were torn out and replaced with an up-to-date sanitary system. The old unsanitary V-shaped wooden toilet troughs were replaced with modern self-flushing closets; the old iron bathtubs with porcelain-lined tubs. The walls, ceilings and floors of all the bathrooms had to be replaced with new material, as the constant leaking of the old pipes had caused the woodwork to decay. This work of replumbing was finished in August, 1905. It was an undertaking of greater magnitude than at first was realized, and at times the wards had to be thrown together to allow patients to use the same water sections, and was the cause of considerable confusion. Although plumbers use a large number of formidable tools, we had no accidents to report from the patients getting possession of them. During this time two or three male patients eloped, but were promptly returned. The attendants deserve much praise for no accidents and few elopements during this time, because it required constant vigilance.

In years past, during the spring high waters, the main drive-wheel at the power house would partly be under water, which necessitated running the power-plant machinery by steam for weeks at a time. This was very expensive, and would occur at that season of the year when the surplus steam would not be needed elsewhere. Last spring, to the praise of the ingenuity of the engineer, this fault was remedied by placing under the wheel a device, a casting of iron, made in the shape of a boat, which prevented the high water from interfering with its motion. This will be a means, during the spring freshets, of a great saving in fuel, time and wearing of the machinery of the steam engine.

Two rolling invalid chairs were bought for the old ladies' wards. Their use have proven a source of great pleasure and convenience to these decrepit and rheumatic cases.

The irrigating system has been thoroughly overhauled with numerous repairs from its head-gate to the very terminals of its distributing ditches. There were made and placed in proper places 78 distributing boxes. The large flume that carries the water over several ditches back of the mill of the Reno Milling Company was entirely rebuilt at a cost of \$364.

An incubator of 350-egg capacity was purchased last spring, and gave satisfactory results.

A new spring wagon was bought to take the place of the old and dilapidated one.

FARM AND GARDEN.

The yield from the farm and garden will be found itemized in the tabulated reports. The farm and garden have been a source of great profit to the institution under careful and skilful husbandry, aside

from the benefit of having fresh vegetables, berries, and fruits of excellent quality and in generous quantities for immediate table use. They afford excellent means of employment to our male patients, who are much better when engaged in healthful outdoor labor.

Some new farming implements have been added to the supply, and much needed repairs of fences and ditches were done.

The yield from a small patch of land planted in wheat was 130 sacks, which has not been marketed yet. A large portion of the alfalfa land has been reseeded and is now yielding large crops of hay. More land will be reseeded to alfalfa in the spring. Both farm and garden are in good condition and in a high state of cultivation. They produce everything used at the institution, with the exception of groceries, clothing, and fuel.

THE LIVE STOCK.

Our dairy the past two years has done exceptionally well. The average number of milk cows has been 30, and they have produced an average of 80 gallons of milk daily. Our dairy furnishes ample supply of both milk and butter for the kitchen and table use.

The herd of live stock, consisting of the dairy cows, calves, driving and draught horses, are in a thriving condition. The barn and feed corrals are kept thoroughly clean and in a sanitary condition. Several dairy cows have died, but with no contagious or prevalent diseases. All cows that have proven unprofitable for dairy purposes were fattened and slaughtered for beef. The best calves are kept to supply the dairy with cows and all others are killed at the proper age and used as veal.

One draught horse died from acute sickness. One driving horse because of old age was placed on the retired list, having done duty here since his birth, some sixteen or seventeen years. He is now, like an inmate of the Hospital, a ward of the State. Two ponies were sold and two driving horses were bought.

LAUNDRY.

The laundry remains the same in style of equipment as when the institution was first built, some twenty-odd years ago. There should be a separate building (of brick) with three compartments; one room for the washing machines and wringer; one for an ironing room, which should be provided with steam mangle and other ironing equipments, and the other room should be a large drying room provided with steam pipes, so that during the winter months the clothes could be dried in proper time.

All the ironing at the present time is done by hand. A large detail of the female patients is engaged in this work, but still a large portion of what laundrymen call "flat goods," such as sheets, etc., and all of the underclothing are not ironed at all.

This situation has existed up to the present time on account of insufficient equipments of the laundry. There is no room to place the proper machinery if we have it, and for this reason I would recommend that a proper house be built for the laundry in all its departments.

HEATING SYSTEM.

The present heating system, which has been in use ever since the Hospital was built, is antiquated. The radiators are the old horizontal

kind, which have all the symptoms of an eruptive convulsion when the steam is passing through them. Most of them are in a leaky condition.

The installation of a new modern heating system is imperative, the cost of which will be about \$10,000.

NEW POWER PLANT.

I deem it necessary at this time to recommend the building of a new power plant. Our present plant is entirely inadequate and the water pressure is insufficient to furnish enough power to run the pumps and dynamo at the same time. The electric lights throughout the building are dim and, when the pumps are working at night, the lights are so very dim that one cannot read by them. Had we sufficient power and a larger dynamo, the grounds, driveways and roadways about the main buildings could be thoroughly lighted, but the present capacity of the dynamo is now taxed by the number of lights required to only partially light the buildings. The pumps have been in use for several years and at any time, I am told, are liable to go amiss, which would place the institution at the mercy of a fire or a water famine. My recommendation would be to build an entirely new power house, provided with a new pumping plant and with a dynamo of greater capacity, so that not only the buildings but the grounds, driveways and roadways be thoroughly lighted with electricity. At a point farther up the river from where the present power house is situated, where the waste pipe from the ditch empties, there would be a greater fall to the water, which would give ample power to drive all the machinery for the need of the institution for years to come.

COLD STORAGE AND ICE PLANT.

The institution has no cold storage, simply a cooling room for meats, but which is not very cool during the summer months. As a business proposition we would recommend the installation of a small cold-storage and an ice plant in the lower story of the brick house, known as "Killarney Hall," that is now used for storing ice. By cutting an archway between the ice room and the meat room ample space would, I think, be provided for the cold storage and the machinery needed. If we had a small modern plant we could during the spring and summer months pack the surplus butter and eggs for winter use; beeves on foot could be bought in lots of six or eight and slaughtered, and the dressed carcasses kept indefinitely. But owing to the inconvenience of handling and keeping our meats we can only buy dressed meats; in winter months, whole carcasses; during the warm weather only half of a beef at a time. If we had a modern but small plant (and all similar institutions have) we are confident, from careful estimates, that the price of a small plant suitable for our need could be saved within a few years. The cost of such a plant would not exceed \$2,000.

WATCHMAN CLOCK.

We would recommend that a watchman clock be purchased for the male night watch. It would prove a most satisfactory device for both the watchman and the administration. Its use would insure most effectual services and less risk from fire; not only would its use be a protection to the patients, but likewise it would act as a protection to

the watchman, as the records are evidence of faithful performance of duty.

LIBRARY.

Many of the patients here are fully capable of enjoying good reading and are fond of this way of spending their leisure hours instead of in idleness. The few books that are now in the library are old and have been read, and perhaps reread, by most of the readers, and for this reason I would suggest that more books of later dates be bought. The donations of magazines and other periodical publications by private parties have been very liberal. But what I wish to advise is that new books from the latest standard authors on various subjects be added to the library. An appropriation of \$200 would buy enough books to entertain the reading class of patients for some time.

MUSIC.

Music is regarded as such an important aid in the treatment of the insane that I would recommend that two pianos be bought, one to be placed in D ward, and the other one for F ward. There are several female patients who are good performers on this instrument, and they could furnish enjoyable music to the great delight of others.

ATTENDANTS.

As in all institutions of this kind comparatively frequent changes have taken place in the corps of employees. The present corps of both male and female attendants, who have direct charge of the patients, have been retained on account of their intelligence, health, and kindness of disposition. Many conscientious attendants will often find the strain and necessary close confinement more than they can bear and are obliged to seek other employment. In the past our experience, in common with other hospitals, has been very difficult in securing attendants who are by disposition adapted for the work or who will take the proper interest in their duties. I deem it advisable in order to retain the corps of attendants to its present standard that the wages of these employees be raised to \$55 per month. Their labor, though unpleasant, is not hard, but the hours of duty are long and very confining. Reno being in the midst of a rich and prosperous mining country, many of the desirable young men who are ambitious and energetic will naturally drift to the mines where greater wages are paid for their services. But by this advance in salaries we would have less difficulty in the future in finding satisfactory attendants and less trouble in retaining them when found.

REPORT OF MATRON.

The report of our excellent Matron will give an idea of the amount done in her department during the term; the amount of work in sewing room, amount of fruit canned, preserves, pickles, etc. We should not lose sight of the fact that all the clothing for the female patients is made and all repairing for them done in this department with the assistance of the patients. This light work gives employment to a number of these patients.

COMMITMENTS.

Many committed here are either suffering from acute mental disturbances due to dissipation or other vicious habits, or are incurable cases of mental aberration in old and decrepit persons, or are those whose

mental disorders are due to some somatic ailments, either acute or chronic. Such cases of weak-mindedness are not legal subjects for an institution of this kind and are only proper subjects for relatives or the counties to care for. Many of these cases on their arrival here have been so sick or exhausted from traveling long distances as to die within a few hours or days. No such case, or any case, where the patient can live but a few days should be sent here. A heavy expense is always incurred in bringing them from distant counties, and generally it would be much better and safer for these patients to be treated and cared for by the counties than to undergo the hardships and exhaustion caused by traveling the long journeys so often necessary.

The commitments to this institution of such cases as acute intoxication due to alcohol, opium or cocaine, weak-mindedness of physical disease, delirium accompanying acute sickness, imbecilities caused by chronic somatic trouble or senility, are classes of cases committed here through the general negligence or want of an understanding of such cases by the committing magistrates and officers. It is well known that acute and chronic illness and the debility accompanying old age may and often do cause weakness of the mind, and these cases are too often sent here, and in a few weeks or months they succumb to the inevitable. These are the cases that swell the death rate and if committed from distant counties they are often so thoroughly exhausted on their arrival that death very often occurs in a few hours or days.

The death of one of these cases occurred on the sixth day after his arrival here and the death, upon autopsy, was found to be due to acute tubercular meningitis, accompanied with delirium. This case should never have been recorded as insanity.

A case of senility from Humboldt County died in the hallway from complete exhaustion due, doubtless, to the long distance traveled, immediately on his arrival.

A lady from another distant county died eighteen hours after admission. This patient succumbed to physical exhaustion due to chronic somatic ailment, and had undergone a grave surgical operation a few weeks before.

Another lady patient lived only fourteen days after admission. Her mental weakness was due to a long physical sickness. She had been an invalid and bedridden for months. Her death was due to physical exhaustion, not caused by insanity.

An old man from Washoe County died on the second day of his admission. His insanity was due to senility, dissipation and starvation.

Another old gentleman, commonly known as "The Gambler's Ghost," also from Washoe, died from senile gangrene within a few weeks.

An old gentleman, aged 81 years, was committed from a near county so sick that he died on the eighth day after his admission. A local paper in speaking of this case stated that "the old man was so violently insane that he was committed to the asylum for fear that he would do injury to others."

A man was committed from Esmeralda County last December, who on his arrival was so exhausted from acute physical illness that he had to be carried from the carriage to a room in C ward. He lived just thirteen hours.

Other cases of this kind could be mentioned, but these will suffice to show the injustice done the institution, as the cost of many of these

commitments draw heavily upon the funds appropriated for general maintenance.

RECENT AND ACUTE CASES.

A condition greatly to be deplored has existed in this institution for years and should be corrected at as early a date as possible, and that is the confinement of acute and recent cases in the same wards along with the chronics and incurables. To remedy this evil it would be necessary to construct two buildings, one for each sex, or to build an addition to the main building with wards so constructed that there would be accommodations for both classes of these cases.

PHYSICAL HEALTH OF INMATES.

I regret to state that during the first quarter of this biennium the physical health of the inmates was very poor, but this was due no doubt to the unsanitary condition of the plumbing system then in use, which was old and in a leaky condition, and for sanitary reasons alone should have been replaced years ago with a modern and sanitary system.

Since the installation of the new system I am pleased to state that the physical health of all the patients has been excellent, and that the death rate has lowered in consequence.

Erysipelas was prevalent for a while in E ward. There were three cases following each other in rapid succession, but by prompt action the outbreak of this disease was confined to this ward and to these three cases.

Diphtheria broke out in D ward last August. The contagion, no doubt, was carried here by a patient from Nye County. By the prompt administration of antidiphtheritic serum, the liberal use of disinfectants and strict quarantine the disease was confined to this ward.

OUR PERMANENT POPULATION.

There are many old men and women who have been inmates of this institution for years, and this class of patients is steadily increasing from year to year, whose forms of insanity have terminated in a mild and harmless dementia. They are among that class of decrepit, harmless, penniless and mild terminal demented, whom the broad charities of older institutions of other States have so mercifully sheltered for years.

This class of our people have the continued right, after their long confinement here, to claim from the State of Nevada a quiet and kindly resting place on their way to their graves. Some of them are truly good men and women, though the moral accountability of their lives is at an end. They are only waiting for that conclusion of life which may be a better existence.

One cannot look upon these old inmates without a feeling of profound sympathy. This institution they regard as their home; their home, after long years of residence, it should rightly be. To discharge any of them would be "an act of inhumanity to man."

PROVISION FOR DISCHARGED PATIENTS.

Again, I must by a sense of duty call attention to the injustice of discharging our inmates without a small gift of money to tide them over the embarrassing period of the change of their situation.

No provision has ever been made for these discharged inmates who are, as a rule, impecunious and homeless, and many are entirely with-

out friends. Some of them are far advanced in years, and their physical condition in some cases is such that it would be impossible for them to perform laborious work, even if they could obtain such employment. I would recommend and deem it an act of charity that to each discharged patient the sum of \$10 be given when such a gift would be commendable; and that the sum of \$400 be appropriated as gifts of \$10 to each discharged patient.

INSANE CONVICTS AND CRIMINALS.

I should regard it a neglect of my duty should I fail to make an official protest against the keeping of the vicious insane convicts in this institution along with, and to associate with, our non-criminal class. This biennium closes with twenty insane convicts. For the last twenty years the Superintendents of this institution have called attention, in their biennial reports, of their respective Boards to the great injustice done the Hospital and its honest but unfortunate inmates by the compulsory association with these vicious criminals, who are sent here from the penal institution. The presence of this class is the most serious impediment to good government with which we have to contend. To detain them here it will be absolutely necessary that a separate building be provided, not built on the plan of a hospital, but after the plans of the penal institution from which they were sent. These convicts disregard all rules and are, when not in the presence of the attendants, often overbearing in their conduct, and sometimes cruel, to the others.

This compulsory association of our worthy inmates with this class of convicts and criminals is unjust, inhuman and unwise. A large majority of our patients are without the taint of criminality, and were upright and honorable citizens before their commitment here. To force such companionship upon them is an injustice, and should be eradicated.

When one of these escape, the public, not knowing the disposition, the bad character and the previous life, unjustly criticise the management of the institution.

What has been said above and in an article further on in this report may, to some extent, apply to the custom of some of the honorable District Courts in this State of allowing persons against whom complaints of insanity have been lodged to remain in jail for days or weeks before their mental condition is inquired into, or before a decision of the Insanity Commissioners is finally determined. For these people, who are innocent of any crime or criminal intent, to be confined in jail with criminals and low characters, works an injury to their complete recovery. Many of them are capable of judging their situation, and often such environments worry them and aggravate their neurotic condition, which adds greatly to their mental disturbances. Many of these cases after admission here lament the injustice which they claim was done them by such confinement.

VISITORS.

There is probably nothing that could be thought of which may do many of the patients so much harm in their acute and early convalescing stages as the visits of friends or relatives, and nothing seems so hard to prevent. Naturally, relatives of inmates wish to see how they are looking, how

they are getting on, to hear what they may have to say, and hear any complaints they have to make. A visit from a friend, a near relative or a member of the family, may undo all the progress that has been made, undo the work of many weeks, but it is hard to so convince these friends, who are often suspicious and think the Superintendent has some motive in advising against these visits other than that of the patient's benefit.

The sight of a relative, or the conversation with a friend, may recall all the trouble that caused the origin of the illness, and possibly all the delusions that grew out of them. These visits may create a restlessness and discontent with the environments and a desire to be released, which of course cannot be granted, and which may cause a bitter disappointment, sleepless nights and a general deterioration. Late in convalescence, or in a majority of chronic cases and many other forms of insanity, visits from friends and relatives may do much good, as these are less likely to worry or become excited.

Rest and quiet are the remedies for many of the patients. But when they are fit to enjoy visits of friends and relatives (or for occupation or amusements) they must be supplied according to the standard and measure of their mental capacity, and care must be taken to regulate the number and amount.

But what is most dreaded is the embarrassments that the inmates are often subjected to from the visits of crowds of sight-seekers, who are seemingly devoid of all consideration. They show too plainly by their actions and talk that they mistake this institution for a free-for-all dime museum, filled with freaks and monstrosities, open at all hours for the gratification of their disgusting and morbid curiosity.

I do not want to create the impression that I am antagonistic to public visiting; on the contrary, a limited amount of it acts as a stimulant to the patients. Sympathy should be the motive, or if curiosity, it should not be exhibited in its brutal nakedness.

PAROLE SYSTEM.

The parole system, which was instituted early in our administration, permitting patients who are stationary in convalescence or of doubtful recovery to go home on trial, continues to be eminently satisfactory. Even in old incurable cases of mild and inoffensive character a visit on trial at home among friends and relatives, under the conditions of a parole, is often very beneficial to them for weeks after their return to the institution.

DEPORTED.

For the first time in the history of this institution there were deported by the National Government two mentally alienated foreigners. These two patients were chronically insane beyond all possibility of cure, and had they not been sent back to their mother countries, would have remained wards of the State for the remainder of their natural lives.

MECHANICAL RESTRAINT.

Mechanical restraint has not been abolished, for the reason that we have failed to be convinced that its use in some cases is not for the benefit of the patients. We aim to use it when it appears for the patient's welfare, and never permit its application to relieve an attendant of

any unpleasant or laborious task. We order its use in all homicidal, suicidal, aggressive, and destructive cases.

SERIOUS CAUSALTIIES.

One case of acute mania of alcoholic etiology during his frenzy broke a window pane, and with the glass cut his wrist, severing arteries and tendons. By prompt action of the attendants he was prevented from bleeding to death. He was discharged after a few weeks, entirely cured and with a good serviceable wrist and hand.

One of our harmless, mild terminal demented, while herding the dairy cows near the railroad, wandered upon the track and was run down by a fast train. His death was instantaneous.

Emanuel Davlin, an inmate, who is a valuable man to the institution for his skill as a machinist, while working in the power house, by some accidental means, had his right arm caught between the cog wheels, literally grinding the flesh and bones into a pulp. The forearm was amputated just below the elbow.

ACKNOWLEDGMENTS.

Thanks are due to the publishers of the *Sparks Forum*, *Nevada State Journal*, *Curson Appeal*, and *Elko Independent* for generously sending copies of their papers gratis for our patients' use.

Mr. Thomas Speck, our efficient tailor, still continues to merit commendation for his competent and faithful work in supplying the inmates with comfortable and well-made clothing and undergarments.

Mr. Richard Weldon is worthy of honorable mention for his services as carpenter of the institution. His valuable services as a skillful mechanic could not be dispensed with.

Mr. Thomas Walsh, Mr. George Couch, Mr. Gus Van Compen, and Mr. Emanuel Davlin, assistants to the engineer, are performing skilled labor of great benefit to the institution, and merit recognition and thanks for their esteemed services.

RELIGIOUS SERVICES.

Dr. Samuel Unsworth, the Chaplain of the institution, has continued to fulfil the duties of his position, for which he has so kindly volunteered, with great acceptability. The music, both vocal and instrumental, has continued to be a marked feature of these services. His services are well attended and are highly appreciated by the patients, who seemingly take great interest in his sermons.

Rev. Father Horgan of Sparks and Rev. Father Tubman of Reno have kindly answered all sick calls with cheerfulness and promptness, and a helping hand has always been extended to those wishing their services.

The Rev. Mr. Sawin of the Baptist Church has also rendered valuable services to the institution.

To these reverend gentlemen and their respective choirs we offer our sincere thanks.

EXCURSIONS OVER THE TROLLEY LINE.

The inmates and officers of this institution are under lasting obligations to the Nevada Transit Company for its kindness on different occasions in placing at our disposal cars for long-distance excursions. These excursions were not only sources of pleasure, but very beneficial

to the patients as well. Such acts of kindness are highly appreciated and many thanks are due the company for them.

ENTERTAINMENTS.

The frequent gatherings in the recreation hall for the enjoyment of varied entertainments are maintained as a mode of treatment to the mentally infirm. These entertainments are not only enjoyable as an interruption of hospital life, but they serve as a more important purpose of establishing habits of self-control, as well as neatness of dress and improvement of personal habits.

Many of the traveling theatrical troupes have favored us from time to time with gratuitous entertainments, for which we desire to express our grateful appreciation.

DONATIONS.

Kind friends have held us in continued remembrance, as in years past, by the contribution of magazines and various other periodical publications, and by handsome and useful gifts during our holiday festivals, all of which have been highly and gratefully appreciated.

The donors of magazines were: E. M. Applegrath, Miss Mabel Blakeslee, Harry Davis, Mrs. Stevenson, Col. H. B. Maxson, Mrs. Otis Jacobs, R. C. Stoddard, J. E. Gignoux, Mrs. G. H. Taylor, Mrs. Stewart, and H. E. Stewart.

Names of donors to patients for Christmas tree and holiday festivals: Dr. J. E. Stubbs, Harry Davis, Palace Dry Goods Store, Rosenthal & Armanko, Great American Tea Co., J. B. McCullough, Gray, Reid & Wright, Donnels & Steinmetz, Frank Campbell, Professor R. Brown, Palace Bakery, M. F. Goodwin, Maxwell & Litch, T. R. Cheatham, Mrs. Elkins, Mrs. Roy Robinson, Carpenters' Union, C. Novacovich, Sol Levy, Busy Bee Store, Peoples Store, Wiggs & Boughton, S. J. Hodgkinson, Mrs. R. H. Kinney, Smith Cash Store, St. Agnes Society, and Reese & Duncan.

APPRECIATION OF SERVICES.

I wish to express my appreciation of the assistance of the physicians of Reno who have kindly assisted so materially in some surgical operations, as well as in consultations.

I desire to extend my sincere thanks to the employees of this institution for their uniform kindness and courtesy and their efficient and faithful services and assistance.

To your Excellency, the Governor, and the other members of the Board, I wish to express my thanks for your kindness, coöperation and assistance, and assure you of my earnest appreciation of your courteous treatment and advice.

AMPLIFICATION.

ADMINISTRATION.

In spending our days among the mentally diseased, we must be like the very sunshine to them—warming, cheering and inspiring them with that essential element of human happiness, hope. Our people are fully aware of the fact that the Superintendent holds the keys of the gates that intervene between them and the outside world, hence it is not always an easy task to insinuate one's self into their friendship. To do this with any assurance of success, we must enter the life of each and every individual patient. The subtle influence of a sympathetic, now cheerful, now more serious, personality on the great majority of the insane cannot be overestimated. The prison keeper should be completely merged in the friend, willing at all times to lend an ear to the appeal of the poor sufferers.

The secret of successful treatment of the insane does not lie so much in scientific attainments as in the deeply ingrained personal faculties of the man who treats them. "Psychopaths are born not made." Whether I have stood the crucial test, the past and future administrations of this institution should disclose, but, whatever difficulties I have encountered, I have never lost sight of being first physician and then custodian. My limited experience had taught me that eleemosynary institutions frequently represent little worlds, whose fixed stars are the officers and employees. But since my assumption at this institution I have endeavored to impress upon my subordinates this cardinal rule: First the patients, and then the rest of us. They are the cause of our official existence, and they are immutable, if not as individuals they are as a body, while we represent the transient holders of a high trust.

Every measure, every step taken, however seemingly remote, was taken with a view accruing to the patients' benefit. The remarks of criticism that have come to my hearing that "the inmates run this place" are to me words of pleasure, and not harsh criticism. The instructions issued early in my administration to have a number of quiet patients in groups, and some cases singly, accompanied by attendants, taken to Reno or Sparks on pleasure bent or to visit their relatives, etc., created, at first, somewhat of a protest from the public. I did not discontinue the practice, but enlarged it by sending squads, consisting of forty or fifty persons on excursions over the trolley line, to theatrical parties, circuses, and to all public street parades, shows, fairs, etc. These experiments worked very satisfactorily, for not a single incident marred the harmony of these excursions and they were truly a source of pleasure and delight to those participating. These jaunts are not only essential to the well-being of the patients, as in this manner they are brought in repeated contact with the outside world which they left behind and are used to being behind lock and key, but they are educational factors for the public at large.

A large portion of the community still believes in the superstition that their insane fellow-brethren are all but devoid of human semblance—terrible and terrifying freaks of cruel nature. The sight of a fairly well-dressed crowd of forty or fifty insane men and women strolling peacefully along the streets of our neighboring cities, smoking, chatting, gazing at the pretty shop windows and taking an interest in all occurring about them, must lead many a thoughtful passerby to stop and think of how little apparent difference there is between himself and these benighted creatures.

I have been asked many times what kept the crowd together, why they did not break the slimly guarded line of the attendants. Neither whip nor the threat of harsh treatment is the means of holding them in the track of their standard bearer, but this seeming miracle is wrought by the discipline to which each and every one is unconsciously subjected in the institution. I can truly state that compulsory discipline is never practiced in this Hospital, unless it be absolutely required, and then only in a limited number of the most violent and ill-tempered cases.

The clockwork regularity of their daily lives makes our patients, except those of a violent type, soon after admission fall into line and, without clearly realizing the fact, they become an integral part of the great united family. This discipline, as I have said, is not forced on the patients, but they submit to it as a matter of course, like soldiers or any other aggregation of men who by force of circumstances are compelled to dwell in close contact with each other.

These excursions beyond the boundary line of our domain are not always practicable on account of the state of the weather, and because we have no other means of transportation than that extended to us by the charity of the Nevada Transit Company for long-distance excursions, and, besides, a great many of our patients are physically or mentally unable to indulge in extensive exercise. A predecessor of ours some years ago requested the acquisition of a large vehicle, a sort of an omnibus, that would provide a means for these long-distance excursions, but like many requests or recommendations nothing came of it. For these reasons the grounds and surroundings are kept as attractive and in as pleasant a condition as possible under the supervision of our worthy florist and horticulturist, Mr. Stolle. All the lawns and flower beds, and in fact all the grounds around the buildings, are kept in the highest state of cultivation and attraction. The beauty of our grounds is frequently commented upon by visitors, some of whom think the patients are quite fortunate (?) in living amidst such surroundings. Those I would advise to spend most of a day behind barred and screened windows and gaze through them at the beautiful environments, and like a majority of the male patients, when out of the wards, to be driven into an enclosure surrounded by a high board fence, which completely shuts off the surrounding beautiful country. Would they not be inclined to condemn, rather than praise, the beauties of the place, beauties which are put before these people in such tantalizing proximity?

To pursue such a policy is nothing short of cruelty and for this reason I have ordered that all patients that are not too violent be permitted the freedom of the lawns and surrounding grounds, accompanied by attendants, and often on these occasions I assume the duties of a

guard. Some escapes have taken place which should be considered unavoidable accidents, but shall we make the great bulk of patients suffer by depriving them absolutely of all opportunities to breathe the air of free men and women, simply because one or the other of the patients manages to evade the vigilance of the attendants? The attendants must play the role of a living wall, use increased vigilance, and to some extent take the places of our high-boarded inclosures. The fact of being close to the heart of two thriving cities and being surrounded by saloons renders the problem of managing the male population of our institution somewhat more complex.

The institution needs more methods of recreation and amusement, such as a billiard hall and billiard tables, tenpin alleys, lawn tennis grounds, etc., and the female ward needs a piano. A Victor graphophone was purchased several months ago, including several dozen tunes-discs and conversational records. Owing to its convenient size the instrument can be carried from ward to ward and furnishes some very enjoyable music to the great delight of the patients, especially those who are physically unable to attend the entertainments in the recreation hall.

As much as we may try to keep the patients out of the wards, they will of necessity spend a great portion of their time in them, and hence I have made a small beginning in making some of the wards as attractive as possible by freshly painting the halls and rooms with different colors and decorating the walls with prettily framed colored lithographs and pictures. In some of the wards the patients and attendants take great delight and pleasure in growing pot plants and flowers during the winter months, and in a great many other ways of decorating the halls and their rooms with fancy hand work, etc. Here again I have had occasion to witness frequently the enthusiasm expressed by visitors when taking notice of the cleanliness and neatness of the floors and walls. Pleasant and comfortable surroundings do unquestionably influence those among the mentally sick who are still amenable to treatment. They will unconsciously strive to appear cleaner and neater so as to harmonize with their environments.

CORRESPONDENCE ENCOURAGED.

The fact of being shut off from the outside world is most keenly felt by many of the patients. For this reason I have tried to establish as much communication between them as is practicable and salutary. Correspondence has been encouraged; all letters, unless unmailable as untelligible or written to people evidently not acquainted with the writers, were mailed to their addresses, and the incoming letters handed to the patients, very often unopened. The latter procedure is an innovation which was introduced with a view of making the patients feel that their mail was handled with proper regard to its privacy, and not perused by attendants or other employees before reaching them. I am pleased to say that this step has been favorably commented upon by several of the patients, which is the best proof of the efficacy of the measure. The graphite paranoiac is never stinted in pencil or paper, for to them letter writing is as essential as their daily bread, it seems. The paranoiac derives much greater pleasure in writing his communications than receiving replies to them. Patients that are convalescing and a great many of our chronic cases are also encouraged

to write to relatives and friends, and replies to these letters are seldom opened, but delivered as received. These correspondences give them renewed interest in life and act as a stimulant to their mentally weakened condition. They feel that they are not entirely forgotten by the outside world, and the letters received in reply are sources of pleasure to them for days and often for weeks afterwards.

FURLONGHS.

Led by the desire of having the patients keep up the ties of kinship, I have granted to some inmates leaves of absence on parole in the custody of relatives or friends for days or weeks at a time; others were permitted to go to Sparks or Reno at their pleasure, little or no restraint being kept on them. This furlough system was instituted early in my administration and has proven a great boon to this class of patients. It goes more towards completely restoring those who are slow in convalescing and those who after long confinement here have improved only to a limited extent than to continue treatment with the environments of hospital life.

Several of our paroled patients, after a few weeks or months of absence, have called at the institution accompanied by their custodians to request final discharges, which were always granted, if found restored to health. Others on leave of absence, who were not as fortunate as their other brethren on furloughs, have been returned to the institution by their custodians without the expense of further formalities. The discharges granted to these cases were always dated back to the time the furlough was issued, and no charges were made to the class of paying patients from the date of parole.

TRUST IMPOSED IN PATIENTS.

Those mild, demented patients who perform labor in various departments of the institution are often given small sums of money and are permitted to do light shopping in their own ways and desires. We have never had cause to regret the favors and liberties granted to this class of patients, and they have never betrayed the trust placed in them, save in one case, when our hitherto tried and trusted shoemaker spent the money entrusted to his care to buy sole leather, visiting friends in a neighboring town. Since this breach of trust he has been sorely repentant and is again trusted as formerly.

Individualization is a condition indispensable for the achieving of any satisfactory results in the treatment of the insane. This is a well-recognized axiom, hence it is so essential to get a close view of each single case. To encourage the most intimate relationship between myself and patients, I have always encouraged them to believe, and to act according to this belief, that my private office was not surrounded by that chilling halo of a sanctum sanctorum. Any one, whether a patient or an employee, has access to my private office at any and all times. I have often invited them to confidential confabs in my office, or during warm weather, under the shade trees, for there they were willing to yield up their innermost selves, in the privacy of a tête-à-tête, and experiencing at the same time a feeling of gratification at the show of proper regard.

It is a rule, and a good one, not to deceive any patient suffering from a delusional form of insanity into the belief that his delusions appear

real to us, but exceptions to this rule, as to all rules, do exist. At this writing I have in mind half a dozen or more useful members of our household. All of them are chronically demented beyond the possibility of cure. In my opinion it would be nothing short of folly to try to disabuse their minds of the reality of their assumed positions in the institution, or their assumed proprietorship of the same; any such attempts would be followed by open rebellion and unnecessary suffering on their part and perhaps, for a time at least, the institution would lose their valuable work. So we leave them happily in their delusions.

"There is a pleasure sure
In being mad, which none but madmen know."

ISOLATION AND RESTRAINT.

As melancholia and mania, particularly in the acute and violent states, are of all the fully developed psychoses the most amenable to treatment, a great deal of attention was paid to them. So far my experience in the drug treatment (*e. g.*, opium) in cases of melancholia has not been very encouraging, while not conclusive. A great deal of physical rest for all cases, some out-of-door light exercises, mild diversions of those in a fair physical condition, with tonic whenever indicated, were the measures resorted to. One case of a very aggravated melancholia of the agitated type, in which opium to the limit of tolerance was tried and failed to produce the desired improvement, received some relief by isolation and rest by a bolstered-up lock chair; the poor creature finds now for hours the needed rest in a quiet, peaceful doze. Acute cases of frenzied mania were treated by forced rest in beds in darkened rooms with straight-jackets on. In these acute cases of great agitation the constant unrest of mind and body produces a poisonous condition of the whole system by the accumulation of a "fatigue" toxin, which will as surely cause death as the toxin of diphtheria, scarlet fever, typhoid fever, etc., etc., and for this reason forced rest was always practiced by isolation and restraint; if necessary, by mechanical restraint.

This mention of the above case brings me to the consideration of mechanical restraint in use in State hospitals. I desire to put myself on record as in favor of mechanical restraint in preference to chemical restraint. In support of this opinion I will state that in this institution the following cases of the violently insane are managed by mechanical appliances to the patient's advantage: A maniac who destroys nightly his mattress, bedding and his daily clothes made of the strongest ducking; a melancholiac with tendencies to inflict self-flagellation; cases of acute alcoholic insanity whose frenzy is at times equaled only by the epileptic fury; frenzied mania of all cases whether functional or traumatic; a senile paralytic dement in his frequent brutal attacks toward his fellow-sufferers; those patients who have received surgical aid or received injuries and have uncontrollable desire to rid themselves of the surgical dressings. If in these cases no mechanical restraint is used, there is but one other method of managing them and that is by a system of drugging. The problem resolves itself into a chemical or a mechanical measure. The mechanical restraints are entirely under one's control, and can be lightened or removed at will, whenever the proper time for doing so arrives, while the

quieting dose once administered passes beyond the reach of one's control.

In some cases, for example in acute mania of alcoholic etiology, the patient will not be "quieted" by any amount within safety limits (of administration) of our most approved sedatives. Nothing short of a lethal dose of the most powerful drugs will allay the storm; these will effectually stop the exhausting raving of the mind and muscles, but with the danger of ceasing the beating of the weakened heart. Let us face this issue squarely and not budge an inch to public clamor, as all State hospitals for the care of the insane have been harshly criticized for the use of these mechanical appliances. Mechanical restraint employed by means of padded or pliable appliances or even represented by lock-chair and protection bed or protection blanket, in a few select cases, is to be looked upon as a blessing in the treatment of a certain class of cases. These insane, at the time when such restraint is called for, hardly appreciate the so-called degrading effect of the procedure, as all such are usually maniacs who would otherwise recklessly expend their strength in their frenzy. The effect of witnessing the restraint of a patient upon his fellows, who are not in a similar condition, is to some extent to be deplored, and this can hardly be avoided in an institution such as ours, where living space and rooms are so limited.

The necessity for individual restraint should be minimized, but when called for it should be resorted to without flinching. It must be borne in mind that an insane person must not, from the very nature of his disease, have his own way, and that to allow him to do so would be to aggravate his trouble. To put him under a systematic restraint in some way, to exercise for him that control which he cannot exercise for himself, is indispensable so long as there is hope of a cure. Let him distinctly understand that what is being done is for his own benefit, and is done legally; this will of itself have a beneficial effect. The melancholic who finds himself in restraint finds a real grief to alternate with or perhaps to take the place of his fancied affliction; and the maniacal patient feeling his wild spirit of exaltation rudely checked by the influence of mechanical control can scarcely fail to have his more sober thoughts aroused.

I have often thought, and now I firmly believe, that it is extremely objectionable to entrap a patient into an asylum. There should be no deception about his commitment. He should be told to what kind of a hospital he is being taken and why he is being taken there. Also, that his commitment to the institution is a legal act done solely for his own and the public benefit.

FORCIBLE FEEDING.

In those cases of agitated melancholia and cases of violence due to acute mania and that form of delusional insanity in which food is persistently refused to the patient's great detriment, I invariably feed them by means of the force-cup, esophageal tube or nasal tube. These means are early instituted, as soon as it is evident that no amount of persuasion would prove available. A careful study of each particular case is needed to know how far to press the taking of food by persuasion. But the necessary amount of food was always given, if ordinary means failed, by forcible feeding.

CLASSIFICATION.

In my last biennial report I promised to eradicate the custom long followed in this institution of the indiscrimination and intermingling of the various forms and degrees of insanity in the same wards. I have only to a limited extent corrected the evil practice of non-discrimination, owing not only to the lack of air space and bed space, but that which we need fully as well—living space. Fresh air, and an abundance of it, is very important and conducive to good health. It has been the habit each morning to throw open the windows for thoroughly airing the wards. This theory of plenty of fresh air is right from a sanitary view, but in the winter months suddenly lowering the temperature of the living rooms of those aged and feeble patients is very detrimental to health and longevity. For this reason there should be rooms where these feeble and senile patients could be taken where the temperature would be undisturbed while the wards were being aired and cleaned. This is needed especially in B and C wards. Both of these wards are greatly overcrowded, not only for sleeping space (there are in many of the bed rooms four beds where there should be two, and in others two beds where but one was intended originally), but for actual living space or sitting rooms. The sitting rooms of both these wards are entirely too small for the number confined therein, and what they need in these wards is actually more elbow-room. This overcrowding is more noticeable during the leisurable hours, especially in the winter months when the inclemency of the weather will not permit them being taken daily into the yards.

For the reasons just stated I have been able to classify my patients according to their temper and habits only thus: The physically sick; the weak and filthy; the mild and clean; the aggressive and clean; the aggressive and filthy. This is as crude a method of classification as it is possible to devise. Such overcrowding during the leisurable hours by violent or aggressive cases gives, at any time, occasion for dangerous friction, besides throwing patients together who, by their early training, moral habits and intellectual endowments, are as incompatible as oil and water. But at this time, under the present circumstances, I have no suggestion to offer as a remedy for this unavoidable condition.

INSANE CONVICTS AND CRIMINALS.

Here I will say a few words in regard to those patients who are sent here from our penal institution, or those who, after having committed some crime, are ordered confined here by the courts. It is claimed, I think justly too, that in a State hospital for the insane those persons whose lives have been free from crime should not be forced in the time of their affliction into direct contact with convicts and criminals whose lives have known little else than crimes and criminal vicious influences.

A large majority of our inmates, before their minds became unbalanced, were useful, upright and prominent citizens. They are now merely sorrows put away from the public by relatives or friends; but the ties that bind father to son, brother to brother, and mother to child, are still unbroken, and looking into the internal affairs of this institution this aspect of the case cannot be ignored. Our social laws give every individual who is of sound mind the right to select his own company; then is it right, when he is no longer able to choose for himself,

that he should be thrown into compulsory association with those who are habitually wicked and stand convicted of crime? There are at present in this institution twenty insane convicts and criminals sent from the penal institution at Carson City or ordered confined here by the courts.

That class of criminals known as degenerates and delinquents are the ones we most dread as inmates and as daily companions of our patients. In this class we do not refer to the morally insane, for nearly all of them belong to this category, but to those habitual criminals whose social and family affections and all true emotional instincts are absent, unequal or unstable. They are of that class of humanity "who seemed to have been born without a soul." Kleptomania is with them not a mania, but a natural quality, just as any cardinal virtue is to any normal person. Neither are their other normal vices manias, but they are perverted instincts.

Many of the readers of this article may very naturally inquire how to discriminate between the criminal and the irresponsible. The reply is that the irresponsible are always mentally as well as morally defective, incapable of any long-continued logical reasoning or action. They are most ingenious in planning and carrying out their designs of vices, but by simple suggestion or by appealing to their egotism they are easily betrayed into confession regardless of the consequences.

Their kleptomania leads them in many instances where the utmost ingenuity and even forethought will be exercised in gaining possession of some object of value which, as soon as acquired, will immediately become worthless to them, and may be either given or thrown away or totally destroyed and their energies will be immediately concentrated upon some new scheme of vice. To describe one of our cases of criminal insane as a typical delinquent: He is a series of contradictions; he is tender and yet cruel, ingenious and crafty, phlegmatic and nervous, unfeeling and yet affectionate; he is open, frank, artless, secretive, shy, deceitful, truthful in many ways, but also an accomplished liar. His egotism more or less predominates all of his acts. These irresponsible, half-witted, half-demented people may be very intelligent in certain ways, and may have talent in certain lines, or even genius.

If some of these morally depraved people are not capable of understanding and obeying the statutory laws, and if they show marked manifestations of insanity, they should be sent to an asylum. But there are persons who are half-witted, half-responsible, for whom we need refuge that differs both from prisons and hospitals in which they can be cared for while enjoying all the liberty compatible with their own security and that of others. There are confined here several such delinquents, and they are the curse of the institution, their influences being naturally evil. They are the cause of constant apprehension to the attendants and a menace to the welfare of the Hospital as well as to the comfort and safety of the other patients. They are adepts in contriving means of escape, and to prevent them from succeeding is exceedingly difficult and sometimes impossible.

Our objections to convict insane as inmates do not include those unfortunates who in the grasp of a maniacal frenzy committed crime, and who are not creatures of low instincts, but still retain to a great extent those human traits of racial and family inheritance and the good effects of their early educations. Two of our poor murderers are the most

lamb-like creatures. One is a mild-mannered, pleasant-spoken old gentleman, while the other is a useful member of our household flock, but is a typical melancholiac with little to say, although he is a good worker. The State should provide a separate building for the detention, care and treatment of the vicious convicts and dangerous criminals who become insane. This no doubt will be done when the circumstances become more urgent for their proper sequestration and a greater population of the institution demands it.

OCCUPATION.

Two of the most important considerations in conducting an institution for the care of the insane are the questions of occupation and amusement. The only way in many cases in which delusions can be driven from the minds of the insane is to replace them with sane ideas. To this end it is necessary to give these patients, who are physically able, amusements and employments to as great a degree as possible, so that they will not have a chance to dwell upon their fancied troubles.

"Honest labor is the best prop of self-respect" is a truism that needs no further comment, except that the labor imposed upon our patients should be helpful and not harmful to them. It would be cruel to exact from an acute case of mental disease even the slightest amount of work. Our chronic cases, those suffering from paranoia with non-aggressive delusions, the recurrent forms of mania during their lucid periods, dementia of a mild type, furnish the material from which our workers must be selected. Without the assistance of these patients it would be impossible to do the amount of work done on the ranch, and in and about the buildings to be performed by the number of employees engaged. The amount of work required of the patients is not injurious to them, but healthful, and is a part of the recognized treatment of the insane. They all enjoy the light employment, and are usually very ready to volunteer their services for some form of occupation. Occupation for the patients of the laboring class is comparatively easy to find; they are accustomed in their sane life to work with their hands, and here there is much on which they can be employed, on the ranch, about the buildings, repair work of all kinds, etc., and all outdoor work.

The problem in an institution of this size is the difficulty of furnishing proper employment for those patients who before their admission were accustomed to perform skilled labor. This institution is devoid of all departments in which skilled workmanship is used, except in the carpenter, tailor, or shoe-repairing shops. In these respective places there is employed one patient in each. With this exception there are no facilities for giving the class of skilled workers employment. I would recommend that a building be erected as a general workshop where repairs of all kinds could be done. I see no occasion of having repair work of any kind taken to Reno to be done. Such a building, well supplied with all necessary tools, would furnish the means of employment for many at that season of the year when there is no farm work, and at all seasons for those who could not be permitted to do outside work.

Indoors, from custom, habits and disposition, the ladies are better off than men. They have coarse and fancy needlework of all kinds, and some will occupy themselves with music. They cannot always play

music, any more than the men can always play cards, checkers or dominoes, and we must require something of them that will occupy their minds.

Some may come to us whose brains have been overtaxed, and it may be necessary for them to rest and do nothing. The majority may not have undergone overwork, but worry, the worry of business or domestic troubles; and for these some mental occupation will distract the mind and supplant the morbid thoughts. These require something that will not end in a day. Not every patient that comes here requires employment or amusement. To many a hospital is beneficial because it is a haven of rest, and this rest, if it is urgently needed, must be rigidly maintained.

For the number employed I would refer you to the table of "Patients Employed."

AMUSEMENTS.

The question of entertainment is more important than the one of labor, but no doubt, as some of the critics will say, not as profitable. But to the welfare of those immediately concerned, the patients themselves, it is even more important, for the reason that a greater number can be reached.

Amusement means a great deal more to the insane than to the sane, as it is not only intended to amuse, but to break the humdrum monotony of their daily lives, to give them something to think and talk about rather than the daily events that occur around the institution. Our entertainments and excursion parties are planned with a more useful and beneficial view than simple amusement. The object of these pleasant outings is to direct the attention of the patients from their ego, to make them entirely, or at least partially, forget their woes and troubles, the products of the imagination of a diseased brain, but which are as real to them as the existence of the heat-giving powers of the sun is to us.

Dealing with the question of amusement for the insane, and with the benefit to be derived therefrom, is not only a matter of amusement or recreation, but its importance as a therapeutical measure can hardly be estimated. This belief in the efficacy of labor and amusement is universally shared by all Superintendents of State hospitals, and should receive the same professional care and attention as other methods of therapeutics. But, to be of use therapeutically, amusements must be varied in their nature. They must not be all music, or all play, or all socials, or all any other one thing. I know of no more active agent in mental therapeutics than music and dancing, just as I can recall no better tonic than strychnine, but both must be administered with judgment.

Dances and concerts have done duty steadily in the institution for many years. These are not enough; other amusements have been provided, and when the old forms of entertainments are indulged in for a time they are brightened up and enlivened by introducing unique and unexpected features. The unexpected variations and new varieties in the way of amusements are the magic wands that open the way to better enjoyment. They stir the patient out of himself; they arouse and attack, momentarily at least, the most sluggish attention; they open up new paths of action and conduct. They do more to arouse the mind and induce it to shake off its apathy than any drug in the pharmacopia, when properly employed and enjoyed. I believe amusements to

be a necessity and as efficient as drugs, not that they take the place of drugs, but they are an adjuvant to proper treatment, not to be overlooked or despised.

For these reasons our entertainments, our excursions over the trolley line, our dances and musical concerts, our theatrical parties, the leaves of absences, our attendance on field days and ball games at the State Park, have not been given solely for amusement, but for treatment of the mentally sick as well.

ATTENDANTS.

As much as I may try to bring myself in direct relation with the patients, I must necessarily look to others to carry out the instructions as to treatment, etc. These others are preëminently my attendants, who live among the insane as their daily, nay, hourly, companions. Without efficient attendants any efforts in the way of treatment would be distressingly barren of results. I do not intend to describe the beau ideal of an attendant as he or she might descend to us from the spheres of perfection, for I am willing to make allowance for all things that are earthly. Still there should be a certain standard, below which no person should be regarded as eligible to such a position of trust.

Attendants should be young or middle-aged, of robust health, kind and even disposition, fair education, and they should possess an interest for the work, and, above all, some experience in the duties required of them, not only as attendant, but nurse as well. The need of trained nurses in a well-equipped hospital for the physically sick is conceded by all who have any knowledge at all of the requirements of such an institution. Why should not a hospital for the mentally alienated have its corps of attendants specially trained? Why not have two apprentices, one each in the male and female wards, who could be trained in the duties of an attendant? This could be a nucleus for a training school for attendants in the future when the population would demand such a school. These two apprentices could, no doubt, be had for small salaries and be eligible for the appointments to vacancies caused by resignation or discharge. As the custom is now it takes time to instil into an attendant a proper understanding of the nature of the insane, and for this reason I would recommend the training of at least two apprentices in the duties of an attendant.

To all the other worries of a Superintendent of an institution of this kind is superadded one that overshadows all the rest, and that is the possible abuse of the helpless insane at the hand of the attendants. It is a publicly well-understood fact that they are no institutions in which abuses can be practiced with greater impunity than at a hospital for the insane. The prisoner in jail or penitentiary may expect retribution to follow mistreatment of himself, because his evidence, if corroborated, will be considered valid, while the insane does not inspire that confidence, and often justly so. To public institutions of this kind the importance of this question of abuse is best illustrated by the eagerness with which the public press and public opinion catches at the slightest hint, or even at the statement of a discharged or disgruntled employee.

On my assumption at this Hospital I instituted a rigid and merciless discipline in regard to the treatment of my insane by attendants, and in fact by all other employees, and I have upheld it in all instances. Those attendants, and in fact any employees who were in opposition to

the administration, or in any way a menace to the best welfare of the Hospital, were discharged, and their places filled with a more genial class of employees. In restraining a violent patient they were instructed never to act singly, but in sufficient numbers to easily overcome any violent disposition. I have relied upon no book of rules, but preached constant "kindness and forbearance to my insane" until every one on the place has learned this lesson.

While I believe in upholding strict discipline and adherence to instructions among the attendants when they are on duty, still I hold that they should all have the freedom compatible with the good of the service when off duty. People who must spend from ten to twelve successive hours in the wards should be placed under as little restriction as possible. Every attendant is granted a leave of absence of two weeks, taken at his pleasure, from the institution during each year of actual service. They are allowed one day off from the institution in each week, and those who are married are permitted to spend the night of their day off at home with their families. During their leisurable hours they are at liberty to roam over the grounds, the boundary of the ranch being the limit. Under this rule they are within hailing distance in case of an emergency. Requests to leave the grounds for a trip to town or a leave of absence on an excursion to a neighboring town have never been refused to a limited number at one time. They are at liberty any time to invite a friend to visit them when off duty or to attend our entertainments and dances. They also have frequent opportunities for outings when accompanying the patients on their jaunts for recreation. By following such a policy we have a more contented corps of attendants, which enters with a greater vim into the work than it would under the lash of an unrelaxing discipline.

DIETARIES AND FOOD SUPPLIES.

The dietaries furnished our inmates, as in all institutions for the insane, are intended to meet the demands of economy as well as the nourishment and habitual taste of the patients. The difficulty in the way of arranging the proper dietaries upon a physiological basis arises from two sources—economy and taste; economy to meet the criticism of the public, and taste to meet the demands of the inmates. Economy is a wise measure applied anywhere, but in no portion of an eleemosynary institution is its application as liable to go amiss as in the culinary department. As for taste, it is never constant, and may be abnormal, perverted or absent. Any of these morbid conditions may exist in the highly neurotic state or in the insane, and doubtless is often the cause of their refusing food or of their perverted appetite.

Economy may possibly be the first essential cause of limitation in quantity, but carelessness in the selection of the quality of food may do as much harm as the incapacity of furnishing it in sufficient quantity. The real price of food has little to do with its nourishing qualities. Fine taste, good appearance and rarity of the materials are usually what makes food costly. On the other hand, insufficient or bad food is sometimes a cause of insanity. Deficient diet induces various anemic conditions, and as a consequence of insufficient brain nutrition we may have maniacal, hallucinatory or confusional disturbances of the mental faculties. Taste may be consulted to a limited extent, only enough to make the food palatable. Food that is

eaten for taste alone too often "disagrees," and should not be indulged in, especially in a hospital for the insane.

Excessive eating is as injurious as insufficient nourishment. People of sound minds guard themselves more or less against the evils of excess or a deficiency; those that fail to do so suffer in consequence. A large portion of the population of our Hospital cannot be expected to exercise any such judgment.

It is assumed that the appetite may be taken as an indication of the quantity of the food that should be eaten. This is doubtless true in some cases, but not in all. With some people the amount eaten is influenced largely by the taste of the food and the habits of the individual. My limited observation leads me to believe that a large number of the insane eat thoughtlessly and entirely too much. If they are fed without regard to their needs, the natural results in many cases would be excess; such feeding is not economical from the standpoint of the hospital administration, and is injurious to the patients.

What they need is a physiological standard of diet. It is important to distinguish between the different classes of the patients, and learn the diet necessary for each class. A standard diet for them should be based on what is known to be proper nourishment in relation to age, occupation, and the physical and mental condition of those to be fed.

All persons are alike in that they need nitrogenized principles of food for building up the body and for repairs, and the carbo-hydrate elements for warmth and energy. But they differ widely in the amounts and proportions required, according to whether their mode of life is active or sedentary.

Every sane person is provided with instinct, taste and experience for his guidance in selecting proper food, and still in our actual practice of eating we are all influenced more or less by our taste. We are prone to let natural instinct be overruled by acquired appetite, and we neglect the teaching of experience. We should choose such articles of diet as agree with us and avoid those which we cannot digest or assimilate without harm. If this is true with sane people, we need more closely to observe the diet and its effects on our insane. We should remember that the most healthful food is that which is best suited to the needs of our patients; cheaper or common kinds are quite as nourishing as the most expensive and will taste as good if properly cooked.

For people in physical health the ordinary food articles, such as meat, bread, butter, milk, sugar and vegetables, make a sufficient diet. In the diet for the sick two things are especially important: One is, Will the food agree with the patient? the other, Will it furnish proper substance for building and repair and for fuel? Some people cannot endure milk; others are injured by fruit; some cannot eat animal food, and others suffer from vegetable diet. We must recognize the fact that the diet must differ for individuals, and is dependent on the occupation, the season of the year and the state of the physical and mental health.

A restricted diet may be necessary for a certain class of patients, especially to epileptics and to individuals where it is specially indicated, in sufficient variety so as not to become monotonous, and yet, it is well known, that monotony of diet is not incompatible to health. Our people before their admission were accustomed to a variety of diet, and a variety of carefully selected food possessing all of the general nutritive

properties for all the organs of the body is the diet that must be furnished to them.

Skilful cooking contributes as much to the comfort and well-being of the patients and reduces the waste of material to a minimum. Its importance as an element of economical administration can hardly be estimated. Hospitals for the insane, unlike penal or other eleemosynary institutions, should be provided with better dietaries than those for criminals or paupers. A most important factor in the treatment of the insane is generous and nutritious food, which contributes largely to their cure. Under this idea I have endeavored to indicate the quantity and variety of food adapted to the insane, and suitable for persons in the walk of life from which our inmates are mainly drawn. There is little economy in using any but good material, and there is no excuse for it in the care of the dependent insane. Therefore our purchases were sound and pure articles, properly prepared and served.

I have carefully examined the dietaries of various State Hospitals for the care of the insane, and find them to be liberal and to represent a sufficient variety. In making my estimates of the quantity of food used here I have made a careful study of the list of rations of the United States Army reports. I find that the estimates in regard to quantities are based upon the calculations by physiologists on the daily loss of material by the body of organism. The army rations are very liberal and consist of a great variety, which has been thoroughly tested. For this reason I have taken it as a standard bill of fare for our working classes. Our non-workers receive the same variety, but about 20 per cent less in quantity. The woman patients are served with about 5 per cent less than the male ward patients.

DAILY RATIONS FOR WORKING INMATES.

Meat (with bone).....	12 ounces
Bread, including corn bread and cakes.....	16 ounces
Potatoes.....	12 ounces
Milk.....	16 ounces
Rice, hominy, or oatmeal.....	1½ ounces
Sugar.....	2 ounces
Beans.....	1½ ounces
Butter.....	1½ ounces

Butter is served in individual dishes twice a day to each patient; coffee for breakfast, milk for dinner, teas and milk for supper. Beef is bought in half or whole carcasses (according to the weather) and every part is profitably and economically used. The inferior parts are utilized in making soups and when mixed with vegetables will take the place of a more elaborate bill of fare. Our calves are slaughtered, when old enough, for veal. Two porkers are killed from our piggery twice a week, and each will weigh from 180 to 200 pounds. In the fall of each year at "hog-killing time" there are slaughtered about twenty hogs, which are made into hams and bacon, and the fat offal rendered into lard.

Corn meal may be at times substituted for flour, but is less nutritious. Macaroni is occasionally served instead of corn-meal mush. Cake, pancakes, puddings, etc., are served on special days and take to some extent the place of bread.

The use of fresh vegetables in season permits a great reduction of all

articles of the starchy class, especially a reduction in the use of potatoes. Fresh vegetables in season are served liberally, as they are produced in abundance on the ranch. The same may be said of milk, also fresh fruits and berries, when the season is favorable for them.

Condiments and other flavoring articles, such as syrup, apple sauce, and dried fruits of all kinds are served daily in some form.

PROGNOSIS.

THE FUTURE OF OUR INMATES.

In considering the future of an insane person when committed to this institution, two very important questions naturally present themselves: First, whether his form of insanity endangers life; second, and perhaps the more solemn one, whether there is any prospect for recovery. Respecting the first one, it may be said in general terms that insanity does certainly reduce the duration of life, and much more so in its recent acute forms than in its more chronic forms. Cases of acute mania and melancholia do sometimes terminate in death, owing to the intercurrent of some acute somatic disease. A large percentage of cases of insanity are not primarily diseases of the brain, but are dependent upon a toxemic condition, the poison being derived from some latent or palpable physical disease, which affects the functional activity of the brain. It is claimed by alienists who are in a position to state facts from long experience and observation that the mortality of the insane in asylums is about four times that of the sane in all ages, or, approximately, six times that of the sane at the ages when insanity prevails.

The prospects of recovery in a particular case will depend greatly upon the cause of an attack, upon its variety, and upon its duration. The more recent the outbreak the better the chances of recovery. Insanity which has slowly developed is far less likely to be amenable to treatment than that of sudden origin. Treatment in the early manifestations is more favorable to complete recovery than in the latter stages of any form of curable insanity. Proper treatment adopted within three or four months from the first outbreak is more favorable to recovery. There do occur instances in which patients recover after being insane for years, but such recoveries are rare and are the exceptions.

The most favorable age for recovery is youth, and favorable prognosis diminishes with the advance of age, but young people, when their mental derangements are dependent on defective brain organization or to epilepsy, do not recover. In all cases of insanity when that stage of terminal dementia is reached all hopes of recovery are gone. The subject of terminal dementia may live in good physical health, but weakened mental powers, for many years.

Of all the acute primary forms of insanity melancholia, it is claimed, is most amenable to treatment. Next to melancholia acute mania is more curable, and acute or primary dementia is the most rebellious to treatment. Dementia precox are cases whose cures are few and far between. In cases where attacks of melancholia and mania alternate (circular insanity) the prognosis is most grave for complete recovery.

A periodical recurrence of insanity (periodical insanity) is decidedly unfavorable. As time advances the attacks generally become longer and the intermissions shorter, and the outlook gets more and more gloomy.

Circular and periodical insanities are always those forms of insanity which are inherited, and in the acute or periodical attacks both forms are amenable to treatment. But the recoveries are only partial, as they never regain their previous mental health. These seeming recoveries are only apparent, and the mental deteriorations are progressive but slow.

That form or stage of insanity called monomania is also unfavorable to recovery, as this stage is generally a termination of an uncured case of mania, or melancholia, or the incipient stage of a slow deterioration of the brain faculties. The delusions in these cases are usually fixed, but seldom systematized.

The paranoiac, whose delusions are always systematized and are generally those of persecution, never recovers. The cause of this form of insanity is an inherent brain defect. They are generally patients of good health and longevity. "There are no harmless cranks." The paranoiac is a menace to society and should be sequestered.

In moral insanity, the prognosis is bad. The symptoms denote a bad brain organization or a degeneration. Like the paranoiac his physical health is usually good.

Paretic dementia is a form that is due to a nutritional alteration of the structure of the brain tissues. The mental and physical deteriorations are chronic, but rapidly progressive, and lead to death within a few years.

One may look for speedy recovery in all acute mental disturbances in alcoholic subjects, but by no means so in those cases in which a long-continued intemperance has resulted in mental weakness, loss of memory, and other deteriorations of mind and body.

Diseases of the brain or injuries to the head followed, after a lapse of years, by organic dementia, or those cases occurring in epileptics, and those cases following sunstrokes, are incurable.

The chances for complete recovery in hysterical insanity and insanities occurring during the puerperal state, in pregnancy, in lactation, or in the climacteric change, are good.

Persons whose family nervous stability are of good standard, with insanity of an acute type arising from physical causes, generally make speedy and complete recoveries; those of an unstable nervous organization recover more slowly and are more liable to relapse. A person with good physical health, excellent mental training and self-control is more likely to speedily recover than one who is addicted to vicious habits and is of low moral character.

A decidedly bad indication is a preservation of the physical health with a persistence of the mental disturbance. Where there is a somatic disorder, as indigestion or stomach trouble, general anemia, menstrual irregularity, etc., there is always hopes that when the bodily health is restored there will be a restoration of the mind.

EARLY TREATMENT.

Psychiatry is a part of the medical profession that has been so long neglected in the curriculums of the medical schools that an alienist seems

hardly to form an integral part of the profession. To a large portion of the practitioners of medicine the subject of insanity is a closed book, unopened in the medical schools and unstudied in after years. In the great majority of cases of psychoses, especially in the incipient stages, the general practitioners have the opportunities to study the beginning of a mental aberration and too often the failure to apprehend works a great injury to the patient's chance of complete recovery. The majority of cases of mental alienation, in fact practically all, except those due to gross brain lesions and to senile decay, are dependent upon inherent brain defects. But the incipient stages or the earliest manifestations of insanity are due either to malnutrition, or to various forms of ill health, or to poisoning of the brain centers arising therefrom; and those occurring in the early chapters of what is commonly called "nervous exhaustion" are usually successfully treated. Remove these cases from scenes of home worry and excitement or business cares and place them under surroundings calculated to restore bodily vigor, to insure sleep, regularity of living, and freedom from the well-meant, but mistaken, efforts of friends to divert and amuse and cheer them, and these cases in the majority of instances would promptly recover. But leave these same incipient cases in the same surroundings, and subject to the same influences which have resulted in the attack, and without proper therapeutical measure, and these functional disturbances of the brain and nervous system would become pathological and fixed, and chronic incurable insanity would be the result.

In the daily life of every human being incessant attacks are being made upon the organisms of the body by environing pathological forces, such as disease germs, inclemency of the weather, noxious gases, etc. If the vital forces of the human organisms cannot repel these pathological elements, then physical disease will occur. The same theory can be applied to the pathology of mental disease. If a person's mind is preyed upon by cares, anxieties, business or social difficulties, or worriments, and they cannot be repelled, then insanity will result. In the first instance we guard against physical disease by building up the tissues and selecting a healthful environment; in the second, we guard against mental diseases by educating the mind, and by avoiding pursuits that bring intellectual strain. Thus, we guard against mental breakdown in two radically different ways: We may strengthen the brain-centers by education, or we may lessen the strain that is put upon them. Physical resistance maintains physical health; mental resistance maintains sanity. The most resistant organism, physical or mental, has its yielding point. Some can stand more strain, some less, but none is absolutely unyielding. Hence, any person even with a stable nervous system may, after a prolonged and unusual mental stress, fall a victim to mental disturbance. Unfortunately the presence of insanity is seldom assumed until the delusions are expressed or some active outbreak of violence occurs.

The prognosis of the various forms of early manifestations of insanity is good, as many cases are curable under early and proper treatment. The friends of patients are so unwilling to admit the existence of mental disorder that they will consult any medical man rather than an alienist, and will engage the most inexperienced and incompetent nurse rather than one skilled in such cases, and will keep a patient at home or in unsuitable lodgings rather than send him to an institution where

he can have open air and exercise in proper grounds, etc. After many weeks or months of home treatment he is brought at last to a proper hospital on account of the expense or trouble, and then it is expected that he will recover in a few weeks because friends were told, perhaps months before, that this would be the results of proper sequestration. In many such cases the chances for recovery are past and gone, for if there is one thing in connection with insanity more certain than another, it is that recoveries are more frequent in cases which have been properly treated in their early stages.

The belief is too common that there is something mystical and secret surrounding the care and treatment of the insane. Insanity is regarded as an entity with a few fixed causes, like religious excitement, disappointed affections, domestic trouble, business losses and worry, or to some somatic condition, together with a cause that overshadows all, an unstable nervous system due to inheritance. Its treatment is based upon fairly well-defined methods of therapeutics, the same as many physical diseases. Unfortunately, with a few exceptions, such as mercury and the iodides for treatment of the mental disturbances dependent upon a certain specific disease, or quinine in cutting short the acute delirium associated with malaria, and the thyroid extract in myxedema and cretinism, there are no specific drugs in the treatment of any other form of insanity.

All truly scientific treatment will be grounded on the removal of any somatic conditions which may appear to act as causes of the disease, and on the improvement of general nutrition. An attack of melancholia occurring in a gouty person is sometimes cured by proper treatment of gout. An acute mental derangement sometimes affects persons living in malarious districts and has been cured by quinine. A patient committed here a few months ago was cured of his temporary insanity by removing from his ears empacked wax. The constant ringing in his ears caused by the irritation of the dry and hardened wax finally produced hallucinations of hearing, which he soon attributed to voices, and he soon recognized them as voices of persons of his past acquaintance. This constant tinnitis aurium led to hallucinations; the hallucinations led to his delusions, and hence his insanity, which was due, as the exciting cause, to a local somatic condition.

Any morbid sensation in the insane should not be overlooked, as they often arise from bodily ailments which tend to keep up the delusions. Somatic disease is not always easily detected, for the usual symptoms are often masked; and the insane, like animals, make no intelligent complaint. As causes of insanity are not always confined to the brain, it is necessary therefore to examine into the state of the different bodily functions and to pay particular attention to the physical signs of diseases.

My experience is that it is with great difficulty that a clear clinical history of most of the cases committed to this institution can be obtained. It is often found that patients brought to the Hospital as presumably acute and recent cases have a history of mental symptoms dating back several months. One of the most common experiences is to have the relatives or friends express the most profound ignorance of anything which could have caused the attack, and they will deny the knowledge of any near or remote relative being or having been insane. Ill-health, prolonged physical or mental stress, or even years of dissipation, or

other vicious habits, are not considered by them sufficient causes. From false pride, or from some other unexplainable cause, these important facts pertaining to the history of cases are often carefully concealed, to the great detriment of the patient's recovery and to the proper treatment of the cases.

Many of the patients admitted here during the last two years would be classed as incurable on account of the duration of the disease before their commitment. The table showing the percentage of recoveries based upon the duration should convince any one of the importance of early treatment.

NEEDS OF THE MEDICAL DEPARTMENT.

In order to have the Hospital properly equipped to do the work of a first-class up-to-date institution for the care of the insane, it should be properly provided with every means known to the medical profession for the correct diagnosing and for the proper treatment of the patients admitted. I would recommend that the following equipments and facilities be provided: An electrical room equipped with static machine and all necessary modern electrical appliances; a bathroom furnished with all the necessary apparatus for giving various medical baths needed in the treatment of mental and nervous diseases; a room with the various instruments for scientific examination of the eye, ear, nose and throat, so that one could be able not only to treat diseases of these organs, but through scientific examination and investigation of them diagnose the various nervous lesions which may be determined through these channels of inquiry; the necessary apparatus for a well and fully equipped pathological laboratory, with the requirements for the analysis of milk and water.

These are not theoretical matters; they are practical ones. Neither are they experimental problems, but are such facilities and equipments as a large number of the best hospitals in the United States have already installed years ago. To properly fit up rooms necessary for the apparatus to which I have referred, and to purchase the various appliances and put them in position and in working order would not call for a large expenditure; an appropriation of about \$3,500 only would be required.

FINANCE.

With the assistance of our faithful and efficient Supervisor the management of the institution's affairs has been conducted with the strictest economy consistent with the best welfare of the patients. By referring to "Financial Statements" you will see a full account of the financial management of the affairs during this biennium. The appropriation of our last Legislature was \$78,000 for maintenance. This we have used to the best advantage of the patients. Had our appropriation been more we doubtless could have used the increase to the beneficial advantages of our wards in the way of better and more amusements, clothing, entertainments and a few more luxuries.

The subject of economy of an institution of this character can be considered with the view given its financial management, with the interest which the public at large holds, as well as the more immediate relation of those who are bound by ties of blood or warm friendship; and by the direct official responsibility.

That class of citizens who think carefully, deeply and studiously of

the welfare of our public charitable institutions, and who devote a small share of their time visiting them once in a while with a view to bettering their condition, compose but a very small part of our citizens and taxpayers. That class of citizens who never go into a public institution and know nothing of them, except through some article that appears in the columns of a sensational press, compose a great majority of our seemingly public-spirited citizens. But let this subject of economy be taken from an individual point of view, and that citizen who has no relatives upon whom afflictions of mental derangement have fallen feels that the affairs of such an institution should be administered with the most rigid economy. On the other hand, he who has his beloved one taken by the cold hand of the law because of a disordered mind and placed in our custody feels that every possible advantage should be provided for such a patient's restoration.

In considering this question of economy in an eleemosynary institution of this character, from the standpoint of its Superintendent I am ever reminded that the problem of simply caring for the insane committed to our keeping during their lifetime is not the only one presented for our consideration; they live not by bread alone. We hope to cure many of these unfortunates committed to our keeping, and none of my official acts gives me more real pleasure than that of affixing my official name to a final discharge as cured. Pleasant and comfortable environments, enjoyable exercise and recreation, systematic occupation for those physically able, appropriate clothing and a generous diet of nutritious food, are the greatest means towards this desire that we possess.

These things cannot be supplied to our patients without the expenditure of money, and at times a liberal expenditure. From a philanthropic standpoint alone the taxpayers of this State ought to be willing to spend money for these purposes. The percentage of insanity is very low in Nevada as compared with those of more thickly settled States on all sides of us. It should be regarded as especially incumbent upon us to care properly for those we have, since they are comparatively few in numbers. But there is another and an economic side of the question of the expenditure in this line. It is computed on good authority that the average cost of an incurable insane person to the State, who has to be supported during the remainder of his existence, is approximately six thousand dollars. From an economical standpoint, what portion of this sum should we be willing to pay to cure a patient and make him once more a self-supporting member of the community?

Respectfully submitted,

S. C. GIBSON,
Superintendent.

It is hardly necessary to say that this portion of the report does not aspire to the distinction of originality. It is literally impossible to acknowledge all the sources from which information has been derived. For this reason I shall refrain from quoting names, lest I omit many,

STATISTICAL TABLES.

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TABLE I.

Movements of population—Admissions, discharges, deaths and elopements.

Months.	Admissions.			Discharges.			Deaths.			Elopements.		
	Men	Women	Total	Men	Women	Total	Men	Women	Total	Men	Women	Total
<i>1905.</i>												
January	1	1	2	0	0	0	2	2	4	0	0	0
February	0	0	0	2	2	4	1	2	3	0	0	0
March	4	1	5	0	2	2	2	1	3	0	0	0
April	6	2	8	1	0	1	2	2	4	0	0	0
May	3	0	3	2	0	2	0	0	0	0	0	0
June	1	1	2	0	0	0	2	2	4	0	0	0
July	3	0	3	3	0	3	0	0	1	1	0	1
August	1	2	3	0	0	0	0	1	1	0	0	0
September	5	2	7	1	2	3	1	1	2	0	0	0
October	2	2	4	2	1	3	3	1	4	0	0	0
November	4	1	5	0	1	1	0	0	0	0	0	0
December	1	0	1	1	0	1	3	0	3	0	0	0
<i>1906.</i>												
January	1	0	1	0	0	0	1	0	1	0	0	0
February	2	0	2	0	0	0	0	0	0	0	0	0
March	2	1	3	0	1	1	0	1	1	0	0	0
April	3	1	4	0	1	1	1	1	2	0	0	0
May	2	1	3	1	0	1	1	1	2	0	0	0
June	4	0	4	1	0	1	0	0	0	0	0	0
July	5	1	6	1	1	2	2	1	3	2	0	2
August	2	1	3	1	0	1	1	1	2	0	1	1
September	1	1	2	0	0	0	0	1	2	0	0	0
October	8	1	9	5	2	7	0	0	0	0	0	0
November	7	0	7	1	0	1	1	0	1	0	0	0
December	2	2	4	1	0	1	2	1	3	0	0	0
Totals	70	21	91	25	10	35	24	16	40	3	1	4

TABLE II.

Daily average.

Months.	Men	Women	Total	Months.	Men	Women	Total
<i>1905.</i>				<i>1906.</i>			
January	128.55	56.09	184.64	January	132.39	53.00	185.39
February	127.93	54.64	182.57	February	134.46	53.00	187.46
March	129.49	53.65	183.14	March	136.13	53.06	189.19
April	130.27	53.20	183.47	April	136.97	51.73	188.70
May	131.48	53.00	184.48	May	138.58	50.78	189.36
June	133.00	53.87	186.87	June	140.37	51.00	191.37
July	131.35	53.65	185.00	July	141.74	50.84	192.58
August	131.87	53.28	185.15	August	144.48	51.97	196.45
September	132.67	52.46	185.13	September	143.93	52.23	196.16
October	133.58	53.48	187.06	October	144.00	50.23	194.23
November	133.67	52.93	186.60	November	148.67	50.00	198.67
December	134.81	53.00	187.81	December	149.10	50.98	200.08
Totals					136.23	52.58	188.81

TABLE III.

Forms of insanity, as given in commitments, for term.

Forms of insanity.	Men	Women	Total
Dementia	26	5	31
Mania	10	3	13
Mania, acute	7	5	12
Mania, chronic	1	0	1
Monomania	5	0	5
Melancholia	3	2	5
Paranoia	9	4	13
Unclassified	9	2	11
Totals	70	21	91

TABLE IV.

Alleged causes of insanity, taken from commitments, during term.

Alleged causes.	Men	Women	Total
Menopause	0	1	1
Old age and solitude	6	0	6
Chronic alcoholism	13	2	15
Masturbation	3	0	3
Injury to head	5	2	7
Overwork, hardships and destitution	4	0	4
Religious impressions	0	1	1
Uterine diseases	0	2	2
Epilepsy	2	0	2
Hereditary	5	1	6
Fever	1	0	1
Sleeplessness	1	0	1
Prolonged suffering	0	1	1
Worry	3	3	6
Riding on train	0	1	1
Army life in Philippines	1	0	1
Progressive paralysis	2	0	2
No cause alleged	24	7	31
Totals	70	21	91

TABLE V

Showing the age of those admitted during the term.

Age when admitted.	Men	Women	Total
From fifteen to twenty	0	0	0
From twenty to twenty-five	3	1	4
From twenty-five to thirty	9	0	9
From thirty to thirty-five	7	1	8
From thirty-five to forty	12	7	19
From forty to forty-five	9	3	12
From forty-five to fifty	7	1	8
From fifty to sixty	11	4	15
From sixty to seventy	7	4	11
From seventy to eighty	5	0	5
Totals	70	21	91

TABLE VI

Showing duration of disease before admission.

Period	Men	Women	Total
Under one month	13	7	20
From one to two months	11	2	13
From three to six months	3	0	3
From six to nine months	4	0	4
From nine months to one year	5	3	8
From one to two years	2	3	5
From two to three years	7	3	10
From three to four years	2	0	2
From four to five years	2	0	2
From five to ten years	6	0	6
Unknown	15	3	18
Totals	70	21	91

TABLE VII

Showing age at which insanity made its first appearance.

Age.	Men	Women	Total
Under fifteen years	0	0	0
From fifteen to twenty years	1	0	1
From twenty to twenty-five years	1	0	1
From twenty-five to thirty years	6	0	6
From thirty to thirty-five years	8	2	10
From thirty-five to forty years	9	6	15
From forty to fifty years	13	4	17
From fifty to sixty years	9	5	14
From sixty to seventy years	5	1	6
From seventy to eighty years	4	0	4
Unknown	14	3	17
Totals	70	21	91

TABLE VIII.

Occupations of those admitted during the term.

Occupations.	Men	Women	Total
Painter	1	0	1
Blacksmiths	1	0	1
Carpenters	1	0	1
Cooks	2	0	2
Farmers	4	0	4
Miners	10	0	10
Housewives	0	14	14
Laborers	23	0	23
Prostitute	0	1	1
Photographer	0	1	1
Sheepherder	1	0	1
Nightwatchman	1	0	1
Gamblers	1	0	1
Waiters	3	0	3
Tailor	2	0	2
Laundress	1	0	1
Prospectors	1	0	1
Section foreman	2	0	2
Machinist	1	0	1
Seamstress	1	0	1
Dressmaker	0	1	1
Bookkeeper	1	0	1
Unknown	4	2	6
Totals	70	21	91

TABLE IX.

Residence, by counties, of patients admitted during the term.

Counties.	Men	Women	Total
Churchill	3	0	3
Douglas	4	0	4
Elko	3	0	3
Esmeralda	7	3	10
Eureka	1	0	1
Humboldt	6	4	10
Lander	4	0	4
Lincoln	1	0	1
Lyon	4	0	4
Nye	6	1	7
Ormsby	6	2	8
Storey	3	0	3
Washoe	22	11	33
White Pine	0	0	0
Totals	70	21	91

TABLE X.

Nativity of those admitted during the term.

Nativity.	Men	Women.....	Total
Austria.....	3	0	3
Canada.....	3	2	4
England.....	1	0	1
France.....	3	1	3
Germany.....	1	3	4
Ireland.....	10	0	12
Italy.....	1	0	1
Norway.....	2	0	2
Sweden.....	2	0	2
Switzerland.....	5	0	5
Scotland.....	2	0	2
United States.....	35	11	46
Unknown.....	4	2	6
Totals.....	70	21	91

TABLE XI

Showing civil conditions of those admitted during term.

Civil conditions.	Men	Women.....	Total
Single.....	53	2	55
Married.....	13	18	31
Widowed.....	0	0	0
Unknown.....	4	1	5
Totals.....	70	21	91

TABLE XII.

History and duration of cases of recovery discharged during term.

Duration.	Duration before admission.			Hospital residence.			Whole period of attack.		
	Men	Women.....	Total	Men	Women.....	Total	Men	Women.....	Total
Under one month.....	8	3	11	4	0	4	1	0	1
One to three months.....	1	2	3	10	4	14	2	0	2
Three to six months.....	2	0	2	5	2	7	4	0	6
Six to twelve months.....	1	1	2	3	2	5	0	2	2
One to two years.....	1	1	2	2	1	3	4	2	6
Two to five years.....	0	1	1	1	0	1	2	2	4
Five to ten years.....	3	0	3	0	1	1	3	0	3
Unknown.....	9	2	11	0	0	0	9	2	11
Totals.....	25	10	35	25	10	35	25	10	35

TABLE XIII

Showing duration of treatment of those discharged as recovered during the term.

Asylum residence.	Men	Women	Total

Less than one month.....	4	0	4
From one to three months.....	10	4	14
From three to six months.....	5	2	7
From six months to one year.....	3	2	5
From one year to two years.....	2	1	3
From two to ten years.....	1	1	2
Totals.....	25	10	35

TABLE XIV

Showing duration of cases that died during term.

Duration.	Before admission.			Hospital residence.			Entire duration.		
	Men	Women	Total	Men	Women	Total	Men	Women	Total
Under one month.....	2	2	4	6	2	8	1	1	2
One to three months.....	2	2	4	4	2	6	0	1	1
Three to six months.....	2	2	4	1	2	3	1	0	1
Six to nine months.....	2	0	2	1	0	1	2	0	2
Nine to twelve months.....	3	0	3	1	0	1	2	0	2
One to two years.....	1	1	2	0	1	1	1	1	2
Two to three years.....	3	4	7	2	0	2	1	0	1
Three to four years.....	0	0	0	0	1	1	1	1	2
Four to five years.....	1	1	2	1	1	2	0	0	0
Five to six years.....	0	0	0	0	0	0	0	0	0
Six to ten years.....	1	0	1	3	3	6	4	2	6
Ten to fifteen years.....	0	0	0	0	0	0	1	0	1
Fifteen to twenty years.....	0	1	1	2	1	3	0	0	0
Twenty to twenty-five years.....	0	0	0	3	0	3	2	2	4
Twenty-five to thirty years.....	0	0	0	0	5	5	1	6	6
Unknown.....	7	3	10	0	0	0	7	3	10
Totals.....	24	16	40	24	16	40	24	16	40

TABLE XV

Showing duration of Hospital residence of those who died during term.

Asylum residence.	Men	Women	Total
Less than one month.....	6	2	8
From one to three months.....	4	0	4
From three to six months.....	1	2	3
From six months to one year.....	2	0	2
From one to two years.....	0	1	1
From two to three years.....	2	0	2
From three to four years.....	0	1	1
From four to five years.....	1	1	2
From five to ten years.....	3	3	6
From ten to fifteen years.....	0	0	0
From fifteen to twenty years.....	2	1	3
From twenty to twenty-five years.....	3	5	8
From twenty-five to thirty years.....	0	0	0
Totals	24	16	40

TABLE XVI

Showing causes of death of those who died during term.

Cause of death.	Men	Women	Total
Apoplexy.....	1	1	2
Exhaustion of insanity.....	8	5	13
Syphilis.....	2	0	2
Paresis.....	2	1	3
Senility.....	0	2	2
Heart disease.....	0	2	2
Pneumonia.....	4	0	4
Cancer.....	1	1	2
Uremia.....	0	2	2
Tuberculosis.....	3	0	3
Killed by train.....	1	0	1
Senile gangrene.....	1	0	1
Exhaustion.....	1	0	1
Convulsions.....	0	2	2
Totals	24	16	40

TABLE XVII

Giving age at death of those who died during term.

Age at death.	Men	Women	Total
From twenty to thirty years.....	0	1	1
From thirty to forty years.....	3	4	7
From forty to forty-five years.....	2	1	3
From forty-five to fifty years.....	3	1	4
From fifty to fifty-five years.....	2	0	2
From fifty-five to sixty years.....	1	1	2
From sixty to sixty-five years.....	0	1	1
From sixty-five to seventy years.....	6	4	10
From seventy to eighty years.....	6	1	7
From eighty to ninety years.....	1	2	3
Totals.....	24	16	40

TABLE XVIII

Showing average number of patients employed, and how.

Months.	How employed.								Average population.....	
	Laundry.....	Kitchen.....	Dining-rooms.....	Halls.....	Needlework.....	Grounds, farm and garden.....	Men.....	Women.....		Total.....
<i>1905.</i>										
January.....	11.39	11.00	21.03	46.96	18.87	31.00	92.00	48.25	140.25	184.64
February.....	11.00	10.82	20.93	46.71	18.61	30.96	91.96	47.07	139.03	182.57
March.....	10.09	10.00	20.97	45.68	18.74	31.19	92.19	43.48	135.67	183.13
April.....	10.93	10.03	21.00	45.77	18.77	32.00	92.93	43.57	136.50	183.47
May.....	11.29	10.00	21.03	46.04	18.50	31.94	92.90	43.90	136.80	184.48
June.....	11.17	9.63	21.13	45.04	18.23	32.73	93.83	41.60	134.93	186.87
July.....	10.84	9.00	20.45	44.45	18.51	32.42	92.42	41.25	133.67	185.00
August.....	12.19	9.03	20.00	44.26	17.00	32.00	92.26	42.22	134.48	185.13
September.....	11.93	8.53	19.87	44.07	16.97	31.23	90.67	41.73	132.60	185.13
October.....	11.09	8.00	20.32	42.39	16.84	31.00	90.32	39.32	129.64	187.06
November.....	11.60	8.00	19.90	42.10	15.00	31.00	90.00	37.60	127.60	186.60
December.....	10.81	8.58	17.80	43.13	15.87	30.51	91.00	35.70	126.70	187.81
<i>1906.</i>										
January.....	11.64	8.42	18.03	43.00	16.00	30.00	90.45	36.64	127.09	185.39
February.....	12.25	8.68	17.64	43.07	15.04	30.57	91.21	36.04	127.25	187.46
March.....	12.58	10.00	16.97	43.03	14.84	30.03	92.00	35.45	127.45	189.19
April.....	12.17	9.13	17.07	42.60	14.00	27.50	88.20	34.27	122.27	188.70
May.....	12.68	10.03	16.00	41.09	14.45	20.00	78.93	35.22	114.15	180.36
June.....	12.17	8.63	15.37	41.03	15.23	19.67	77.43	34.67	112.10	191.37
July.....	10.09	7.19	16.09	41.04	13.58	20.62	77.61	31.00	108.61	192.68
August.....	11.71	7.00	17.19	39.03	12.64	21.94	76.93	32.58	109.51	196.45
September.....	11.73	7.03	17.00	39.40	13.07	22.10	77.56	32.77	110.33	196.16
October.....	11.03	7.06	17.00	39.00	13.61	21.32	76.81	32.71	109.02	194.23
November.....	11.60	7.00	16.96	39.03	14.07	21.73	76.73	33.66	110.39	198.67
December.....	10.55	7.09	16.97	39.10	13.00	22.00	77.10	31.61	108.71	200.03
Totals.....	11.44	8.75	18.62	42.79	15.44	27.74	88.77	38.01	124.78	188.81

TABLE XIX.

General statistics and movement of population for 1905 and 1906.

	Men	Women	Total
Patients remaining over December 31, 1904	129	57	186
Admitted during the term of 1905 and 1906	70	21	91
Whole number treated during the term	199	78	277
Decrease in population during term	52	27	79
	147	51	198
<i>Decrease in population during term as follows:</i>			
Eloped	3	1	4
Discharged, recovered	23	9	32
Discharged, improved	2	1	3
Died during term	24	16	40
Total decrease in population during term	52	27	79
Maximum number within term (average)	149.10	50.93	200.03
Minimum number within term	127.93	54.64	182.57
Daily average of patients during the term	136.23	52.58	188.81
Percentage of recoveries to total number admitted			38.46
Percentage of deaths to total number admitted			43.95
Percentage of recoveries to total number treated			12.63
Percentage of deaths to total number treated			14.44
<i>Movements of population from opening of Hospital on July 1, 1882.</i>			
Total number of admissions			946
Total number of discharges			367
Total number of deaths			352
Percentage of deaths to total admissions			37.20

TABLE XX.

Movements of population since opening of the Hospital—Gains, losses, daily averages and daily costs per patient.

Term.	Gains, admissions.			Losses, discharges, etc.			Daily averages.			Per capita cost per day, whole	Per capita cost per day, main tenance.	Superintendents.
	Male	Female	Total	Male	Female	Total	Male	Female	Total			
January 1, 1882	117	31	148									
December 31, 1882	20	3	23	27	4	31			114.65	80.00	74.00	A. Dawson, M.D.
1883 and 1884	62	16	78	50	8	58	114.80	35.18	149.98	79.80	67.60	S. Bishop, M.D.
1885 and 1886	48	7	55	47	7	54	121.66	38.04	159.70	69.92	62.91	S. Bishop, M.D.
1887 and 1888	49	8	57	41	10	51	124.63	37.10	161.73	80.91	63.96	S. Bishop, M.D.
1889 and 1890	50	14	64	43	7	50	134.84	39.24	174.08	65.33	67.37	S. Bishop, M.D.
January and February, 1891	2	0	2	2	0	2	138.59	43.00	181.59	81.86	64.87	S. Bishop, M.D.
March 1, 1891, to December 31, 1892	54	12	66	51	15	66	141.34	42.72	184.06	61.77	49.26	G. H. Thoma, M.D.
1893 and 1894	46	18	64	41	14	55	143.53	43.50	187.03	50.34		G. H. Thoma, M.D.
1895 and 1896	48	17	65	46	16	62	148.51	44.70	193.21	48.17		H. Bergstein, M.D.
1897 and 1898	40	22	62	49	19	68	146.10	48.05	194.15	49.19		H. Bergstein, M.D.
1899 and 1900	34	12	46	38	11	49	134.13	48.48	182.56	52.01		W. H. Patterson, M.D.
1901 and 1902	47	18	65	38	10	48	137.88	51.92	189.80	50.79		W. H. Patterson, M.D.
1903 and 1904	88	18	56	52	17	69	140.27	57.50	197.77	52.72		W. H. Patterson, M.D.
1905 and 1906	70	21	91	52	27	79	136.23	52.58	188.81	53.91		S. C. Gibson, M.D.

TABLE XXI.

Causes of insanity, as given in commitments, of those remaining in Hospital at close of term.

Causes of insanity.	Men	Women	Total
Alcoholism	8	1	9
Masturbation	30	0	30
Injury to head	7	3	10
Worry over supposed property	1	0	1
Religion	1	2	3
Scarlet fever	0	1	1
Hereditary	10	6	16
Intemperance	1	1	2
Lead poisoning	3	0	3
Family trouble and business reverses	4	1	5
Failure in mining	1	2	3
Disappointment in love	1	0	1
Overexertion	5	0	5
Loss of money	2	0	2
Old age	2	0	2
Epilepsy	2	3	5
Death of husband	0	1	1
Dissipation	0	1	1
Puerperal state	0	1	1
Uterine complications	0	4	4
La grippe	0	2	2
Fever	1	1	2
Domestic trouble	0	1	1
Stomach trouble	0	1	1
Birth of child	0	2	2
Menopause and mental worry	0	1	1
Army life in Philippines	1	0	1
Prenatal impression of mother	0	1	1
Genital disturbance	0	1	1
Unknown	67	14	81
Totals	147	51	198

TABLE XXII.

Form of mental diseases of those remaining December 31, 1906.

	Men	Women	Total
Mania	8	1	9
Mania, acute	2	0	2
Mania, recurrent	2	1	3
Mania, chronic	40	8	48
Melancholia, simple	10	6	16
Melancholia, acute	1	1	2
Melancholia, chronic	16	10	26
Dementia	13	3	16
Dementia, paralytic	6	0	6
Dementia, terminal	11	4	15
Paranoia	26	7	33
Idiocy	2	1	3
Epilepsy with insanity	2	2	4
Alternating (circular) insanity	2	3	5
Toxic	1	0	1
Unclassified	5	4	9
Totals	147	51	198

TABLE XXIII

Showing the duration of disease before admission.

Period.	For the term.			At close of term.		
	Men	Women	Total	Men	Women	Total
Congenital					1	1
Under one month	13	7	20	28	13	41
One to three months	11	2	13	23	8	31
Three to six months	3	0	3	9	1	10
Six to nine months	4	0	4	5	2	7
Nine months to one year	5	3	8	0	0	1
One to two years	2	3	5	14	7	21
Two to three years	7	3	10	12	7	19
Three to four years	3	0	3	6	4	10
Four to five years	1	0	1	4	0	4
Five to six years	3	0	3	3	0	3
Six to ten years	3	0	3	1	4	5
Ten to twenty years	1	0	1	3	0	3
Unknown	14	3	17	39	4	43
Totals	70	21	91	147	51	198

TABLE XXIV

Showing occupation of those in Hospital at close of term.

Occupation.	Men	Women	Total
Butchers	2	0	2
Miners	16	0	16
Laborers	54	0	54
Shoemakers	2	0	2
Harnessmaker	1	0	1
Seaman	1	0	1
Shepherders	5	0	5
Blacksmiths	5	0	5
Engineers	3	0	3
Farmers	15	0	15
Carpenters	4	0	4
Cooks	4	0	4
Millman	1	0	1
Photographer	0	1	1
Stonecutter	1	0	1
Prospectors	1	1	2
Packer	1	0	1
Tinsmith	1	0	1
Coalburners	3	0	3
Dairyman	1	0	1
Liquor dealer	1	0	1
Teamster	1	0	1
Domestics	0	6	6
Housewives		30	30
Woodchoppers	5	0	5
Nightwatchman	1	0	1
Gambler	1	0	1
Walter	1	0	1
Tailor	1	0	1
Laundress		1	1
No occupation given	16	12	27
Total	147	51	198

TABLE XXV.

Representation by counties at close of term.

Counties.	Men	Women	Total
Churchill	2	0	2
Douglas	4	1	5
Elko	10	3	13
Esmeralda	8	2	10
Eureka	13	3	16
Humboldt	16	1	17
Lander	10	2	12
Lincoln	9	1	4
Lyon	3	3	12
Nye	1	1	2
Ormsby	22	5	27
Storey	13	13	26
Washoe	32	16	48
White Pine	4	0	4
Totals	147	51	198

TABLE XXVI.

Nativity of patients in Hospital at close of term.

Nativity.	Men	Women	Total
United States of America	48	21	69
Australia	2	0	2
Canada	10	2	12
China	5	1	6
Denmark	7	1	8
England	3	3	6
France	3	0	3
Germany	10	4	14
Ireland	17	12	29
Italy	12	1	13
Mexico	2	1	3
Norway	2	0	2
Portugal	3	0	3
Prussia	1	0	1
Scotland	2	1	3
Spain	2	0	2
Sweden	4	0	4
Switzerland	5	0	5
Unknown	9	4	13
Totals	147	51	198

REPORT OF HOSPITAL FOR MENTAL DISEASES.

TABLE XXVII

Showing civil condition of those in Hospital at close of term.

Civil condition.	Men	Women	Total
Married	24	26	50
Single	114	10	124
Divorced	0	0	0
Widowed	0	9	9
Widowers	0	0	0
Unknown	9	6	15
Totals	147	51	198

TAILORING DEPARTMENT.

Male Department—Articles made during term 1905-1906.

Articles.	No.
Shirts	284
Undershirts	246
Drawers	248
Vests	14
Coats	24
Jumpers	112
Overalls	226
Total	1,154

MATRON'S REPORT.

RENO, NEVADA, January 1, 1907.

DR. S. C. GIBSON, *Superintendent Nevada Hospital for Mental Diseases.*

DEAR SIR: Please find in the following a report of the work done in the sewing rooms and wards during the years 1905 and 1906:

Articles.		Articles.	
Aprons, muslin.....	24	Brought forward.....	1,119
Aprons, gingham.....	127	Napkins, crash.....	72
Aprons, kitchen.....	48	Sheets, double.....	24
Aprons, ticking.....	12	Sheets, single.....	300
Bags, candy.....	400	Straight jackets.....	6
Bags, laundry.....	6	Skirts, outing.....	12
Comforters.....	124	Skirts, muslin.....	12
Curtains.....	16	Skirts, flannellette.....	112
Curtains, sash.....	36	Ticks for mattresses.....	24
Corset covers.....	12	Pillows.....	12
Drawers.....	18	Towels, roller.....	136
Dresses, outing.....	12	Towels, dish.....	112
Dresses, calico.....	24	Wrappers.....	72
Dresses, woolen.....	4	Walsts, shirt.....	18
Night dresses, muslin.....	24	Pillow cases.....	450
Night dresses, flannellette.....	72	Tablecloths.....	12
Garters, elastic.....	60	Table covers.....	12
Napkins, linen.....	100	Total number of articles.....	2,505
Carried forward.....	1,119		

In addition to the above articles many were made over and repaired.

Respectfully submitted,

MISS ROSE McCAFFREY, *Matron.*

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FINANCIAL STATEMENTS.

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STATEMENT I.
State Indigent Insane Fund.

<i>Debtor.</i>		
To appropriation.....		\$78,000.00
To board—Maintenance of patients.....		1,585.00
Total		\$79,585.00
<i>Creditor.</i>		
By support.....	\$67,668.36	
By repairs and improvements.....	5,923.59	
By transportation.....	2,308.60	
By insurance.....	1,708.12	
		77,608.67
Total to credit of fund, December 31, 1906		\$1,886.33

STATEMENT II.

Distribution by departments.

Administration (Superintendent's and Supervisor's salaries).....	\$7,680.00
Board.....	18,666.36
Dairy.....	1,143.37
Dispensary.....	569.35
Fire and lights.....	8,043.35
Farm and garden.....	6,261.03
Insurance.....	1,798.12
Laundry.....	1,499.66
Ornamental grounds.....	1,001.65
Repairs and permanent improvements.....	5,923.59
Superintendent's residence.....	1,120.24
Transportation.....	2,308.60
Wards.....	21,683.45
Total	\$77,698.67

STATEMENT III.

Supplies purchased during the term.

Bacon and ham	\$482.73
Baking powder, cream tartar, etc.	155.92
Beans and peas	22.01
Beef	3,759.16
Bed ticking	35.57
Boots and shoes	518.24
Books and papers	50.33
Board visits and official transportation	215.00
Blankets and quilts	771.32
Brooms and brushes	171.85
Butter and cheese	651.79
Carpets and rugs	226.30
Clothing and hats	1,339.73
Chocolate and cocoanut	77.42
Coffee and tea	1,150.09
Committed patients	1,984.30
Corn and oatmeal	157.76
Crockery and glassware	192.48
Crackers	77.07
Curtains and blinds	86.76
Denims and shirtings	416.83
Discharged patients	37.50
Disinfectants	274.25
Dressed turkey	234.72
Drugs and surgical supplies	465.12
Dress goods	160.78
Dry goods and notions	392.79
Dusters	15.00
Eggs	395.09
Electric goods	1,277.70
Fish and oysters	536.26
Flavoring extracts	130.70
Flour	2,865.06
Freight and expressage	209.17
Fruits, fresh, candies and nuts	502.46
Fruits, canned and dried	667.18
Furniture	125.02
Grain and feed	452.51
Garden seeds and grass seeds	192.77
Hardware	480.81
Hose and rubber goods	156.86
Harness and harness repairs	100.20
Ice	204.70
Insurance	1,798.12
Lining and trimming	11.51
Lights and fixtures	148.69
Lime, cement and plaster	95.28
Liquor	121.00
Lubricants	89.55
Lumber	204.80
Machinery	499.10
Macaroni and vermicelli	175.77
Mattresses	57.65
Matting and mats	13.60
Miscellaneous, labor	145.50
Miscellaneous, expenses and supplies	106.15
Muslin and sheeting	456.44
Olive oil and condiments	171.48
Plated ware and optical goods	34.67
Paints, oils, glass, etc.	977.67
Pipe fittings	178.41
Returned escapes	261.50
Rice and cracked wheat	159.13
Rolled oats and pearl barley	71.92
Rope, twine and sacks	46.82
Salaries	37,009.58
Salt	87.63
Sole leather	60.85
Soap, lye, etc.	351.12
Carried forward	\$64,544.15

STATEMENT--Continued.

Brought forward.....	\$64,544.15
Spittoons and urinals.....	48.15
Spoons and cutlery.....	43.15
Spices and pepper.....	55.66
Starch, corn and gloss.....	89.28
Stabling.....	216.00
Stationery and printing.....	64.55
Sugar.....	1,141.37
Syrup and honey.....	404.75
Telegrams, stamps and telephone.....	164.53
Tablecloths and napkins.....	114.50
Thread and yarn.....	77.93
Tinware and agateware.....	156.25
Towels and toweling.....	106.41
Tobacco.....	1,657.19
Transportation of choir.....	99.75
Vegetables, fresh.....	78.10
Vegetables, canned.....	81.83
Vehicles.....	60.00
Vinegar.....	30.45
Woolen dress goods.....	10.15
Wood and coal.....	7,741.85
Cows.....	360.00
Horses.....	350.00
Lard.....	40.03
Locks.....	53.07
Linoleum and oilcloth.....	169.47
Total.....	\$77,698.67

STATEMENT IV.

Inventory of property on hand December 31, 1906, as per the books of the Hospital by departments.

Board.....	\$1,507.46
Dairy.....	154.25
Dispensary.....	320.00
Fire and lights.....	7,051.57
Farm and garden.....	8,816.43
Insurance.....	1,798.12
Laundry.....	939.02
Repairs and improvements.....	497.96
Superintendent's residence.....	1,326.80
Wards.....	18,022.64
Totals.....	\$40,434.25

The above table is in a great measure misleading, as the articles in the inventory are all put in at their original cost and value, and, as some of them through wear and usage, have depreciated in value very much, and others (for instance, the radiators throughout the building) are almost worthless, the actual value is probably from 30 to 50 per cent less than the amount shown in the inventory.

STATEMENT V.

Stock slaughtered. Value computed at current prices.

Cows (7) 5,720 pounds.....	\$243.20
Calves (49).....	416.34
Hogs (119).....	1,571.12
Total value.....	\$2,330.66

STATEMENT VI.

Farm and Garden.

<i>Debtor.</i>		
January 1, 1905--To personal property as per inventories as follows:		
Machinery and tools.....	\$671.65	
Vehicles.....	1,073.50	
Harness and robes.....	221.25	
Poultry.....	238.00	
Dairy equipment.....	87.50	
Live stock.....	2,740.50	
Total expenditures.....		\$5,032.40
Total.....		\$11,293.43
<i>Creditor.</i>		
Products raised as follows (values hereto attached, computed at prices current at time of gathering or using):		
<i>Fruit--</i>		
Currants, 1,000 pounds.....	\$50.00	
Gooseberries, 260 pounds.....	13.00	
Raspberries, 62 gallons.....	31.00	
Blackberries, 3 gallons.....	2.50	
Total.....		\$96.50
<i>Vegetables--</i>		
Asparagus, 2,800 pounds.....	\$224.00	
Beets, 15,000 pounds.....	150.00	
Cauliflower, 350 heads.....	38.00	
Celery, 6,000 bunches.....	500.00	
Carrots, 22,000 pounds.....	220.00	
Canteloupes, 1,250 pounds.....	62.50	
Corn, green, 1,500 dozen ears.....	225.00	
Egg-plant, 100 pounds.....	30.00	
Lettuce, 2,000 dozen heads.....	30.00	
Onions, green, 3,000 bunches.....	30.00	
Onions, dry, 18,000 pounds.....	270.00	
Parsnips, 8,000 pounds.....	80.00	
Green peppers, 900 pounds.....	36.00	
Radishes, 1,000 bunches.....	20.00	
Rhubarb, 400 pounds.....	16.00	
Rutabagas, 12,000 pounds.....	120.00	
Squashes and pumpkins, 10,000 pounds.....	100.00	
Turnips, 20,000 pounds.....	200.00	
Potatoes, 250,000 pounds.....	2,500.00	
Tomatoes, 6,000 pounds.....	150.00	
Watermelons, 7,000 pounds.....	140.00	
Total.....		5,141.50
<i>Hay--</i>		
Hay, alfalfa, 495 tons.....		3,465.00
<i>Dairy--</i>		
Milk, 49,860 gallons.....		7,470.00
<i>Stock slaughtered--</i>		
Cows (7) 5,720 pounds.....	\$33.20	
Calves (49) 4,626 pounds.....	416.34	
Hogs (119) 19,639 pounds.....	1,571.12	
Total.....		2,330.66
<i>Poultry--</i>		
Turkeys, 22.....	69.00	
Chickens, 150.....	75.00	
Ducks, 10.....	8.00	
Eggs, 2,075 dozen.....	622.50	
Total.....		772.50
Total.....		\$19,285.16

STATEMENT VI—Continued.

<i>Creditor.</i>		
December 31, 1906—By value of the products as above	\$19,285.16	
December 31, 1906—By inventories of personal property:		
Machinery and tools	876.05	
Vehicles	1,091.50	
Harness and robes	231.63	
Hay	875.00	
Poultry	372.60	
Dairy equipments	154.25	
Live stock	3,548.00	
		\$26,714.19
<i>Debtor.</i>		
To inventories and expenditures as above	\$11,293.43	
Deduct board of farm and garden employees (no account of same in Hospital books) 107 months at \$15 per month	1,605.00	
		12,898.43
Total		\$13,815.76

STATEMENT VII.

Farm Contingent Fund.

<i>Debtor.</i>		
January 1, 1903—To cash on hand	\$101.90	
To cash from sale of 4 barrels	6.60	
To cash from sale of 4,733 pounds of onions	102.21	
To cash from J. G. Driscoll, board of wife 5 months	150.00	
To cash from sale of 23,305 pounds of potatoes	163.13	
To cash from sale of 2,940 pounds of hogs	176.40	
To cash from sale of 1 pair of small mares	150.00	
To cash from sale of 219 pounds of lard	17.50	
To cash from sale of 1 old bathtub	1.00	
To cash from sale of hay to employees	25.40	
To cash from sale of old lead	120.00	
To cash from land rent to Hawcroft	1.00	
To cash from sale of 41½ tons of hay to Humphrey Supply Company	288.60	
To cash from rent of ground to State Park Company	350.00	
To cash from sale of hides and pelts	78.06	
To cash from sale of meals to employees	80.00	
To cash from sale of pasture to Johnson & Co.	80.00	
To cash from sale of pasture to Clayburg & G.	175.00	
To cash from sale of pasture to J. G. Driscoll	80.00	
To cash from feeding bulls for Dr. Patterson	139.60	
To cash from sale of 25.06 tons of hay to J. G. Driscoll	175.45	
To cash from sale of wood to J. G. Driscoll	40.15	
To cash from sale of 7 small pigs	35.15	
		\$2,577.15
<i>Creditor.</i>		
By cash paid for typewriting	\$10.00	
By cash paid for breaking colt	5.00	
By cash paid for sale of 75 pounds of turkeys	18.76	
By cash paid for 1 surrey	196.50	
By cash paid for 1 separator	60.95	
By cash paid for printing	22.50	
By cash paid for bringing in cows from Washoe	10.20	
By cash paid for thoroughbred roosters	19.50	
By cash paid for painting (I. O. Christie)	27.00	
By cash paid for veterinary (Dr. O'Rourke)	32.50	
By cash paid for medicinal formulas	10.00	
By cash paid man for returning an escape	3.00	
By cash paid for Christmas trees	4.00	
By cash paid for breeding mare	25.00	
By cash paid for 3 cows (John Mattley)	115.00	
Carried forward	\$559.90	

STATEMENT VII--Continued.

Brought forward	\$559.90	
By cash paid for garden seeds	14.60	
By cash paid for 1 turkey gobbler	4.50	
By cash paid for man to watch sick horse 3 nights	7.50	
By cash paid for old sacks	2.25	
By cash paid for 5 loads straw	12.50	
By cash paid for graphophone and records	23.80	
By cash paid for poultry food	5.00	
By cash paid for eggs to set	29.15	
By cash paid for incubator and brooder	50.00	
By cash paid for work on separator	3.50	
By cash paid for instruments	9.10	
By cash paid for man stacking 2 days	4.00	
By cash paid for grass in State Park	75.00	
By cash paid for self binder 3 days	18.00	
By cash paid for labor, haying	78.50	
By cash paid for horse hire 7½ days	7.50	
By cash paid for 4,124 pounds of small spuds	82.25	
By cash paid Mrs. Munton for work	60.00	
By cash paid for 7,244 pounds of beef	434.64	
By cash paid for 319 loads of malt	614.00	
By cash paid for hops	5.40	
By cash paid for threshing wheat	22.50	
Cash balance on hand, December 31, 1906		\$2,148.59
		428.56
		\$2,577.15

STATEMENT VIII.

Prepared articles of food made from products of Hospital farm.

Lard, pounds	2,380	Plum jelly, gallons	52
Pickles, gallons	350	Currant jelly, gallons	65
Tomatoes, gallons	180	String beans, gallons	250
Sauerkraut, gallons	250		

STATEMENT IX.

Patients' Deposit Fund.

<i>Debtor.</i>		
January 1, 1905--To cash on hand	\$1,234.66	
To cash received from patients during 1905	415.00	\$1,649.66
<i>Creditor.</i>		
By cash disbursed for patients during 1905		177.25
Cash in fund December 31, 1905		\$1,472.41
<i>Debtor.</i>		
January 1, 1906--To cash on hand	\$1,472.41	
To cash received from patients during 1906	249.35	\$1,721.76
<i>Creditor.</i>		
By cash disbursed for patients during 1906		25.30
Cash in fund December 31, 1906		\$1,696.46

STATEMENT X.

Average cost for the term of 1905-1906.

Departments.	Total net by departments.....	Average cost per month.....	Average cost per day.....	Per capita cost per year.....	Per capita cost per month.....	Per capita cost per day.....
Support.....	\$67,668.36	\$2,819.52	\$92.69	\$179.20	\$14.93	\$0.4909
Transportation.....	2,308.60	96.19	3.16	66.11	.51	.0169
Repairs and improvements.....	5,923.59	246.81	8.12	15.69	1.31	.0429
Insurance.....	1,798.12	74.92	2.46	4.76	.40	.0130
Totals.....	\$77,698.67	\$3,237.44	\$106.43	\$205.76	\$17.15	\$0.5637

STATEMENT XI.

Disbursements from Indigent Fund by months 1905-1906.

1905. January.....	\$6,184.29	\$40,355.57
February.....	2,685.15	
March.....	2,589.49	
April.....	3,257.89	
May.....	3,082.27	
June.....	2,629.81	
July.....	2,962.28	
August.....	2,947.17	
September.....	2,627.98	
October.....	3,457.06	
November.....	3,394.57	
December.....	4,507.67	
1906. January.....	2,684.49	37,343.10
February.....	4,970.43	
March.....	3,620.28	
April.....	2,831.99	
May.....	3,021.37	
June.....	2,884.09	
July.....	2,490.76	
August.....	2,725.66	
September.....	2,555.51	
October.....	3,289.08	
November.....	2,994.88	
December.....	3,275.16	
Total.....		\$77,698.67

THE UNION TYPECASTERS' ASSOCIATION OF AMERICA

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